Excellent Care For All.

2011-12

Quality Improvement Plan

(Short Form)

Lake of the Woods District Hospital

APRIL01/2011

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Part A:
Overview of Our Hospital's Quality Improvement Plan

Purpose of this section: Quality Improvement Plans (QIPs) are, as the name suggests, all about improvement. They are an opportunity for organizations to focus on how and what to improve, in the name of better patient-focused care. As such, they will be unique documents, designed by, and for, each individual organization. Overall, a QIP should be seen as a tool, providing a structured format and common language that focuses an organization on change. The QIP will drive change by formalizing a plan and facilitating shared dialogue to support continuous quality improvement processes. This introductory section should highlight the main points of your hospital's plan and describe how it aligns overall with other planning processes within your organization. In addition, this section provides you with an opportunity to describe your priorities and change plan for the next year.

1. Overview of our quality improvement plan for 2011-12

The Lake of the Woods District Hospital is committed to a coordinated and safe patient care experience for our patients. When this Quality Improvement plan is implemented, our patients will experience shorter wait times in the Emergency department. Patients will be placed in and move to the appropriate level of care, allowing optimal bed utilization. Patient flow and bed utilization will permit appropriate level of care to be provided to all patients. The number of readmissions to hospital for patients with congestive heart failure will be decreased. Hand hygiene compliance rates will show our commitment to patient safety. A new survey method for assessing patient satisfaction will reflect increased satisfaction with care provided. The hospital will continue to operate within approved funding and budget allotments. We will move towards our goal to build a new hospital in our community.

2. What we will be focusing on and how these objectives will be achieved

Aims & Measures-

By March 31, 2012 we will:

- Safety-
    - Improve hand hygiene compliance rates to 85% before patient contact and to 90% after patient contact.

- Effectiveness-
    - Reduce hospital readmissions for patients with congestive heart failure to meet or exceed provincial averages.
    - Seek to reduce number of ALC patients occupying acute care beds to meet the established LHIN14 target of 26.9%.
    - Improve organizational financial health- Operate within a balanced budget while continually seeking ways to increase revenue and decrease expenses while maintaining health care services to the communities we serve.
- Access-
    - Reduce ER length of stay for Admitted patients from 12.2 hours to 10.9 hours to meet LHIN target.

- Patient-Centred-
    - Improve inpatient satisfaction scores so that 80% of our patients say they would "definitely" recommend our hospital to others.
    - Implement a new survey methodology to improve validity of data and improve results.
    - Receive MOHLTC approval to move forwards with the "Building a Future" plan for a new hospital facility.

Ideas for Improvement-
From April 2011 to March 2012 we will:

- Continue to educate our staff and patients/families about the ongoing importance of hand hygiene
- Work with our LHIN, CCAC and LTC facilities to reduce occupancy of acute care beds by those patients awaiting Long Term Care.
- Continue to monitor and adjust costs and expenditures to have a balanced budget.
- Identify ways to decrease ER length of stay for Admitted patients.
- Identify and implement methods to increase patient satisfaction with our hospital and services.
- Move towards building a new hospital.

3. How the plan aligns with the other planning processes

The LWDH Quality Improvement Plan for 2011-12 is in alignment with LHIN objectives and the H-SAA agreement. It is coordinated with organizational strategic goals, the Mission Vision Values of the organization and the LWDH Integrated Quality/ Risk framework. It is also aligned with Governance policies and Ends of the Board of Directors. The Quality Improvement plan supports best practices as defined by Accreditation Canada. The plan incorporates consultation with and participation by our health care partners to achieve the planned objectives. Key partners include MOHLTC, LHIN14, CCAC, the NWHU, and the Sunset Country Family Health Team.

4. Challenges, risks and mitigation strategies

Consideration has been given to identify risks that may inhibit the accomplishment of the plan objectives. These include:

- (SAFETY)
    - Hand Hygiene Compliance rates- Auditing procedures and consistent audit practices; Ongoing resources to keep hand hygiene awareness and motivation of staff a priority; Failure to provide Human resources to complete required and additional performance audits will affect the outcome.
- (EFFECTIVENESS)
    - ALC objective - End point resources not in place- ie - requires that sufficient LTC beds exist in the community or sufficient resources are available to support patients to wait at home. The hospital has little control over many factors affecting ALC occupancy.

- (ACCESS)
    - Wait times in ER- primary care access in the community- resources not in place to serve non-emergent cases- ie family physicians, nurse practitioners- no other options exist (ie Walk-in clinic)- non urgent CTAS patients are seen in ER. Occupation of acute care beds by ALC patients directly impacts our ability to decrease ER wait time for admitted patients. If the ALC occupancy issue is not resolved, this impacts ER wait times for admission.
- (PATIENT CENTRED)- NRC Picker tool restricts distribution to a significant portion of our patient population- ie cannot be mailed to patients with a general delivery postal address. Response to mailed survey is not optimal. Additional fiscal and human resources will be needed to effectively implement an in-house survey to obtain patient satisfaction data and complete survey distribution as well as data collation.

Mitigating strategies to lower risk have been considered and include:

- Mitigating strategies to optimize success of the Quality Improvement Plan include communication and consultation with all staff about the objectives and details of the plan. Engagement of frontline staff, managers, physicians and the community will increase our success in meeting our objectives.
- We will also work together with our partners and all stakeholders to build capacity for achievement of our goals.
- Enhance communications with the public and community so that they are aware of quality issues, improvement strategies and ways in which the community can assist us in achieving our Quality Improvement targets.
- Continuing education for the public and staff around quality improvement processes will enhance success.
- The alignment of the QIP objectives and aims with those of Accreditation Canada will provide additional resources and promote success.
- The LWDH is committed to providing the necessary resources, both human and financial to achieve success.
- Alignment of the QIP with organizational strategic goals is also seen as a strength of the 2011-12 plan.
- Specific strategies include:
    - Hand Hygiene- Dedication of staff & material resources to continue promotion and education of all staff, patients, families and the community. Consistent personnel to conduct audits.
    - ALC- Strategic planning initiative with LHIN, CCAC , LTC facilities.
    - Wait Times in ER- Investigate successes of other community hospitals in reducing ER Wait times.
    - Patient Satisfaction- Inform our patients and promote the importance of giving feedback via new in-house survey.
    - Garner community wide support for a new hospital facility.

Part B:
Our Improvement Targets and Initiatives

Please see accompanying .pdf document posted on this website.

Part C:
The Link to Performance-based Compensation of Our Executives

Purpose of Performance-based compensation:

1. *To drive performance and improve quality care*
2. *To establish clear performance expectations*
3. *To create clarity about expected outcomes*
4. *To ensure consistency in application of the performance incentive*
5. *To drive transparency in the performance incentive process*
6. *To drive accountability of the team to deliver on the Quality Improvement Plan*
7. *To enable team work and a shared purpose.*

Manner in and extent to which compensation of our executives is tied to achievement of targets

Our executives' compensation is linked to performance in the following way:

SENIOR MANAGER:	% OF COMPENSATION LINKED TO ACHIEVEMENT OF QUALITY IMPROVEMENT PLAN TARGETS:	Maximum Potential Salary deduction if Targets not met:
President & Chief Executive Officer	3%	-3%
Chief of Staff	3%	-3%
VP Patient Care & Chief Nursing Officer	2%	-2%
VP Corporate Services & Chief Financial Officer	2%	-2%
VP Community Programs	1%	-1%

Please note that the % amounts in column 2 of the above table reflect salary reductions versus "bonus" payments. Senior Management salaries remain frozen as per previous legislation.

The Quality Improvement Plan 2011-12 outlines seven outcome measures or indicators.

The table below indicates that if the Senior Management team meets 4 out of 7 indicator targets, they will receive 100% of the amount indicated in the table above and will not be subject to a salary cutback. Executive compensation is not related to any specific Quality Dimension or outcome measure in Part B of the Quality Improvement Plan.

Compensation will be pro-rated and based on the following achievement proportions:

# Outcomes Met:	Total # Indicators:	% of above compensation (1-3% as indicated above)
Any 4	Out of 7	100%
Any 3	Out of 7	75%
Any 2	Out of 7	50%
Any 1	Out of 7	25%
None	Out of 7	0%

N.B.- All hospital non-union staff wages have been "frozen" since March24, 2010. Salaries will remain at current levels until at least April 2012.

Part D:
Accountability Sign-off

[Please see the QIP Guidance Document for more information on completing this section.]

I have reviewed and approved our hospital's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*. In particular, our hospital's Quality Improvement Plan:

1. Was developed with consideration of data from the patient relations process, patient and employee/provider surveys, aggregated critical incident data, and patient safety indicators;
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in and extent to which, executive compensation is tied to achievement of QIP targets; and
4. Was reviewed as part of the planning submission process and is aligned with the organization's operational planning.

[Insert Name] *Board Chair*	[Insert Name] *Quality Committee Chair*	[Insert Name] *Chief Executive Officer*