

Let's Make Healthy
Change Happen.



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



Riverside Health Care

April 1 2016 – March 31 2017

3/23/2016

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 Health Quality Ontario (if required) in the format described herein.

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.

Commitment to our patients, residents, clients and staff is the focus of this year's Quality Improvement Plan (QIP). Gathering and responding to feedback from patients, residents and clients through satisfaction surveys, post discharge phone calls or through the newly established Patient & Family Advisory Council make up a significant part of our QIP. Engagement of staff through timely sharing of information and quality improvement results will serve to advance our quality agenda. An emphasis on keeping our Patients, Residents and Clients safe, well and involved in their care is reflected in the indicators we have chosen and an opportunity to improve the overall patient experience in 2016-2017.

Our objectives for 2016 – 2017:

Effectiveness

Building on the success of our involvement with the regional BATON (Better Admissions and Transitions in the Northwest) project, patients that require complex discharge plans are identified on admission to ensure a safe and timely discharge back into the community. This information is shared with our Primary Care providers and the North West Community Care Access Centre (NW CCAC) to facilitate a successful discharge and reduce unplanned readmissions.

Developing strong clinical assessment skills and timely interventions will reduce the need for our Long Term Care Residents to be seen in an Emergency Department (ED).

Working with our partners, the Psychogeriatric Resource Consultant (PRC) and Behaviour Support Ontario (BSO) ensure our residents are on the least possible dosage of antipsychotics and only when necessary.

Equitable

As a first step to ensure we are capturing the voice of the aboriginal population that we serve in the Rainy River District we will be working with our partner Gizewaadiziwin Health Access Centre to translate our Patient Satisfaction Survey into Ojibway.

Patient and Resident Centred

Patient and Resident experience remains a priority as we continue to explore opportunities for improvement through input from patients, residents and families on an ongoing basis. Reviewing wording and questions on our feedback tools will ensure we are getting vital information from the surveys on what matters most to the patient, resident and their families. We are excited about the Patient and Family Advisory Council and building it into a robust and integral partner in building better and more responsive health care services for the Rainy River District.

Safety

With the revision of our Medication Reconciliation form we are confident we will improve medication reconciliation for all patients upon admission and discharge in accordance with Accreditation Canada's Medication Reconciliation Required Organizational Practice (ROP) criteria.

All Hands to the Pump campaign is a great opportunity to keep emphasis on hand hygiene for staff and the public as a key action in preventing the spread of infection within our facilities. Hand hygiene and hand sanitizer audits remain 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 frail and aging population in our facilities. Fall risk assessments and post fall reviews will help us focus on reducing falls or harm from falls.

Education of residents, families and staff along with assuring residents have appropriate seating and devices are a significant part of activities that will reduce the number of residents that are physically restrained.

Appropriate positioning, weekly skin assessments to flag any signs of skin breakdown, and prompt appropriate follow up will reduce the number of LTC residents that develop or have worsening pressure ulcers.

QI Achievements From the Past Year

In October of 2015 Riverside achieved four year Accreditation status from Accreditation Canada. The surveyors assessed four sites including Acute Care, Long Term Care, Ambulatory Care, Community Counselling, Surgical Services, Laboratory, Diagnostic Imaging, and Emergency Department. Fifteen sets of standards were reviewed over the course of the survey. In the debriefing report the surveyors commented on our strong and committed Board of Directors, the supportive relationship we have with our partners, and the flexibility and dedication of our staff. It was noted that staff are passionate about what they do and many are cross trained to work in multiple department or services. During the on-site survey, the patients, residents and clients that the surveyors spoke to were pleased with the level of services they receive and appreciate having care close to home. The Auxiliaries and Foundation were recognized for the tremendous support and fundraising they provide to the organization.

In July of 2015 the Ontario College of Pharmacists conducted an initial inspection of LaVerendrye General Hospital, Emo and Rainy River Health Centres to evaluate compliance with the draft assessment criteria. The inspectors recognized the intra-professional and inter-professional collaboration between the hospital health care team and our efforts to standardize practices across

sites. With the introduction of Automated Medication Management System, there have been significant changes with how medications are dispensed in the facilities along with the implementation of the unit dose system. This had led to huge improvements with patient safety.

Through participation in the Managing Obstetrical Risk Efficiently (More^{OB}) Program, Riverside Health Care has been successful in improving patient safety and enhancing the quality of their maternal services. Participants have identified and taken action to address patient safety issues and risks. They have worked to improve communication and teamwork on the unit. Feedback from patients through the Patient Satisfaction Survey has been very positive. The team has shown steady progression towards becoming a High Reliability perinatal unit, receiving a Recognition Award from Salus Global/ MORE^{OB} for the third year in a row.

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 Services, Canadian Mental Health Association, Gizewaadiziwin Health Access Centre, Northwestern Public Health Unit, Northwest Telepharmacy, The Regional Pharmacy Program, and Kenora Rainy River Crisis Response Services as well as Primary Care providers across the district to provide coordinated and uninterrupted services for patients transitioning from hospital to home or to a more appropriate service or program.

Engagement of Leadership, Clinicians and Staff

Physician recruitment remains high on the list of priorities. Physician workload is a challenge so we are fortunate to have their involvement with numerous organizational initiatives. Physicians and Directors attend and participate in daily Bullet Rounds on the nursing unit at the LVGH site. In-house mock code blue exercises and Advanced Cardiac Life Support (ACLS) courses are facilitated by physicians and qualified staff.

The obstetrical team completed the three modules of the MORE^{OB} program and are continuing with the MORE^{OB} Plus program. The program integrates professional practice standards and guidelines with current and evolving safety theories, principles and tools. Staff who have participated in the program have found great value in the communication tools and concepts. The plan is to expand the use of these communication tools to other areas of the organization.

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

A family member from our newly formed Patient & Family Advisory Council has been involved in the development of our QIP, particularly with the patient satisfaction indicator. The Patient Satisfaction survey and post discharge follow up phone calls allow us to gather valuable and pertinent information from those responding. With this information, we are able to continue in our efforts toward improving the Patient Experience. We have initiated patient stories at the Board level to emphasize the critical focus of our organization. Conversations with several patients indicate they too are willing to share their stories to help us all understand the complexity of health care.

Performance Based Compensation

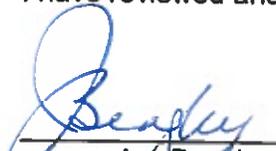
Organizational Leadership will be held accountable for achieving the targets identified in the QIP as follows; performance based compensation/pay at risk:

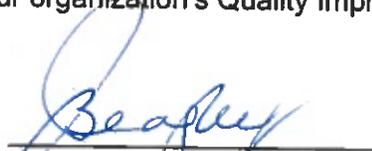
President & Chief Executive Officer	Ted Scholten – 5%
Vice President, Clinical Services & Chief Nursing Officer	Lori Maki - 3%
Vice-President, Long Term Care and Senior's Services	Emily Bosma - 3%
Vice-President, Operations & Chief Financial Officer	Henry Gauthier - 3%
Chief of Staff	Dr. Barry Anderson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

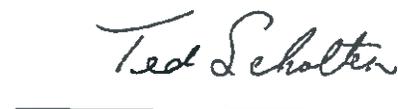
Performance Based Compensation Plan 2016-17		3.000%	5.000%					
	Current	Target	Weighting		% of available incentive			
					100%	66%	33%	0
Medication Reconciliation on Discharge								
Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	64.44%	80.00%	<u>TOTAL RHC</u>		80% or greater	74.82% - 79.99%	69.63% - 74.81%	69.62% or lower
			Acute Care	0.750%	1.250%			
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. Corporate Performance combined	91.10%	94.60%	<u>TOTAL RHC</u>	0.750%	1.250%	94.60% or greater	93.43% - 94.59%	92.27% - 93.42%
								92.26% or lower
Patient & Family Advisory Council								
Complete the steps outlined to develop a Patient & Family Advisory Council	CB	100.00%	<u>TOTAL RHC</u>	0.750%	1.250%	100.00%	N/A	N/A
								N/A
Patient/Resident Centred								
In-house survey: provide the % responding "Excellent" to a summary question "Overall, how would you rate the care and services you recieved at the hospital?"	43.80%	50.00%	RHC Acute Care	0.150%	0.250%	50.00% or higher	47.93% - 49.99%	45.87% - 47.92%
								45.86% or lower
In-house survey: provide the % responding "Excellent" to a summary question "Overall, how would you rate the care and services you recieved at the Emergency Department?"	35.00%	45.00%	RHC ED	0.150%	0.250%	45.00% or higher	41.67% - 44.99%	38.34% - 41.66%
								38.33% or lower
	CB	95.00%	RC LTC	0.150%	0.250%	95.00% or higher	80.01% - 95.00%	65.01% - 80.00%
								65.00% or lower
	CB	100.00%	Emo LTC	0.150%	0.250%	100.00% or higher	83.33% - 99.99%	66.67% - 83.32%
								66.66% or lower
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS)	75.00%	90.00%	RR LTC	0.150%	0.250%	90.00% or higher	85.01% - 89.99%	80.01% - 85.00%
			<u>TOTAL</u>	<u>0.750%</u>	<u>1.250%</u>			80.00% or lower

Sign-off

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


 Jan Beazley
 Board Chair


 Jan Beazley
 Quality Committee Chair


 Ted Scholten
 Chief Executive Officer