



2015/16 Quality Improvement Plan for Ontario Hospitals Improvement Targets and Initiatives

RIVERSIDE HEALTH CARE FACILITIES

AIM		Measure							Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)				
									Methods	Process measures	Goal for change ideas	Comments	
Effectiveness	Improve organizational financial health	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.	% / N/a	OHRS, MOH / Q3 FY 2014/15 (cumulative from April 1, 2014 to December 31, 2014)	900*	-0.65	0	Balanced budget for Riverside Corporation, includes LVGH, Emo & Rainy River Health Centres and Rainycrest Long Term Care.	1.) Proceed with implementation of identified austerity measures.	Methods to be determined with stakeholder involvement.	As determined by each austerity measure.	Balanced budget for 2015-16 fiscal year.	
	Reduce unnecessary time spent in acute care	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. *100	% / All acute patients	Ministry of Health Portal / Oct 1, 2013 - Sept 30, 2014	2148*	34.92	12.10	Northwest Local Health Integration Network target from H-SAA contract schedule 2015/16 FY	1.) Continue regular and ongoing collaboration / communication with community partners Northwest Community Care Access Centre (NW CCAC), Fort Frances Tribal Area Health Authority, Riverside Community Counselling, and Canadian Mental Health Association to ensure timely transitioning of patients across the continuum of care.	Needs identified at Daily Bullet Rounds if appropriate. Review of audits and tracking at Quarterly Meetings with Nurse Managers. Senior Management monthly meetings with NW CCAC Senior Management.	WTIS Reports; Audit Results; Internal Tracking Reports.	Audits conducted quarterly	Emo Health Centre site
	Reduce unnecessary time spent in acute care	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. *100	% / All acute patients	Ministry of Health Portal / Oct 1, 2013 - Sept 30, 2014	2150*	23.63	12.10	Northwest Local Health Integration Network target from H-SAA contract schedule 2015/16 FY	1.) Continue regular and ongoing collaboration / communication with community partners Northwest Community Care Access Centre (NWCCAC), Fort Frances Tribal Area Health Authority, Riverside Community Counselling, and Canadian Mental Health Association to ensure timely transitioning of patients across the continuum of care.	Needs identified at Daily Bullet Rounds if appropriate. Review of audits and tracking at Quarterly Meetings with Nurse Managers. Senior Management monthly meetings with NW CCAC Senior Management.	WTIS Reports; Audit Results; Internal Tracking Reports.	Audits conducted quarterly	LaVerendrye General Hospital site



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Integrated	Reduce unnecessary hospital readmission	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. *100	% / All acute patients	Ministry of Health Portal / Oct 1, 2013 - Sept 30, 2014	2153*	X	12.10	Current data has been suppressed due to small volume. Northwest Local Health Integration Network target from H-SAA contract schedule 2015/16 FY	1.) Continue regular and ongoing collaboration / communication with community partners Northwest Community Care Access Centre (NW CCAC), Fort Frances Tribal Area Health Authority, Riverside Community Counselling, and Canadian Mental Health Association to ensure timely transitioning of patients across the continuum of care.	Needs identified at Daily Bullet Rounds if appropriate. Review of audits and tracking at Quarterly Meetings with Nurse Managers. Senior Management monthly meetings with NW CCAC Senior Management.	WTIS Reports; Audit Results; Internal Tracking Reports.	Audits conducted quarterly	Rainy River Health Centre site
		Readmission within 30 days for Selected Case Mix Groups	% / All acute patients	DAD, CIHI / July 1, 2013 - Jun 30, 2014	900*		12.42	Maintain current performance.	1.) Increase use of effective communication tools between care providers, such as ICHAT (Identification, Current Condition, History, Assessment, and Treatment), Repeat Back, transfer forms and checklists.	Educate and encourage use of communication tools among direct care staff.	Percent of staff that have attended education session.	75% of direct care staff have attended educational session.	
									2.) Provide written discharge instructions to patient.	Percentage of patients for whom written discharge instructions are completed and provided to patient, as noted on chart or EHR.	Chart audit	95%	
									3.) Ensure timely follow-up with primary care provider for patients at risk of readmission.	Percentage of high risk discharge patients who have follow-up with primary care provider within 7 days, as noted on chart or EHR audit.	Chart audit and follow up phone call.	80%	
							4.) Ensure timely discharge summary.	Percentage of high risk discharge patients who have discharge summary dictated within 24 hours.	Chart audit	80%			



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Patient-centred	Improve patient satisfaction	In-house survey (if available): provide the % response to a summary question such as the "Willingness of patients to recommend the hospital to friends or family" (Please list the question and the range of possible responses when you return the QIP).	% / Other	In-house survey / October 2013 - September 2014	900*	97.43	97.43	Maintain current performance.	1.) Continue to solicit feedback from patients through in-house survey and post discharge follow up phone calls. Provide results to staff.	Quarterly focused distribution of survey to patients on discharge.	Number of surveys returned quarterly.	Minimum of 30 surveys returned.	Question as worded on post discharge follow up phone call/patient experience survey:: Would you recommend this hospital to a friend or family member? (Responses: Yes or No)
		In-house survey: provide the % positive response to a summary question "Overall, how would you rate the care and services you received at the ED?"	% / ED patients	In-house survey / April 2013 - March 2014	900*	93.62	93.62	Maintain performance	1.) Continue to solicit feedback from patients through in-house survey and provide results to staff.	Quarterly focused distribution of survey to patients in ED.	Number of surveys returned quarterly.	Minimum of 30 surveys returned.	
		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?"	% / All acute patients	In-house survey / October 2013 - September 2014	900*	93.3	95.17	2% Increase	1.) Continue to solicit feedback from patients through in-house survey and post discharge follow up phone calls. Provide results to staff.	Quarterly focused distribution of survey to patients on discharge.	Number of surveys returned quarterly.	Minimum of 30 surveys returned.	



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Safety	Increase proportion of patients receiving medication reconciliation upon admission	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital.	% / All patients	Hospital collected data / most recent quarter available	900*	97.22	100	Theoretical Best	1.) Continue to emphasize the importance of obtaining Best Possible Medication History (BPMH) with staff.	Medication Reconciliation articles in newsletter and discussed at staff meetings.	Percentage of charts with BPMH documented.	100% of charts will have evidence of BPMH completed.	
	Increase proportion of patients receiving medication reconciliation upon 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.	% / All patients	Hospital collected data / Most recent quarter available	900*	59.69	80	34% Increase from current performance	1.) Provide primary care providers with patient's medication reconciliation at discharge.	Create a Medication Reconciliation on Discharge list as part of the patient Discharge Plan.	Percentage of patients with medication reconciliation completed and sent to receiving primary care provider at the time of discharge.	80%	
	Reduce hospital acquired infection rates	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.	% / Health providers in the entire facility	Publicly Reported, MOH / Jan 1, 2014 - Dec, 31, 2014	2150*	88.20	89.9	Higher than provincial average of 86.2	1.) All staff to participate in annual on-line Hand Hygiene module.	Compliance reports.	Percentage of staff completing the OHA Discovery Campus on-line Hand Hygiene module.	100% of all staff participate in Hand Hygiene education.	
								2.) Participate in the national STOP! Clean Your Hands Day on May 6, 2015	Track newsletter submission and distribution of promotional material to all sites.	Newsletter submission for first week of May to entire corporation. Promotional materials distributed.	All sites to have promotional material in place for the event.		
								3.) Ensure process in place for refilling Hand Sanitizer stations.	Conduct random audits of Hand Sanitizer stations.	All Hand Sanitizer stations are kept filled.	100% of Hand Sanitizer stations filled.		
								4.) Hand Hygiene Committee maintained to increase Hand Hygiene awareness and involvement for RHC employees.	Monthly newsletter submissions and activities for employee hand hygiene awareness.	Infection Prevention & Control Committee report to Quality Committee annually on staff participation rates.	75% of working staff participate in each activity		



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Patient/Resident falls	Avoid Patient/Resident falls	Falls Reduction: Reduce the number of level 3 & 4 falls for the corporation, Acute and LTC combined.	Counts / All patients / residents	Hospital collected data / Q4 2013/14 - Q3 2014/15	900*	25	23	8% reduction from current performance	1.) Increase staff awareness of falls risks and intervention strategies through multiple channels of education and information.	Newsletter articles for all staff awareness and education sessions for all direct care staff.	Staff participation rates for educational activities.	80% of direct care staff participate in educational activities.	
									2.) Ensure patients/residents are assessed for falls risk	The falls risk assessment tool will be completed for all patients/residents on admission, after a change in status and post fall, according to our falls prevention program.	Audit of patient/resident charts.	100% of patients/residents will have a falls risk assessment tool completed.	
									3.) Ensure patients/residents are assessed for falls risk	Patient/resident care plans will be updated to incorporate falls intervention strategies and devices as appropriate.	Audit of patient/resident charts.	100% of patients/residents at risk of falls will have care plans that reflect prevention strategies.	