

2019/20 Quality Improvement Plan
 "Improvement Targets and Initiatives"

Riverside Health Care Facilities Inc. 110 Victoria Avenue



AIM		Measure								Change					
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Timely	Emergency department wait time for inpatient bed (Acute Care)	C	Hours / Patients	CIHI portal / Fiscal Year	900*	1.5	1.50	Goal is maintain current performance		1)1. Review current process and make improvements on consistency of providing disposition data 2. Monitor times, identify outliers,	1. Health Records to audit physician filling out disposition time 2. Ongoing monitoring of trends. Identify outliers and investigate why time was delayed	Audits and trend monitoring	100% audits complete with 100% of dispositions data provided	
		Percentage of complaints received by a LTCH that were acknowledged to the individual who made	P	% / LTC home residents	Local data collection / Most recent 12-month period	52152*	100	100.00	Goal is to achieve 100% of complaints acknowledged to the individual	Residents & Families	1)Review current process for receiving complaints and concerns and establish a standardized process across all LTC & ELD CAP homes	Review current processes. Identify barriers to acknowledging complaint within 10 days and identify solutions using PDSA cycles	Evaluate the adoption and standardization of the process at each site.	Rate of complaints acknowledged within 10 days (or less)	
Theme II: Service Excellence	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well	P	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	52152*	83	85.00	Goal is to achieve a 5% improvement in positive responses	Raincrest Auxiliary, Emo Hospital Auxiliary, Rainy River Auxiliary	1)Education and coaching staff on customer service. As well as explore and implement best practices and proactive initiatives to	Work with our LTC partners to enhance customer service	How well the new strategies are implemented	100% compliance of proactive initiatives to support residents experience	
		Percentage of residents who responded positively to the statement: "I can express my	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	52152*	83	85.00	Goal is to achieve a 2% improvement in positive responses	Residents Council, Family Council	1)Education and coaching staff on customer service. As well as explore and implement best practices and proactive initiatives to	We will work with our LTC partners to enhance customer service. This includes a strong admission process to ensure residents and their families have a strong relationship with staff from day one.	Post admission surveys to residents and their families	our goal is to ensure the admission process is a positive experience and we	
		Percentage of complaints acknowledged to the individual who made a complaint within	P	% / All patients	Local data collection / Most recent 12 month period	900*	100	75.00	Currently we respond to all complaints (100%) in writing within 1 business	Patient & Family Advisory Council	1)Review CCC (Complaints, Concerns & Compliments) process and make improvement to establish standard process.	The CCC process will be reviewed and evaluated. The evaluation will include: What is working well? How user friendly in the form? Are we able to capture the required information in the process? Is the process in the right format (currently paper based, should	Through process mapping and working with managers, staff and PFAC we will identify areas of opportunity. We will measure the time it takes for a complaint to reach the appropriate manager and the time it takes for the manager to reach out to the person making the	Target for manager to receive complaint - 1 day Target for manager to make initial	We are currently very responsive with our written acknowledgment of a complaint.
	Percentage of respondents who responded positively to the following question: Did you	P	% / Survey respondents	CIHI CPES / Most recent consecutive 12-month period	900*	87	85.00	Goal is to maintain the positive results and monitor the established		1)Engage with PFAC for opportunities to improve discharge education practices from the patients perspective and continue to	We will provide a demonstration of the process with PFAC for their feedback as well as review of process at PFAC 2. Review results quarterly	PFAC feedback will be considered for improving the process	We will monitor quarterly and seek to achieve a rate of 85% or higher		
	Overall how would you rate the care and services you received at the Emergency Department? (LVGH,	C	% / Survey respondents	In-house survey / Fiscal Year	900*	85	85.00	Goal to maintain current rate while testing out the new electronic survey	Patient & Family Advisory Council	1)Monitor response rate, review day or the week/time of day trends. Develop change ideas based on feedback provided	we will review the results on a Quarterly review of results and we will monitor the overall response rates	The process measures will include the Quarterly Review results and the response rates	The quarterly reviews will be 100% completed and the response rate target is to		
	Medication reconciliation at discharge: Total number of discharged patients / Discharged	P	Rate per total number of discharged patients / Discharged		Hospital collected data / October - December 2018	900*	89.65	90.00	Goal to maintain or exceed our current rate		1)1. Identify the barriers to discharge med rec & reviewing med rec process and expectation with staff regularly. 2. Engage	1. Clinical team to work with physicians to identify barriers 2. Trial change idea and measure success	Quarterly Reviews	100% of change ideas attempted	
Theme III: Safe and Effective Care	Effective	Proportion of hospitalizations where patients with a progressive, life-threatening illness	P	Proportion / at-risk cohort	Local data collection / Most recent 6 month period	900*	CB	CB	Goal is to establish a consistent process for data collection and		1)This year we will be collecting baseline. Our goals will be to establish processes and trial protocols (include acute &	Palliative Care Committee to establish process and trial protocols	Collect Baseline Data	Baseline data collection	
		Overall, how would you rate your organization as a place to work? (All Staff, All Sites)	C	% / Survey respondents	In house data collection / Fiscal Year	900*	50	65.00	Goal to increase positive response by 15% this year (return to baseline)		1)1. Communication Theme: Continue to improve communication - i.e. town halls, continue to have regular senior leadership in	1. Schedule town halls, walk about and other communication strategies 2. Education sessions and opportunities 3. Growing respect in workplace committee 4. Business plan roll out	1. Quarterly targets for senior team to be visible across all sites 2. Learning stats 3. Success in growing committees 4. Business plan roll out milestones	1. at least one town halls per quarter 2. surge learning stats 3. Committee rollout	
		Percent of performance conversations completed (All Staff, All Sites)	C	% / Worker	In house data collection / Fiscal Year	900*	84	95.00	Goal is to reach and maintain a 95% completion rate for performance		1)1. Continue to monitor progress monthly 2. Focus on LTC leadership vacancies	1. HR generated results 2. Work with LTC partners to continue to focus on permanent recruitment of LTC leadership	1. Monthly targets assigned to each leader to achieve and maintain 95% complete 2. Successful Recruitment	1. 100% of months progress reports are provided	

		Repeat visits to the ED within 30 days for mental health and addiction patients	C	% / Mental health patients	In house data collection / Fiscal Year	900*	CB	CB	Goal is to establish a consistent process for data collection and	Local Detox Centre, Canadian Mental Health Association (CMHA)	1)Collecting Baseline. Develop in-house process for collecting data	Data Collection monitoring	Quarterly Reporting	A developed process for data collection	
Safe		Number of workplace violence incidents reported by LTC workers (physical violence or threat of physical violence) within a 12 month period. (LTC - EHC, RRHC, RC)	C	Count / Worker	In house data collection / Fiscal Year	52152*	50	65.00	Goal is to foster a culture of reporting violence, while continuing to work towards eliminating violence in our workplace		1)1. We have a strong Workplace Violence Prevention Committee and the committee has developed a workplan to	Monitor progress of workplan	Workplan Progress	monitor workplan	
											2)Foster a culture of reporting including increasing education on what workplace violence is, encourage reporting and	Implement AEMS program for easier reporting	Achieve AEMS milestones	monitor AEMS implementation	
											1)Engage with physicians on use of antipsychotic medication use. Review the Residents who are currently on antipsychotic	Review the number/percentage of residents with antipsychotics without a diagnosis of psychosis within 3 months to determine if change ideas have impacted numbers.	Quarterly results	see a decrease in use	
Safe		Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	M A N D A T O R Y	Count / Worker	Local data collection / January - December 2018	900*	6	8.00	Goal is to foster a culture of reporting violence, while continuing to work towards eliminating violence in our workplace		1)Foster a culture of reporting including increasing education on what workplace violence is, encourage reporting and implement a more efficient way to report (AEMS)	Implement AEMS program for easier reporting	Achieve AEMS milestones	monitor AEMS implementation	FTE=561
											2)We have a strong Workplace Violence Prevention Committee and the committee has developed a workplan to	Monitor progress of the workplan	Workplan monitoring	The workplan is a living document and as items are completed, additional items	FTE=561