

Let's Make Healthy
Change Happen.



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



3/30/2015

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.

ontario.ca/excellentcare

Overview

- Our 2015-2016 Quality Improvement Plan (QIP) will again have a strong focus on our Strategic Plan.
- The QIP supports our Mission: "The mission of Nipigon District Memorial Hospital is to provide excellent health care and wellness promotion services in order to improve the health of the population and the quality of life of all residents in our communities".
- Nipigon District Memorial Hospital (NDMH) is guided by the five Strategic Directions. These directions have been developed utilizing population data, survey input from consumers, health care partners, staff and the North West Local Health Integration Network (NWLHIN) as well as a review of internal hospital data.
- Patient Safety
- Partnerships
- Resources
- Staff Resources
- Model of Care
- Nipigon District Memorial Hospital is committed to providing safe, quality care that is effective, patient-centered, accessible and efficient. Patients receive better care and will have access to the supportive care they need to recover in hospital.
- Our board, staff and physicians are committed to our strategic plan which includes living our mission, vision and values. Achievement of targets set out in the plan will assist us to achieve our vision of "Excellence in rural health care and wellness promotion", while ensuring that we are accountable for accessible care through collaborative relationships supported by a safe environment
- In order to achieve our commitment, we recognize our objectives and strategic goals must support the quality dimensions of safety, effectiveness, accessibility, patient-centeredness and integration as outlined in the Excellent Care for All Act. This plan is one tool we use to monitor and review our performance, report the results and articulate our accountability to our stakeholders
- Patient safety is one of our strategic priorities. This will be reflected in all of our quality initiatives whether in direct patient care or sustainability of resources to provide this care. Medication administration, reducing falls and pressure ulcers, ensuring ER wait times are within target and maintaining fiscal responsibility.

Integration & Continuity of Care

- As a strategic priority, considering the model of care implemented to more effectively meet the needs of the residents of our communities will focus on frail seniors, chronic disease, mental health and/of substance abuse conditions.
- The Health Hub initiative with the FHT, NOSP and Dilico has brought agencies to the table to discuss health care concerns that impact all agencies. Working collaboratively to provide timely access and develop a more patient focused process that meets the needs of the patient in the right place, at the right time and with the right support will reduce unplanned and repeated ER visits as well as reduce readmission rates
- Exploring diverse opportunities for best utilization of beds will be a focus for this coming year.
- Working in partnership with the Health Links initiative standardizations in health care can be recognized
- Timely repatriation from the tertiary site ensures access to tertiary care is maintained and creates positive working relationships between physicians and staff
- On site CCAC support will enhance our Assisted Living Program and ensure appropriate resources are in place for safe return home after hospitalization.

Challenges, Risks & Mitigation Strategies

- As a small rural facility, our challenges with resources- human, financial and material resources has not changed. Any change in one affects the others- generally negatively.
 - There are several organizations requiring quality information. Some information required is the same and other information required is different.
 - With limited human resources to provide direct care, it is difficult to pull staff or have them come in on off time to work on quality improvement initiatives. There is little interest in participating in working groups outside of working hours as many staff travel distances to come to work. Working in a financial deficit there is no budget to pay staff to come in on off time either.
 - The loss of industry in our communities has changed demographics leaving elderly with less family support to stay in their homes as families are separated due to long distance travel to find work.
 - Challenges related to the availability of home care services have an impact on ALC and readmission targets. Ongoing partnerships with the Nipigon Family Health Team will continue to influence discharge and follow up processes for hospitalized patients. While continue to struggle with consistent numbers in the ALP- however we have been able to demonstrate benefits as we are admitting more of our clients directly to LTC versus having them live as ALC's in our Acute Care beds. We continue to demonstrate decreased ER visits and admissions for the clients in the program.
 - A balance must be struck between doing the work and reporting on the work. The more governing bodies come together and coordinate their approaches will be of great assistance.
 - Many of the small rural hospitals have recognized the benefit of working together on projects that do not impact the resources at any one hospital. These working groups have improved standardization on many initiatives.

Information Management

- The Small Hospital Funding Initiative from the NWLHIN Patient Order Sets project has been completed. These order sets provides evidence based care from admission to discharge. Clinical protocols and medical directives ensure best practices are adhered to.
- Data quality will be reviewed to look for decreases in length of stay when best practice guidelines are followed.
- A new unit dose medication management system has been installed which research has shown has decreased medication errors. Audits of the system will be completed to track data
- Working with the FHT to meet the needs of the QIP of the FHT, a process is being developed to ensure timely follow-up care for patients discharged from the hospital
- A pilot of a Virtual ICU where specialists from the tertiary hospital can have visualization of critically ill patients in the ER via OTN. This will enhance the emergency care and management and may decrease delays in transfer to the tertiary hospital
- Electronic documentation systems increases ability to abstract quality data. This will decrease workload for a facility with scarce resources ie. Use of restraints, falls, pressure ulcers
- EMR data is reviewed to ensure systems are accurately capturing activity and enhance data quality. Better data quality enhances the ability of the organization to identify trends and other action prompting activities.
-

Engagement of Clinicians & Leadership

- Quarterly department meetings chaired by the CEO provide opportunities for leadership to discuss concerns
- Hospital quality committee established with all departments considering what opportunities for improvement they can track. This provides opportunity to see the connectiveness of each department and how one impacts others
- Infection control data is shared with staff as opportunities for education and improvement. Hand hygiene compliance, C-diff rates can be celebrated.
- Nursing department staff meetings provide venue to share quality data and look for input into improvement ideas

Patient/Resident/Client Engagement

In collaboration with the Family Health Team post-discharge phone calls are completed on all discharged patients to complete patient satisfaction surveys. Any identified areas of concern are brought to the attention of administration for follow-up and resolution.

Random satisfaction surveys on ER patients through follow-up phone interviews. Our out-patient Lab and DI depts. also engage in patient satisfaction surveys. We currently do not have a patient representative on our quality committee but this will be a goal for this upcoming year

Accountability Management

The Chief of Staff, CEO, CFO and CNO all share accountability to meeting the targets as outlined in our QIP.

Once the annual reports have been calculated, performance-based compensation will be paid no later than sixty (60) days after year end (March 31).

If an individual in a leadership position is in the position after the start of the year their performance compensation will be paid in proportion to the time they occupied the position and the year end results.

If an individual leaves a position prior to the year end their performance will be evaluated in proportion to time spent in the position and against the established quality indicators. All payments shall be issued on or before their last regular pay.

Performance Based Compensation [As part of Accountability Management]

Indicator	Below Floor (0 pts.)	Floor to Maintain (1pt.)	2015/16 Targets (2 pts.)	Full Success (3 pts.)
Patient satisfaction	90%	93%	95%	97%
Reduce unnecessary hospital admissions for selected CMG's to any facility	25%	22%	20%	18%
Improve Discharge Process (Percentage of high risk for readmission patients who had discharge plan sent to primary care provider on discharge)	70%	75%	78%	80%
Total Margin	Operating deficit greater than -1.0% of plan	Operating deficit of -0.6 to -1.0% of plan	Balanced - 0.5% to +0.5% of plan	Over +0.5% or better of plan
While a total score of 12 points is possible, to successfully meet the objectives of any of the targets an individual score of 2 points is required. Therefore a score of 8 points or more would provide full pay entitlement. A score under 8 points would result in a proportionate reduction of 1/12 of performance for every point below 9.				

Health System Funding Reform (HSFR)

- While the HSFR does not directly impact the small rural facility at this time, education to the board and administration has begun to ensure that there is awareness of the impact this will have on our hospital.
- Working toward the targets of the QIP and initiating change ideas, we will gain further direction to the HSFR and the impact we will have with the CMG groups identified.
- NDMH will continue to analyze best practices within the healthcare industry and consider how they can be integrated into our facility
- Working with the NWLHIN and other health care providers NDMH will consider needs of the population served and what programs or services should be provided to meet the needs of the communities

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

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

Board Chair [Click here to enter text.](#)

Quality Committee Chair

Chief Executive Officer

CEO/Executive Director/Admin. Lead _____ (signature)

Other leadership as appropriate _____ (signature)