

Let's Make Healthy
Change Happen.



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



April 1 2015 – March 31 2016

3/13/15

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

Vision

To provide exceptional and compassionate health care, inspired by the people we serve, valued by our communities.

Mission

Riverside Health Care (RHC) provides a high quality health care experience. We support a safe and healthy work environment where each person is valued, respected and where personal and professional growth is encouraged. Our commitment is to respond to community needs with our health system partners, aligning with our strategic pillars of Quality, Organizational Health and Partnerships.

Providing a safer and more seamless transition in care is the focus of this year's QIP. Whether it is a discharge to home in the care of their Primary Care provider, Community Care or to one of our Long Term Care (LTC) sites the importance of timely, complete patient information sharing is reflected in our objectives for this year. We view this Quality Improvement Plan (QIP), as an opportunity to improve the overall patient experience through careful monitoring of the indicators we have chosen for 2015-2016.

Our objectives for 2015 – 2016:

Effectiveness

We will maintain financial viability of the organization through careful monitoring of expenses against resource allocation. Regular reporting to the North West Local Health Integration Network (NW LHIN) in compliance with operational agreements such as Hospital-Services Accountability Agreement (H-SAA), Long-Term Care and Multi Sector-Service Accountability Agreements (L-SAA and M-SAA, respectively). This alignment ensures fiscal responsibility and public accountability.

Integrated

In keeping with our Accountability Agreements (AAs), we will continue to work with the Northwest Community Care Access Centre (NW CCAC), Fort Frances Tribal Area Health Authority, Riverside Community Counselling, Canadian Mental Health Association (CMHA) and our LTC sites to ensure timely transitions from an unnecessary stay in hospital or Alternate Level of Care (ALC) beds to the most appropriate care setting.

As a result of our participation in the regional BATON (Better Admissions and Transitions in the Northwest) project, we will identify the patients that require complex discharge plans. We want to identify these patients upon admission to ensure a safe and timely discharge back into the community. This information will be shared with our Primary Care providers and the NW CCAC to facilitate a successful discharge and reduce unplanned readmissions.

Patient Centred

Patient Experience is a priority and we continue to explore opportunities for improvement through input from patients and families on an ongoing basis. We will utilize several tools such as our Concern, Complaint and Compliment program, bedside reporting, our 48 hour post discharge follow-up phone calls and our Patient Satisfaction survey to solicit feedback.

Safety

We will strive to improve medication reconciliation for all patients upon admission and discharge in accordance with Accreditation Canada's Medication Reconciliation Required Organizational Practice (ROP) criteria.

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.

Reducing falls and injury from falls is a key safety indicator for the population in our facilities. We review corporate wide data in our Falls Prevention Program and have chosen to focus on reducing harm by tracking Level 3 & 4 (moderate to serious or critical) falls.

Integration & Continuity of Care

Riverside will engage in regular and ongoing collaboration and communication with partners in the community such as NW CCAC, Fort Frances Tribal Area Health Authority, CMHA, Gizewaadiziwin Health Access Centre and Kenora Rainy River Crisis Response Services as well as Primary Care providers across the district to provide uninterrupted services for patients transitioning from hospital to home or to a more appropriate service or program.

Challenges, Risks & Mitigation Strategies

One significant challenge RHC will face in the implementation of our QIP is doing so under the guidance of a new President and Chief Executive Officer. Developing support for the plan will require broad management and staff commitment to the indicators we have chosen and a well-defined plan for how these objectives will be achieved. We continue to be challenged as a multi-site multi-service organization and trying to meet the needs and requirements of each service accountability agreement while trying to standardize approaches to care and programs where possible. Maintaining operational viability in a time of significant fiscal constraints will likely be our greatest challenge. Internal record keeping, accurate forecasting and continuing to pursue austerity measures will be crucial in our approach to that barrier.

Physician recruitment remains high on the list of priorities and physician involvement in organizational activities continues to be a challenge as we work towards providing the best possible health care for the Rainy River District.

Information Management Systems

At the time of admission, automatic referrals to the Patient Experience and Flow Coordinator are generated through Meditech, our electronic charting program. This allows us to follow high risk discharges more closely to ensure a comprehensive discharge plan is put in place.

Mobile computers and medication carts have had a positive impact on quality patient care and allows for real time charting at the patient bedside. Bedside "White Boards" have improved communication between patients, families, and care providers.

Engagement of Clinicians and Leadership

RHC is continuing its participation in the Managing Obstetrical Risk Efficiently (MORE^{OB}) program that integrates professional practice standards and guidelines with current and evolving safety concepts, principles and tools. Core team members are quick to point out the value of "ICHAT" (Identification, Current Condition, History, Assessment, and Treatment) and "Repeat Back" as key communication tools in improving the quality and safety of the care we provide. We plan to expand the use of these communication tools to other nursing areas.

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

Our Patient Satisfaction survey and post discharge follow up phone calls allow us to gather valuable and pertinent information from our patients. With this information, we are able to continue in our efforts toward improving the Patient Experience. Conversations with patients reveal opportunities for improvement and stories that can be shared with staff to illustrate points.

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

	Current Performance	Target		Weighting		% of available incentive			
				3.000%	5.000%	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 recieved 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 Elliott

Norma Elliott
Board Chair

Jan Beazley

Jan Beazley
Quality Committee Chair

Ted Scholten

Ted Scholten
Chief Executive Officer