

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



RAINY RIVER HEALTH CENTRE

April 1 2015 – March 31 2016

3/16/15

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a quality improvement plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to HQO (if required) in the format described herein.

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Overview

Riverside Health Care Long Term Care provides an interdisciplinary approach to the delivery of comprehensive and individualized holistic care and services in a safe and comfortable home like environment.

Mission Purpose

To ensure all residents receive quality care in an environment of respect and compassion that is consistent with the *Long Term Care Act*, the *Resident Bill of Rights* and *The Vision, Mission & Values of Riverside Health Care*.

Rainy River is dedicated to maintaining and improving the Residents' quality of life and life experiences. Partnerships with the Psychogeriatric Resource Consultant, the Behavioural Supports Program, and the Multidisciplinary team will facilitate meeting the goals of the Quality Improvement Plan.

The indicators and change plans outlined support our strategic pillars of Quality, Organizational Health and Partnerships and will help to achieve our goals within that framework.

For 2015 – 2016 these are the indicators on which we will focus:

Resident-Centred

Improve resident satisfaction by improving the timeliness and response rates of surveying efforts and including the responses to “having a voice” in particular.

Safety

Reduce the number of residents who are receiving antipsychotic medications without a diagnosis of psychosis through consultation with Psychogeriatric services and the trialing of behaviour modification techniques and reduction of the medication. If unable to discontinue the medication, the least possible dose will be the goal.

Reduce the number of restraints in the facility through the use of alternative equipment and implementation of rehabilitation services.

Reduce the incident of pressure ulcers through the use of appropriate use of equipment and timely nutritional interventions.

We will maintain emphasis on hand hygiene as an opportunity to prevent the spread of infection within our facilities. Staff and public education, hand hygiene audits and hand sanitizer audits are the cornerstones of our program and align with Accreditation Canada's Hand Hygiene ROP.

Integration & Continuity of Care

On a district level, Rainy River Health Centre works with Emo Health Centre and Rainycrest Long Term Care Home to standardize efforts to improve the quality of life for the Residents. Regular meetings occur to maximize efforts to meet this goal.

Working with Riverside Community Counselling, Canadian Mental Health Association, and Behavioural Supports Organizations have provided education to the staff as well as assisted in developing appropriate care plans for the resident. Monthly meetings with the Psychogeriatric Resource Consultant provide a forum for staff to discuss Resident behaviours and intervention strategies.

Challenges, Risks & Mitigation Strategies

Resident behaviours at the Rainy River Health Centre are higher than the provincial average, which is reflected in the antipsychotic and restraint usage. Reducing the use of antipsychotics and restraints may have a negative impact on behaviours as well as the potential for increased falls. Close monitoring of these indicators will be required to ensure that the impact is positive.

As a multi-site organization we strive to standardize programs and services as much as possible to ensure that staff working across the sites knows that processes are consistent and what is expected of them.

Information Management Systems

Installation of wireless networking systems and mobile computers at each Riverside site has made bedside charting a reality and improves the quality of care and real time charting. Resident charting is accomplished through GoldCare, allowing access to progress notes off site where necessary.

The Resident Assessment Instrument (RAI) coordinator works across all Riverside sites enabling comprehensive, standardized evaluation of the needs, strengths, and health status of the Residents. The Coordinator provides ongoing data management and analysis support, internal and external benchmarking as available through the CIHI reports. Quarterly scorecards are prepared for the Riverside Quality Committee and Board of Directors to provide an overview of performance indicators. The Director of Patient/Resident Safety provides internal tracking and reports to ensure prompt follow-up and analysis of incidents. Critical incidents are reviewed at Medical Advisory Committee, Quality Committee and at the Board of Directors. The Provincial Mandatory Critical Incident System (MCIS) provides benchmarking to other LTC Homes in the province.

Engagement of Clinicians and Leadership

Engagement of physicians and other clinicians of the QIP occur through the corporate and local MACs as well as standing agenda items on the monthly staff meetings. Staff and physicians will be kept up to date with indicators, initiatives implemented to meet targets, and outcomes of change ideas. Participation will be encouraged and required to meet the targets. Indicators for the QIP are integrated into the RHC Board of Director's Balanced Scorecard that allows for the review of trends and performance on a quarterly basis.

Patient/Resident/Client Engagement

Rainy River Health Centre support both the Resident and Family councils and asks for input from both, such as in menu cycles, activation activities, to ensure quality of life for the residents.

Accountability Management

Organizational Leadership will be held accountable for achieving the targets identified in the QIP as follows:

Performance Based Compensation Plan Pay at Risk:

President & Chief Executive Officer	Ted Scholten – 5%
Vice President, Clinical Services & Chief Nursing Officer	Lori Maki - 3%
Vice-President, Long Term Care and Senior's Services	Darryl Galusha - 3%
Vice-President, Operations & Chief Financial Officer	Henry Gauthier - 3%
Chief of Staff	Dr. Phillip Whatley - 1%

Performance Based Compensation Plan 2015-16

3.000% 5.000%

Performance Based Compensation Plan 2015-16

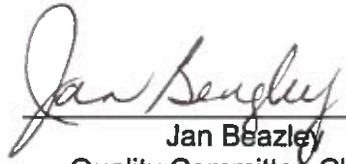
	Current Performance	Target		Weighting		% of available incentive				
						100%	66%	33%	0	
Total Margin										
Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year.	-0.65	0	TOTAL RHC	0.500%	0.833%	0% or greater	N/A	N/A	N/A	
Medication Reconciliation on Discharge										
Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	59.69	80	TOTAL RHC Acute Care	0.500%	0.833%	80% or greater	79.90% - 73.24%	73.23% - 66.57%	66.56% or lower	
Hand Hygiene										
Hand hygiene compliance before patient contact: The number of times that hand hygiene was performed before initial patient contact divided by the number of observed hand hygiene indications for before initial patient contact multiplied by 100 - consistent with publicly reportable patient safety data.	88.20%	89.90%	LVGH	0.125%	0.208%	89.90% or greater	89.8% - 89.23%	89.22% - 88.65%	88.64% or lower	
	88.50%	89.90%	RC	0.125%	0.208%	89.90% or greater	89.8% - 89.44%	89.43% - 88.97%	88.96% or lower	
	94.60%	94.60%	Emo	0.125%	0.208%	94.60% or greater	N/A	N/A	N/A	
	94.20%	94.20%	RR	0.125%	0.208%	94.20% or greater	N/A	N/A	N/A	
			TOTAL	0.500%	0.833%					
Falls										
Falls Reduction: Reduce the number of level 3 & 4 falls for the corporation, Acute and LTC combined	25	23	RHC	0.125%	0.208%	23 or lower	24	N/A	25 or greater	
Percentage of residents who had a recent fall (in the last 30 days)	15.58%	14.50%	RC	0.125%	0.208%	14.50% or lower	14.51% - 14.87%	14.88% - 15.24%	15.25% or greater	
	17.78%	16.89%	Emo	0.125%	0.208%	16.89% or lower	16.90% - 17.20%	17.21% - 17.51%	17.52% or greater	
	16.22%	13.80%	RR	0.125%	0.208%	13.80% or lower	13.81% - 14.62%	14.63% - 15.44%	15.45% or greater	
			TOTAL	0.500%	0.833%					
Readmission select CMGs										
Readmission within 30 days for Selected Case Mix Groups	12.42%	12.42%	TOTAL RHC Acute Care	0.500%	0.833%	12.42% or lower	N/A	N/A	N/A	
Patient/Resident Centred										
In-house survey: provide the % positive response to a summary question "Overall, how would you rate the care and services you received at the hospital?"	93.62%	93.62%	RHC Acute Care & ED	0.125%	0.208%	93.62% or higher	N/A	N/A	N/A	
Percentage of residents responding positively to: "Would you recommend this nursing home to others?" (NHCAHPS)	34.00%	75.00%	RC	0.125%	0.208%	75.00% or greater	74.99% - 61.33%	61.32% - 47.66%	47.65% or lower	
	100.00%	100.00%	Emo	0.125%	0.208%	100%	N/A	N/A	N/A	
	100.00%	100.00%	RR	0.125%	0.208%	100%	N/A	N/A	N/A	
			TOTAL	0.500%	0.833%					

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan:



Norma Elliot
Board Chair



Jan Beazley
Quality Committee Chair



Ted Scholten
Chief Executive Officer