



Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for the 2015/16 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2015/16	Org Id	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
1	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; October 2013 - September 2014; In-house survey)	Riverside Corporate	97.43%	97.43%	97.1%	Pleased with results however going forward will be removing this particular indicator, due not only to our high performance scores, but as the only hospital to choose from in our district, was deemed impractical.
2	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; Q3 FY 2014/15 (cumulative from April 1, 2014 to December 31, 2014); OHRS, MOH)	Riverside Corporate	-0.65	0.00	-1.68%	Riverside Health Care has seen an overall increase in sick time and overtime. However, nursing and resident care areas have experienced the most significant shift. As we continue to assess the root causes we will take appropriate steps to affect a positive impact on sick time and overtime. Given our physician shortage over the past few years we have been very encouraged by our recent success in recruiting new general practitioners. Unfortunately, these recruitment efforts have come at a financial cost to Riverside Health Care. Recent efforts have been focused on stabilizing the recruitment fund to ensure

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						we mitigate any such risks in the future.
3	Readmission within 30 days for Selected Case Mix Groups (%; All acute patients; July 1, 2013 - Jun 30, 2014; DAD, CIHI)	Riverside Corporate	12.42	12.42	14.24	Will continue to emphasize discharge plans for complex patients.
4	A: Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" NHCAHPS) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12mos); In-house survey)	Emo LTC	100%	100%	100%	Very pleased with results.
5	A: Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" NHCAHPS) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12mos); In-house survey)	Rainy River LTC	100%	100%	100%	Very pleased with results.
6	A: Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" NHCAHPS) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12mos); In-house survey)	Raincrest LTC	34.00	75.00	100%	Very pleased with results.
7	B: Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12 mos); In-house survey)	Emo LTC	CB	80.00	0.00	Question A was asked in in-house survey.
8	B: Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL) (%; Residents; Apr 2014 - Mar	Rainy River LTC	100.00	100.00	0.00	Question A was asked in in-house survey.

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	2015 (or most recent 12 mos); In-house survey)					
9	<p>B: Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12 mos); In-house survey)</p>	Rainycrest LTC	CB	75.00	0.00	Question A was asked in in-house survey.
10	<p>Falls Reduction: Reduce the number of level 3 & 4 falls for the corporation, Acute and LTC combined. (Counts; All patients; Q4 2013/14 - Q3 2014/15; Hospital collected data)</p>	Riverside Corporate	25.00	23.00	49.00	Disappointed with results. Reflection of current population of frail elderly and having a few frequent fallers. We will reconvene the Falls Committee to coordinate improvement efforts.
11	<p>Hand hygiene compliance before resident contact: The number of times that hand hygiene was performed before initial resident contact divided by the number of observed hand hygiene indications for before initial resident contact multiplied by 100 - consistent with publicly reportable patient safety data. (%; Health providers in the entire facility; 2014; Publicly Reported, MOH)</p>	Emo LTC	94.6 %	94.6 %	92.8 %	Continue to monitor staff completion of Hand Hygiene modules and report to IPAC. Staff awareness of the STOP! Clean your hands initiated a new front line member to the Hand Hygiene committee. Continue to monitor hand sanitizer units, there has been issue with the automatic pump batteries, electronic issues had to contact company to replace units. Will maintain target for corporate performance for 2016/17 QIP.
12	<p>Hand hygiene compliance before resident contact: The number of times that hand hygiene was performed before initial resident contact divided by the number of observed hand hygiene indications for before initial resident contact multiplied by 100 - consistent with publicly</p>	Rainy River LTC	94.2%	94.2%	94.7%	Continue to monitor staff completion of Hand Hygiene modules and report to IPAC. Staff awareness of the STOP! Clean your hands initiated a new front line member to the Hand Hygiene committee. Continue to monitor hand

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	reportable patient safety data. (%; Health providers in the entire facility; 2014; Publicly Reported, MOH)					sanitizer units, there has been issue with the automatic pump batteries, electronic issues had to contact company to replace units. Will maintain target for corporate performance for 2016/17 QIP.
13	Hand hygiene compliance before resident contact: The number of times that hand hygiene was performed before initial resident contact divided by the number of observed hand hygiene indications for before initial resident contact multiplied by 100 - consistent with publicly reportable patient safety data. (%; Health providers in the entire facility; 2014; Publicly Reported, MOH)	Rainycrest LTC	88.50	89.90	90.8	Continue to monitor staff completion of Hand Hygiene modules and report to IPAC. Staff awareness of the STOP! Clean your hands initiated a new front line member to the Hand Hygiene committee. Continue to monitor hand sanitizer units, there has been issue with the automatic pump batteries, electronic issues had to contact company to replace units. Will maintain target for corporate performance for 2016/17 QIP.
14	In-house survey: provide the % positive response to a summary question "Overall, how would you rate the care and services you recieved at the ED?" (%; ED patients; April 2013 - March 2014; In-house survey)	Riverside Corporate	93.62%	93.62%	92.3%	Pleased with results, going forward would like to increase the number of surveys returned to increase validity of results.
15	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?" (%; All acute patients; October 2013 - September 2014; In-house survey)	Riverside Corporate	93.30%	95.17%	97.0%	Pleased with results.
16	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the	Riverside Corporate	97.22	100.00	96.12%	Continue to emphasize the importance of obtaining an accurate Best Possible Medication History.

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	total number of patients admitted to the hospital (%; All patients; most recent quarter available; Hospital collected data)					
17	Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (%; Residents; Oct 2014 – Sept 2015; Ministry of Health Portal)	Emo LTC	0.00	0.00	X	Data suppressed due to low volumes.
18	Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (%; Residents; Oct 2014 – Sept 2015; Ministry of Health Portal)	Rainycrest LTC	20.54	18.50	19.37	Pleased with making some progress. We will continue to work with LTC Medical Director and attending physicians on mentoring assessment skills.
19	Number of times that hand hygiene was performed before initial patient contact during the reporting period, divided by the number of observed hand hygiene opportunities before initial patient contact per reporting period, multiplied by 100. (%; Health providers in the entire facility; Jan 1, 2014 - Dec, 31, 2014; Publicly Reported, MOH)	LVGH	88.20%	89.90%	91.6%	Continue to monitor staff completion of Hand Hygiene modules and report to IPAC. Staff awareness of the STOP! Clean your hands initiated a new front line member to the Hand Hygiene committee. Continue to monitor hand sanitizer units, there has been issue with the automatic pump batteries, electronic issues had to contact company to replace units. Will maintain target for corporate performance for 2016/17 QIP.
20	Pain: Percentage of residents with worsening pain in the last 3 months (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Rainycrest LTC	10.60	9.80	11.50	Continue with pain assessments on admission to create baseline for that resident.
21	Number of residents identified as smokers, who are introduced to at least one element of the Smoking Cessation program (%; Residents; Apr 2014 - Mar	Rainycrest LTC	3	2	2	There are two residents who have been identified as smokers and both are on smoking cessation patches.

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	2015 (or most recent 12 mos); Hospital collected data)					
22	Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions. (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Rainy River LTC	41.43	37.30	42.03	Continue to meet monthly with Psychogeriatric Resource Consultation (PRC) and Behaviour Support Ontario (BSO) to review antipsychotic usage. There have been reductions in dosages over the past year as well as concerted efforts at behavioural management techniques prior to starting any medication. Data from Q2 2015 indicates that for Worsening Behavioural Symptoms Rainy River LTC was at 19.6% with a provincial average of 13.3%. This will be continually reviewed at monthly meetings.
23	Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions. (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Rainycrest LTC	19.47	18.47	25.00	Review education and behaviour modification techniques with Psychogeriatric Resource Consultant. LTC Medical Director working with attending physicians to ensure appropriate prescribing.
24	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12mos). ; In-house survey)	Emo LTC	CB	80.00	CB	Question was not included in 2015 survey. Will be included in 2016 survey.
25	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	Rainy River LTC	CB	80.00	CB	Question was not included in 2015 survey. Will be included in 2016 survey.

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	(NHCAHPS) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12mos). ; In-house survey)					
26	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12mos). ; In-house survey)	Rainycrest LTC	34.00	75.00	CB	Question was not included in 2015 survey. Will be included in 2016 survey.
27	Percentage of residents who had a pressure ulcer that recently got worse (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Rainy River LTC	6.76	5.00	X	Data suppressed due to low volumes.
28	Percentage of residents who had a pressure ulcer that recently got worse (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Rainycrest LTC	4.14	3.30	4.33	Reviewing current process in place to ensure appropriate multidisciplinary follow up is done when a resident has been identified as have skin issues.
29	Percentage of residents who had a recent fall (in the last 30 days) (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Emo LTC	17.78	16.89	X	Data suppressed due to low volumes.
30	Percentage of residents who had a recent fall (in the last 30 days) (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Rainy River LTC	16.22	13.80	18.31	There have been two Residents who have had frequent falls. With only 21 residents, Residents who frequently fall may alter the data. Interventions have been implemented and this number should be reducing. Will continue to monitor and ensure care plans reflects interventions to prevent falls in the Resident population.
31	Percentage of residents who had a recent fall (in the last 30 days) (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Rainycrest LTC	15.58	14.50	18.29	Looking into providing more restorative care to improve balance and strength for residents at risk of falling.

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32	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (InterRAI QoL) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12 mos). ; In-house survey)	Emo LTC	CB	80.00	CB	Question was not included in 2015 survey. Will be included in 2016 survey.
33	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (InterRAI QoL) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12 mos). ; In-house survey)	Rainy River LTC	CB	80.00	CB	Question was not included in 2015 survey. Will be included in 2016 survey.
34	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (InterRAI QoL) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12 mos). ; In-house survey)	Rainycrest LTC	CB	75.00	82.00	Pleased with results.
35	Percentage of residents who were physically restrained (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Rainy River LTC	29.73	26.75	36.62	Many of the restraints used in the facility are seatbelts that the resident cannot undo independently and are used to assist with positioning. We will continue to review the restraint usage at nursing staff meetings in an attempt to discontinue these.
36	Percentage of residents who were physically restrained (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Rainycrest LTC	11.32	10.30	10.63	Pleased with some progress. Continue to review for least possible restraint or Personal Assistance Services Device (PASD).
37	Percentage of residents with worsening bladder control during a 90-day period (%; Residents; Q2 FY 2014/15;	Rainy River LTC	20.93	19.20	23.33	Toileting routines have been implemented for the majority of the residents. We will continue to trial

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	CCRS, CIHI (eReports))					interventions to improve continence.
38	Percentage of residents with worsening bladder control during a 90-day period (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Rainycrest LTC	18.29	16.00	18.54	Review toileting routines; refer to restorative care to improve mobility for residents.
39	Percentage of residents/month who need restorative care program (%; Residents; most recent quarter; Facility Collected Data)	Rainycrest LTC	CB	50%	55%	Residents are being assessed consistently with specific plans established for them. Residents with a decline in Activity of Daily Living (ADLs) are referred to the program. Resident progress is reported quarterly.
40	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; Most recent quarter available; Hospital collected data)	Riverside Corporate	59.69	80.00	65.44%	Continue with education and awareness efforts.
41	Total number of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his or her treatment, divided by the total number of inpatient days in a given period x 100. (%; All acute patients; October 2014 – September 2015; DAD, CIHI)	Emo Acute Care	34.92	12.10	49.09	There are numerous challenges between the current levels and types of services, demographic characteristics and needs of the populations requiring service. These go beyond hospital and long-term care control and include assisted living, supportive housing and other settings where care can be provided in the community through home care and community support services. Additional challenges include having the human resources necessary to help support patients to wait somewhere

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						<p>other than in hospital for an alternate placement. Long-term care placement is impacted by the complexity of the legislative and regulatory environment. Patients have a legislative right to choose the place they want to live. Despite proactive discharge planning activities, hospitals cannot legally force a patient, deemed ALC, to leave if they are waiting for their “first choice”. Hospitals, although working closely with the CCAC in the discharge planning and placement/process, do not have the necessary control and oversight to ensure a seamless transition.</p>
42	<p>Total number of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his or her treatment, divided by the total number of inpatient days in a given period x 100. (%; All acute patients; October 2014 – September 2015; DAD, CIHI)</p>	LVGH Acute Care	23.63	12.10	34.67	<p>There are numerous challenges between the current levels and types of services, demographic characteristics and needs of the populations requiring service. These go beyond hospital and long-term care control and include assisted living, supportive housing and other settings where care can be provided in the community through home care and community support services. Additional challenges include having the human resources necessary to help support patients to wait somewhere other than in hospital for an alternate placement. Long-term care placement</p>

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						<p>is impacted by the complexity of the legislative and regulatory environment. Patients have a legislative right to choose the place they want to live. Despite proactive discharge planning activities, hospitals cannot legally force a patient, deemed ALC, to leave if they are waiting for their “first choice”. Hospitals, although working closely with the CCAC in the discharge planning and placement/process, do not have the necessary control and oversight to ensure a seamless transition.</p>
43	<p>Total number of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his or her treatment, divided by the total number of inpatient days in a given period x 100. (%; All acute patients; October 2014 – September 2015; DAD, CIHI)</p>	Rainy River Acute Care	X	12.10	27.02	<p>There are numerous challenges between the current levels and types of services, demographic characteristics and needs of the populations requiring service. These go beyond hospital and long-term care control and include assisted living, supportive housing and other settings where care can be provided in the community through home care and community support services. Additional challenges include having the human resources necessary to help support patients to wait somewhere other than in hospital for an alternate placement. Long-term care placement is impacted by the complexity of the legislative and regulatory environment.</p>

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Patients have a legislative right to choose the place they want to live. Despite proactive discharge planning activities, hospitals cannot legally force a patient, deemed ALC, to leave if they are waiting for their "first choice". Hospitals, although working closely with the CCAC in the discharge planning and placement/process, do not have the necessary control and oversight to ensure a seamless transition.