



Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2014/15 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 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
1	Repeat unplanned ED visits within 30 days for Mental Health conditions as a percent of all Mental Health visits Visits ED patients Q2 2013/14 Northwest LHIN	17.90	13.60	20.2%	Development and implementation of new process as a result of collaboration with community partners. The implementation is fairly recent and therefore unable to measure results at this time.
2	Repeat unplanned ED visits within 30 days for Substance Abuse conditions as a percent of all Substance Abuse visits Visits ED patients Q2 2013/14 North West LHIN	21.60	21.60	16%	Development and implementation of new process as a result of collaboration with community partners. The implementation is fairly recent and therefore unable to measure results at this time.
3	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 2013/14 OHRs, MOH	-0.87	0.00	-0.65	Data reflects LaVerendrye General Hospital, Emo Health Centre, Rainy River Health Centre and Rainycrest LTC. Deferral in implementing select austerity measures; Select austerity measures deemed 'not viable' after more in depth analysis; and 1% funding increase not recognized at this time.
4	Current Ratio: the ratio of current assets divided by current liabilities. Ratio (No unit) N/a Q3 2013/14 OHRs, MOH	1.19	1.20	1.28	
5	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. LVGH %	24.51	12.10	34.92	This year has been challenging in trying to reduce the number of ALC patients we have. One reason is each of our LTC facilities have been at full

	All acute patients Q3 2012/13 – Q2 2013/14 Ministry of Health Portal				<p>capacity, resulting in wait lists for patients to get into the facilities. In fact we received LHIN approval for a Crisis Level 1 for a two week period in order to expedite the transition of ALC patients to our LTC beds prior to any community admissions.</p> <p>Outbreaks at the LTC facility also prevented admissions and/or transfer back of residents who were in hospital at the time.</p> <p>Our community is limited in the number of resources we can send patients to; we have no Palliative Care Hospice facility and presently no Assisted Living facility. However, in 2015 we have been approved for Assisted Living Beds within our community.</p>
6	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. Emo % All acute patients Q3 2012/13 – Q2 2013/14 Ministry of Health Portal	18.63	12.10	23.63	<p>This year has been challenging in trying to reduce the number of ALC patients we have. One reason is each of our LTC facilities have been at full capacity, resulting in wait lists for patients to get into the facilities. In fact we received LHIN approval for a Crisis Level 1 for a two week period in order to expedite the transition of ALC patients to our LTC beds prior to any community admissions.</p> <p>Outbreaks at the LTC facility also prevented admissions and/or transfer back of residents who were in hospital at the time.</p> <p>Our community is limited in the number of resources we can send patients to; we have no Palliative Care Hospice facility and presently no Assisted Living facility. However we have been approved for Assisted Living Beds within our community within the next two years.</p>
7	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number	19.82	12.10	X	Data suppressed due to low numbers.

	of acute inpatient days. Rainy River % All acute patients Q3 2012/13 – Q2 2013/14 Ministry of Health Portal				
8	Percentage of acute hospital inpatients discharged with selected Case Mix Groups (CMGs) that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission. % All acute patients Q2 2012/13-Q1 2013/14 DAD, CIHI	18.68	17.74	12.42	Participation in the regional BATON project focussed attention on complex needs discharges. RHC adopted a risk scoring tool for identifying patients at risk of readmission. Ongoing collaboration & communication with the NW CCAC, Fort Frances Tribal Health Authority and Community Counselling has resulted in representatives from those agencies attending daily bullet rounds and a coordinated approach to discharges. A discharge checklist has been created to ensure all areas of discharge plan have been addressed.
9	Percentage of patients for whom discharge plan is completed and sent to receiving Primary Care Provider at time of discharge on chart or EHR % All acute patients Q1-Q3 2014/15 Hospital collected data	CB	80.00	0	A comprehensive discharge plan template has just recently been finalized and roll out is planned for March 2 nd following group meetings and information sessions with participating Primary Care Providers.
10	From NRC Canada: "Would you recommend this hospital (inpatient care) to your friends and family?" (add together % of those who responded "Definitely Yes" or "Yes, definitely"). % All patients Oct 2012- Sept 2013 NRC Picker	71.70	81.80	97.43	Contract with NRC Canada not renewed in 2014. Results are from question included in post discharge follow up phone call placed within 48 hours of discharge. Calendar year 2014.
11	From NRC Canada: "Overall, how would you rate the care and services you received at the hospital (inpatient care)?" (add together % of those who responded "Excellent, Very Good and Good"). % All patients Oct 2012- Sept 2013 NRC Picker	94.55	96.40	93.3	Contract with NRC Canada not renewed in 2014. Results are from question included in post discharge follow up phone call placed within 48 hours of discharge. October 2013 - September 2014.
12	Percentage of patients who reported during their stay doctors and nurses	81.95	87.00	94.20	Contract with NRC Canada not renewed in 2014. Results are

	explained things in a way they could understand. % All acute patients Q3 2013/14 NRC Picker				from question included in post discharge follow up phone call placed within 48 hours of discharge. Calendar year 2014.
13	Percentage of patients for whom they get adequate information on ALL of the following: *danger signs to watch for, *purpose of medication, *how to take medication, *side effects to watch for, *when to resume usual activity, *who to call for help % All acute patients Q 3 2013/14 NRC Picker	70.90	78.00	86.6	Contract with NRC Canada not renewed in 2014. In the post discharge follow up phone call the following question was asked: Did someone on the hospital staff explain the purpose of the medication you were to take at home, how to take them and any side effects to watch for? Calendar year 2014.
14	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 Most recent quarter available (e.g. Q2 2013/14, Q3 2013/14 etc) Hospital collected data	96.73	100.00	97.22	Result is for all sites combined, LVGH, Emo Health Centre, Rainy River Health Centre and Rainycrest LTC Q3 2014/15
15	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI, divided by the number of patient days in that month, multiplied by 1,000 - Average for Jan-Dec. 2013, consistent with publicly reportable patient safety data. Rate per 1,000 patient days All patients 2013 Publicly Reported, MOH	0.00	0.00	0.00	Going forward we will not be putting the CDI rate on our QIP. We have performed well on this indicator for the past several years and would prefer to focus on other indicators.
16	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI, divided by the number of patient days in that month, multiplied by 1,000 - Average for Jan-Dec. 2013, consistent with publicly reportable patient safety data. Rate per 1,000 patient days All patients 2013 Publicly Reported, MOH		0.00	0.00	Going forward we will not be putting the CDI rate on our QIP. We have performed well on this indicator for the past several years and would prefer to focus on other indicators.
17	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI, divided by the number of patient days in that	0.00	0.00	0.00	Going forward we will not be putting the CDI rate on our QIP. We have performed well on this indicator for the past several

	month, multiplied by 1,000 - Average for Jan-Dec. 2013, consistent with publicly reportable patient safety data. Rate per 1,000 patient days All patients 2013 Publicly Reported, MOH				years and would prefer to focus on other indicators.
18	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 2013 Publicly Reported, MOH	85.45	89.72	88.2%	Hand Hygiene Committee established to involve front line staff in education and awareness activities. All sites participated in STOP! Clean Your Hands Day 2014. Will continue emphasis on indicator by including it on all sites QIPs for 2015/16.
19	Surgical Safety Checklist: number of times all three phases of the surgical safety checklist was performed ('briefing', 'time out' and 'debriefing') divided by the total number of surgeries performed, multiplied by 100 - consistent with publicly reportable patient safety data. % All surgical procedures 2013 Publicly Reported, MOH	99.93	100.00	99.93	Continue to monitor and share success with staff.
20	Percentage of patients with medication reconciliation completed and sent to receiving Primary Care Provider at time of discharge. % All acute patients Q1 - Q3 2014/15 Hospital collected data	CB	80.00	0	Discharge plan template just recently finalized and will include medication reconciliation. Roll out planned for March 2 nd following group meeting and information sessions with participating Primary Care Providers. This initiative has been included in our 2015-16 QIP.
21	Falls Reduction: Reduce the number of level 3 & 4 falls for the organization, Acute and LTC combined. Falls All patients Q4 2012/13 - Q3 FY 2013/14 Hospital collected data	25.00	23.00	25.00	Continue working with the Corporate Falls Prevention Committee to address prevention awareness and strategies. Will include on Riverside 2015/16 QIP as a comprehensive indicator for the Corporate Falls Prevention program.