

Let's Make Healthy
Change Happen.



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



RAINYCREST LONG TERM CARE

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

Rainycrest has embarked on the continuous quality improvement journey. We are committed to enhancing the quality of life by meeting the physical, emotional, social and spiritual needs of each person. This translates into our commitment to:

- ensure safe resident care,
- achieve sustained quality outcomes for residents,
- show respect, dignity and compassion to residents, families and each other in all we do, and
- demonstrate effective stewardship in the responsible management of all resources entrusted to our care.

Our objectives for 2015 – 2016:

Objectives for our 2015 - 2016 QIP are to focus on improvements in resident safety and the quality of life for the 158 residents who call Rainycrest home.

We will focus attention to:

- reduce the percentage of residents, who have experienced a recent fall (in the last 30 days) to 14.5%,
- reduce the percentage of residents that have a pressure ulcer that has gotten worse in the last three months to 3.1%,
- reduce the percentage of residents, who were restrained daily to 10.3%,
- increase staff hand hygiene compliance before initial resident contact to 89.90%.
- reduce the number of residents, who indicate their pain has increased in the last 3 months to 9.8%,
- reduce the number of potentially avoidable emergency department visits by 10%.

Integration & Continuity of Care

Rainycrest LTC works closely with our community partners, Northwest Community Care Access Centre (NWCCAC) and the Riverside hospitals; Emo Health Centre, LaVerendrye General Hospital and Rainy River Health Centre to ensure safe and effective transitions of care for residents. Our QIP includes an initiative to reduce potentially avoidable resident emergency department visits.

We are committed to working with system partners in facing the challenge of new and complex needs of residents in our Home and in the community. We continue to grow in confidence and expertise in caring for residents with complex responsive behaviours, and work with the Behaviour Support Ontario (BSO) program to find the right balance of staff/resident/family support and education required to safely care for this vulnerable population.

We have included Gentle Persuasion Approach educational sessions within orientation for all new staff since the advent of the Long Term Care Home (LTCH) Act in July 2010 and require frontline full-time staff, working on our secure unit, to attend the sessions.

Challenges, Risks & Mitigation Strategies

There are several risks involved in carrying out our planned improvements. The impact of trying to reduce antipsychotic medication and restraints can have an adverse effect on behaviours and the potential for falls. Mitigation strategies include integration of the Behaviour Support Ontario tactics into care planning, daily morning rounds to review all incidents that have occurred in the prior 24 hours, staff education, and continuing support of the Corporate Falls Prevention team to assess residents on an individual basis to address fall risk and all facets of fall prevention.

Information Management Systems

An experienced Resident Assessment Instrument (RAI) team in the Home provides reports and supports the changing resident care needs. The RAI team actively participates in management and daily morning briefing sessions and provide 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.

Standardizing our Annual Satisfaction Survey with the questions specified in our QIP provides external benchmarking on resident/family satisfaction.

Engagement of Clinicians and Leadership

Creation of the annual QIP is channelled through forums and meetings including Professional Advisory Committee, Resident Council, Family Council, Senior Leadership, Riverside Quality Committee and Riverside Board of Directors. Quality, Safety, Risk (QSR) Committee reviews assist to align the work within Rainycrest LTC to other Riverside programs and services. 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

Family and Resident's council monthly meetings provide oversight and leadership for the Rainycrest Quality Improvement Plan.

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
Vice President, Clinical Services & Chief Nursing Officer
Vice-President, Long Term Care and Senior's Services
Vice-President, Operations & Chief Financial Officer

Ted Scholten – 5%
Lori Maki - 3%
Darryl Galusha - 3%
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