# 2016/17 Quality Improvement Plan
## Improvement Targets and Initiatives

## Riverside Health Care Facilities

| AIM | | Measure | | | | | | | Change | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Quality dimension | Objective | Measure/Indicator | Unit / Population | Source / Period | Organization | Current performance | Target | Target justification | Planned improvement initiatives (Change Ideas) | Methods | Process measures | Goal for change ideas | Comments |
| Effective | **To Reduce Potentially Avoidable Emergency Department Visits for LTC Residents** | Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. | % / Residents | Ministry of Health Portal / Oct 2014 – Sept 2015 | Rainycrest LTC | 19.37 | 18.25 | Reduce ED visits by 5.78% | 1. ) Discuss with Medical Director and Attending Physicians reasons residents are being transported to ED and possible suggestions to avoid visits. | Discuss options with Registered Staff. | Increased percentage of residents assessed in LTC. | 80% | |
| | | | | | | | | | 2. ) Provide education to registered staff to improve assessment skills to avoid ED visits. | Medical Director and Attending Physicians to provide assessment mentorship to LTC registered staff and families. | Percentage of staff participating in assessment mentorship. | 80% | |
| | | Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. | % / Residents | Ministry of Health Portal / Oct 2014 – Sept 2015 | Rainy River LTC | 34.62 | 24.60% | Provincial Average | 1.) Reduce the need for medications after pharmacy hours. | Provide alternative options for medication acquirement. Investigate alternatives to registering Residents for the Emergency Department when requiring medications after pharmacy hours. | Percentage of Residents registered for the Emergency Department. | Reduce rate by of Emergency Department visits by 30% | With the implementation of an Automated Medication Management System, Residents are required to be registered as an emergency patient when an after Pharmacy hours medication is required. |
| | **To Reduce the Inappropriate Use of Anti psychotics in LTC** | Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions. | % / Residents | CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report) | Rainycrest LTC | 25% | 20% | Reduce current performance by 20% | 1. ) Continuing education for staff & families on the benefits of reducing the use of anti psychotics. | Provide education sessions for staff through Psychogeriatric Consultant on the benefits of reducing the use of antipsychotics. | Number of staff participating in education sessions. | 80% | |
| | | Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions. | % / Residents | CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report) | Rainy River LTC | 42.03% | 37.83% | Reduce percentage by 10% | 1.) All residents on antipsychotics will be reviewed by Psychogeriatric Consultant . | Continue with referrals to Psychogeriatric Resource Consultation (PRC) and Behaviour Support Ontario (BSO) program.<br>Monthly meetings with PRC and BSO to review antipsychotic medication usage and behaviour modification techniques with staff. | Audit of antipsychotic usage and doses. Review of effectiveness of behaviour modification techniques. | All Residents with antipsychotic medications will be reviewed by PRC and/of BSO.<br>All staff will be aware and involved in care plans to reduce responsive behaviours. | Need to continue reviewing behaviours with staff and physicians to ensure appropriate prescribing practices. |

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| | | | | | | | | | 2.) Review of resident antipsychotic medication usage to identify residents as candidates for reduction of medication trial. | Consultation with multi-disciplinary team and family to discuss appropriateness and risks of reducing antipsychotic medications Consultation with multidisciplinary team to ensure least possible dosing. | Audit of antipsychotic usage and doses. Monitoring and support of resident and families on trial of medication reduction. | Residents will be on least possible dosage. | Some in-roads have been made with residents having some reduced dosages. |
| | | Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions. | % / Residents | CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report) | Emo LTC | 23.08 | 21.23% | Reduction of 8% | 1. ) Residents on anti-psychotic medications will be reviewed by the Psychogeriatric Resource Team (PRT). | Referrals will be sent to the Psychogeriatric Resource Team for assessment. Monthly meetings will continue with the team to review antipsychotic medication usage and behavioural modifications staff can utilize with the resident. | Audit of resident charts that are on antipsychotics to determine if there has been a reduction or modification. | 100% of resident charts will be audited. | Ongoing reviews of medications will continue with the resident/family at the annual care conference. |
| Equitable | **Ensure equity in providing health services** | Addressing equity by ensuring our patient experience surveys are available in multiple languages. | Count / All Patients | In house process April 2016 - March 2017 | Riverside Corporate | CB | 100% | 100% of steps in process will be complete. | 1.) Capture the voice of the aboriginal population we serve by translating the Patient Satisfaction Survey into Ojibway. | Working with our partner, Gizhewaadiziwin Health Access Centre translate our revised Patient Satisfaction survey into Ojibway. | The percentage of the Patient Satisfaction survey that is translated. | 100% of Patient Satisfaction survey will be translated. | |
| Patient-centred | **Improve patient satisfaction** | "Overall, how would you rate the care and services you received at the Emergency Department?" The number of respondents who answered "Excellent" divided by the number of respondents who registered any response to this question. | % / ED patients | In-house survey / January - December 2016 | Riverside Corporate | 35% | 45% | Increase "Excellent" rating by 28.57% | 1.) Increase the number of surveys distributed and returned to increase the reliability of the data. Use "top box score" and change indicator to respondents who responded "Excellent", only. | At the start of each quarter, distribute surveys on arrival to ED and encourage return of survey prior to leaving the ED. Continue until goal for returns is achieved. | Increased number of satisfaction surveys distributed and returned. | 50 surveys returned each quarter. | |
| | | | | | | | | | 2.) Revisit the survey to review the questions and length of the survey. | Perform a Plan, Do, Study, Act improvement cycle with a sample of patients to elicit feedback on questions and length of the survey. Review the survey with Patient & Family Advisory Council regarding the same. | Increase response rate by making survey more user friendly. | 50 surveys returned each quarter. | |
| | | "Overall, how would you rate the care and services you received at the hospital?" Respondents who answered "Excellent" divided by the number of respondents who registered any response to this question. | % / All acute patients | In-house survey / January - December 2015 | Riverside Corporate | 43.80% | 50.00% | Increase "Excellent" rating by 14.16% | 1.) Increase the number of surveys distributed and returned to increase the reliability of the data. Use "top box score" and change indicator to respondents who responded "Excellent", only. | At the start of each quarter, distribute surveys on admission and encourage return of survey prior to discharge. Continue until goal for returns is achieved. | Increased number of satisfaction surveys distributed and returned. | 50 surveys returned each quarter. | |

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| | | | | | | | | | 2.) Revisit the survey to review the questions and length of the survey. | Perform a Plan, Do, Study, Act improvement cycle with a sample of patients to elicit feedback on questions and length of the survey. Review the survey with Patient & Family Advisory Council regarding the same. | Increase response rate by making survey more user friendly. | 50 surveys returned each quarter. | |
| | | | | | | | | | 3.) Conduct regular audits related to bedside reporting, hourly rounding and bedside "White Boards" to monitor satisfaction and effectiveness, while ensuring results are shared and acted upon, accordingly. | Gather data from post discharge phone calls and patient satisfaction surveys to audit implementation of these initiatives, quarterly. | Increase patient satisfaction with a response of "excellent" with these initiatives. | 50% will demonstrate top box score/"excellent". | |
| | | Patient & Family Advisory Council: Develop a Patient & Family Advisory Council | Count / All patients | In-house process / April 2016 - March 2017 | Riverside Corporate | CB | 100% | Year one of a multi-year plan to establish a comprehensive Patient & Family Advisory Council. All steps in progress will be complete. | 1.) Develop specific goals and objectives for 2016/17 year. | Brainstorming session at next meeting with input from current members of Patient Family Advisory Council. | A list of goals and objectives will be developed. | Measureable goals and objectives created. | |
| | | | | | | | | | 2.) Develop a Patient & Family resource handbook. | Research current initiatives in Patient & Family Advisory Councils to learn best practices. | Creation of a resource document for Patient & Family Advisory Council members and future members. | Completion of a Patient & Family Handbook. | |
| | | | | | | | | | 3.) Focus group to review Post Discharge Follow-up questions and Patient Satisfaction Survey. | With suggestions from Patient & Family Advisory Council and staff, bring together a focus group from a variety of services/programs. | Review of Post Discharge Follow-up questions and Patient Satisfaction Survey. | Comprehensive set of questions that are effective in determining satisfaction with care, treatment, service, and ability to cope with aftercare. | |
| Resident-Centred | **Domain 1: "Having a voice" and being able to speak up about the home.** | Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS) | % / Residents | In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period) | Rainycrest LTC | CB | 95.00% | Creating a baseline by including this question resident satisfaction survey. | 1.) Include question on the Resident Satisfaction Survey. Survey to be sent out to resident/family once a year with the date of their annual Care Conference. | Surveys to be returned by mail, dropped off at the Main Office or at the annual Care Conference. | Surveys to be followed up with at monthly Quality Improvement meeting and collated yearly for the Resident Satisfaction Survey Report. | Survey return rate of 35% | |

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| | | Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS) | % / Residents | In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period) | Rainy River LTC | 75% | 90.00% | Increase positive responses by 20% | 1.) Increase feedback from residents to ensure population voice is being heard. | Provide different and accessible opportunities and methods for residents and/or families to respond to surveys such as email, mail, survey monkey. | Percentage of residents/families responding to surveys. | Increase positive response rate. | |
| | | Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS) | % / Residents | In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period) | Emo LTC | CB | 100.00% | Theoretical Best | 1.) Through standardization of resident satisfaction surveys in LTC, this question will be utilized as a means of gaining valuable feedback on resident voice. | Continue to send satisfaction survey to all residents/family in July, for completion prior to the Annual Family meeting in August. Surveys can be mailed or dropped off at Emo Health Centre. | Number of surveys returned. | 100% of surveys returned. | |
| | | Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (InterRAI QoL) | % / Residents | In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period). | Rainycrest LTC | CB | 95.00% | Creating a baseline by including this question on resident satisfaction survey. | 1.) Include question on the Resident Satisfaction Survey. Survey to be sent out to resident/family once a year with the date of their annual Care Conference. | Surveys to be returned by mail, dropped off at the Main Office or at the annual Care Conference. | Surveys to be followed up with at monthly Quality Improvement meeting and collated yearly for the Resident Satisfaction Survey Report. | Survey return rate of 35% | |
| | | Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (InterRAI QoL) | % / Residents | In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period). | Rainy River LTC | CB | 80% | Creating a baseline by including this question on resident satisfaction survey. | 1.) Increase feedback from residents to ensure population voice is being head. Include question on survey tool. | Provide different and accessible opportunities and methods for residents and/or families to respond to surveys such as email, mail, survey monkey. | Percentage of residents/families responding to surveys. | Increase response rate by 80% | |
| | | Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (InterRAI QoL) | % / Residents | In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period). | Emo LTC | CB | 100.00% | Theoretical Best | 1.) Through standardization of resident satisfaction surveys in LTC, this question will be utilized as a means of gaining valuable feedback on resident voice. | Continue to send satisfaction survey to all residents/family in July, for completion prior to the Annual Family meeting in August. Surveys can be mailed or dropped off at Emo Health Centre. | Number of surveys returned. | 100% of surveys returned. | |
| | **Domain 2: Overall Satisfaction** | Percentage of residents responding positively to: "Would you recommend this nursing home to others?" (NHCAHPS) | % / Residents | In-house survey / Apr 2015 - Mar 2016 (or most recent 12mos) | Rainycrest LTC | 100% | 100% | Maintain Performance | 1.) Survey to be sent out to resident/family once a year with the date of their annual Care Conference. | Surveys to be returned by mail, dropped off at the Main Office or at the annual Care Conference. | Surveys to be followed up with at monthly Quality Improvement meeting and collated yearly for the Resident Satisfaction Survey Report. | Survey return rate of 35% | |

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| | | Percentage of residents responding positively to: "Would you recommend this nursing home to others?" (NHCAHPS) | % / Residents | In-house survey / Apr 2015 - Mar 2016 (or most recent 12mos) | Rainy River LTC | 100% | 100% | Maintain Performance | 1.) Increase feedback from residents to ensure population voice is being head. Include question on survey tool. | Provide different and accessible opportunities and methods for residents and/or families to respond to surveys such as email, mail, survey monkey. | Percentage of residents/families responding to surveys. | Increase overall response rate. | |
| | | Percentage of residents responding positively to: "Would you recommend this nursing home to others?" (NHCAHPS) | % / Residents | In-house survey / Apr 2015 - Mar 2016 (or most recent 12mos) | Emo LTC | 100% | 100% | Maintain Performance | 1.) Continue to use resident satisfaction surveys in LTC as a means of gaining valuable feedback on resident voice. | Continue to send satisfaction survey to all residents/family in July, for completion prior to the Annual Family meeting in August. Surveys can be mailed or dropped off at Emo Health Centre. | Number of surveys returned. | 100% of surveys returned. | |
| Safe | **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 | Riverside Corporate | 96.12% | 100.00% | Theroretical Best | 1.) Introduce newly revised Medication Reconciliation form. | Discuss the revised form at Pharmacy & Therapeutics and staff meetings. Inform staff of the revisions through memo and put articles in the newsletter. | Percentage of staff who are aware of the revisions to the Medication Reconciliation form. | 80% of staff questioned are aware of the changes to the Medication Reconciliation form.. | |
| | | | | | | | | | 2. ) Continue to emphasize the importance of obtaining Best Possible Medication History (BPMH) with staff. | Medication Reconciliation on Admission articles in newsletter and discussed at staff meetings. | Percentage of charts with BPMH documented. | 100% of charts audited will have evidence of BPMH completed. | |
| | | | | | | | | | 3.) Ensure results of audits are shared throughout the organization in a timely manner. | Bring monthly audit results to Clinical staff meetings. | Number of staff that are aware of current performance regarding Medication Reconciliation on Admission. | 80% of staff questioned are aware of current performance regarding Medication Reconciliation on Admission. | |
| | | | | | | | | | | Bring quarterly audit results to Pharmacy & Therapeutics. | Number of Physicians that are aware of current performance regarding Medication Reconciliation on Admission. | 100% of Physicians questioned are aware of current performance regarding Medication Reconciliation on Admission. | |

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| | **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 | Riverside Corporate | 65.44% | 80.00% | Increase performance by 22.22% | 1.) Increase staff and Physician awareness of importance of Medication Reconciliation on discharge. | Medication Reconciliation on Discharge articles in newsletter and discussed at staff meetings. | Number of staff that are aware of importance of Medication Reconciliation on Discharge. | 80% of staff questioned can express an awareness of Medication Reconciliation on Discharge. | |
| | | | | | | | | | | Medication Reconciliation on Discharge discussed at Pharmacy & Therapeutics meetings. | Number of Physicians that are aware of importance of Medication Reconciliation on Discharge. | 100% of Physicians questioned are aware of the importance of Medication Reconciliation on Discharge. | |
| | | | | | | | | | 2.) Ensure results of Medication Reconciliation on Discharge audits are shared with staff and Physicians. | Bring monthly audit results to Clinical staff meetings. | Number of staff that are aware of current performance regarding Medication Reconciliation on Discharge. | 80% of staff questioned are aware of current performance regarding Medication Reconciliation on Discharge. | |
| | | | | | | | | | | Bring monthly audit results to Pharmacy & Therapeutics meetings. | Number of Physicians that are aware of current performance regarding Medication Reconciliation on Discharge. | 100% of Physicians questioned are aware of current performance regarding Medication Reconciliation on Discharge. | |
| | **Reduce hospital acquired infection rates** | 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 | Publicly Reported, MOH / Jan 2015 - Dec 2015 | Riverside Corporate | 91.10% | 94.60% | Increase compliance by 3% | 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. ) 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. | |
| | | | | | | | | | 3. ) 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 activities. | Hand hygiene awareness activities quarterly (4 activities annually) | |

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| | | | | | | | | | 4.) All Hands to the Pump Champaign | Campaign consists of 7 life size posters of hand hygiene champions (displayed across all sites.) Posters will be rotated quarterly. | Success of Champaign will be measure by hand hygiene awareness questionnaire presented to staff at the end of year. | 80% of staff will answer positively to the questionnaire. | |
| | To Reduce Falls | Percentage of residents who had a recent fall (in the last 30 days) | % / Residents | CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report) | Rainycrest LTC | 18.29% | 16.00% | Decrease by 12.52% | 1. ) Improve the documentation of post fall assessment according to MOHLTC Falls Prevention and Inspection Protocol. | Enhance post fall nursing assessment and computer knowledge in determining the reports that generate the most accurate information. | Percentage of falls with a post fall assessment completed in the last quarter. | 100% completion | |
| | | Percentage of residents who had a recent fall (in the last 30 days) | % / Residents | CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report) | Rainy River LTC | 18.31% | 14.40% | Provincial Average | 1.) Ensure residents are assessed for falls risk. | The falls risk assessment tool will be completed for all residents quarterly, after a change of status and post falls, according to Falls Prevention Program. | Quarterly audits of resident charts | Reduction of falls to meet provincial average. | |
| | | | | | | | | | 2.) Ensure residents who fall have appropriate interventions to prevent further falls. | Appropriate interventions will be implemented | Monthly audits of falls | Reduction of falls to meet provincial average. | |
| | Reduce Injury from Falls | Reduce the number of level 4, 5 and 6 (Moderate, Severe, or Death) falls for the corporation, Acute and LTC combined. | Counts / All patients/ residents | Hospital collected data January - December 2015 | Riverside Corporate | 49 | 44 | 10% reduction | 1.) Reconvene the Corporate Falls Committee. Ensure representation from all sites including front line staff. | Reach out to each site for a falls prevention champion. | A Corporate Falls Committee will meet on a regular basis to be determined by the membership of the committee. | The Corporate Falls Committee will meet at least quarterly over the 2016/17 fiscal year. | |
| | | | | | | | | | 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.) Conduct audits on bed alerts to ensure they are working properly. | Create an audit tool that can be used to record the results of test bed alerts. | The number of bed alerts that are working properly as a percentage of all patient/resident beds. | 100% of beds will have properly functioning bed alerts. | |
| | | | | | | | | | 4.) Support the purchase of beds with fall reduction attributes. | Conduct an impact analysis on the risk of falls from beds with and without fall reduction attributes. | Compare the risk rating from the impact analysis exercise. | Back up the support for bed purchase with risk rating evaluation. | |

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| | **To Reduce the Use of Restraints** | Percentage of residents who were physically restrained (daily) | % / Residents | CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report) | Rainycrest LTC | 10.63 | 10.3 | Improve Current Performance | 1.) Restraint or Personal Assistance Services Device (PASD) assessments completed for EVERY resident utilizing restraints. | Restraint or PASD assessment completed. | Monthly audit of Restraint/PASD data collection sheets - for all residents listed, is there a current restraint or PASD assessment in GoldCare. | 90% | |
| | | | | | | | | | 2.) Educate residents, families and staff on the Home's minimizing restraints policy. | Education sessions provided to residents, families, and staff relating to restraints/PASDs and alternatives. | Conduct education sessions. | 1 Sessions held per year | |
| | | | | | | | | | 3.) Identification of residents currently using physical restraints on a daily basis and to identify resident for restraint removal trial. | Restraint audits conducted monthly to ensure: 1. All requirements are met, 2. Identify those residents who may benefit from restraint removal. | Identify those residents that are candidates for restraint removal trial. (utilize monthly restraint/PASD data collection sheet) | 20% of residents on restraints trialled with restraint removal. | |
| | | Percentage of residents who were physically restrained | % / Residents | CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report) | 54116* | 36.62 | 18.31 | Reduce restraints usage by 50% | 1.) Review current practices of restraint use and alternatives. | Referral to Occupational Therapy for assessment of appropriate seating and devices. Provide Residents with least restraint. | Monthly audits of restraints used. | Reduce restraint usage by 50% | |
| | **To Reduce Worsening of Pressure Ulcers** | Percentage of residents who had a pressure ulcer that recently got worse | % / Residents | CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report) | Rainycrest LTC | 4.33% | 4.00% | Decrease by 7.62% | 1. ) Braden Scale done on admission and quarterly/significant change in status. | Review care plans during monthly interdisciplinary meetings. | Number of residents with Braden Scales completed within 24 hours of admission divided by the number of admissions in a month. | 80% | |
| | | | | | | | | | 2. ) Weekly bath day assessments by PSWs with accountabilities for follow up by registered staff. | Review care plans during monthly interdisciplinary meetings. | Sample of 10 charts based on schedule audited per month. | 80% | |
| | | | | | | | | | 3. ) Weekly wound assessment for those residents with pressure ulcers to track progress of healing. | Review care plans during monthly interdisciplinary meetings. | Number of residents with weekly wound assessments using progress note wound care note completed divided by number of residents on monthly data collection tool indicating existing pressure ulcer (monthly measure). | 80% | |