

Excellent Care
For All.

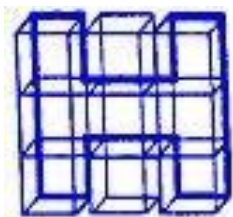


2012/13

Quality Improvement Plan

(Short Form)

Lake of the Woods District Hospital



April 01, 2012

This document is intended to provide public hospitals with guidance as to how they can satisfy the requirements related to quality improvement plans in the *Excellent Care for All Act, 2010* (ECFAA). While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and hospitals should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, hospitals are free to design their own public quality improvement plans using alternative formats and contents, provided that they comply with the relevant requirements in ECFAA, and provided that they submit a version of their quality improvement plan to HQO in the format described herein.

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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 hospitals 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 hospital. 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 hospital and even more broadly with other initiatives underway in your hospital and across the province. In addition, this section provides you with an opportunity to describe your priorities and change plan for the next year.

OVERVIEW

The Lake of the Woods District Hospital is committed to a coordinated and safe patient care experience for our patients. The LWDH exists so that the people we serve receive optimal health care for a justifiable use of public resources- this is our mission statement. The goals of the LWDH Quality Improvement Plan (QIP) are closely aligned with our mission, vision and values. Through this Quality Improvement Plan we will continue the journey to maintain excellence in patient care. We will use the concepts of continuous quality improvement as our framework on this journey.

The QIP objectives strive to meet five aims of a high quality patient care experience: Care that is safe, effective, accessible, patient-centred and integrated.

OBJECTIVES

By March 31, 2013 we will:

Safety-

Maintain and improve excellence in provider hand hygiene compliance to 90% before patient contact and to 95% after patient contact.

Reduce rates of deaths and complications associated with surgical care. Ensure 100% compliance with completion of the surgical safety checklist with all surgical procedures.

Improve medication reconciliation process completion to 50% compliance on inpatient units.

Effectiveness-

Improve organizational financial health. We will strive to 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 14.2 hours to 12 hours. This represents an improvement of 15% over current performance. Provincial average exceeds 25hours.

Patient Centred Care-

Improve patient satisfaction- we will seek to improve results from our in-house patient satisfaction surveys from 90% to 94%, exceeding provincial targets.

Integrated-

Reduce unnecessary time spent in acute care- Continue to seek ways to reduce number of ALC (Alternate Level of Care) patients occupying acute care beds to 22%. Current performance is 26%.

ALIGNMENT

For 2012-13 LWDH has identified five key drivers for planning:

1. LWDH Strategic Plan
2. LWDH Quality Improvement Plan
3. Hospital Services Accountability Agreement (HSAA)
4. Public Reporting of Hospital Performance
5. Accreditation Canada Required Organizational Practices

The LWDH Quality Improvement Plan for 2012-13 is in alignment with LHIN objectives and the H-SAA agreement with the MOHLTC. 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 internal partners are our staff and credentialed professional staff. Key external partners include MOHLTC, LHIN14, CCAC, the NWHU, the Sunset Country Family Health Team, Pinecrest District Home for the Aged and Birchwood Terrace Nursing Home.

INTEGRATION & CONTINUITY OF CARE-

The LWDH Quality Improvement Plan seeks to link hospital care with care provided by other community health care partners to provide a seamless continuum of care for patients. This is evident in our strategies outlined to achieve the quality plan objectives. Working with CCAC and long term care facilities is key to achieving our ALC objectives. Physicians are vital partners in the success of hand hygiene, medication reconciliation, reducing ER Wait Times and reducing readmissions. We will seek to work together with our partners to enhance and improve coordination and delivery of services.

CHALLENGES, RISKS & MITIGATION STRATEGIES-

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

- SAFETY
 - o Hand Hygiene Compliance rates- Ongoing resources are required 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.

- Surgical Safety checklist- Re-education of surgical team members re completion of checklist in all surgical procedures- focus on emergency surgical procedure compliance.
- Medication Reconciliation- Interprofessional participation is vital to achievement of this objective- nursing, physician, pharmacy staff. Human resources required to complete retrospective chart audits to assess improvements will be a challenge in this area.
- **EFFECTIVENESS**
 - Improve organizational financial health- The 2012-13 fiscal year will pose significant challenges in sustaining services while maintaining a balanced budget. The risk to the organization is that expenditures may exceed revenue and/or the level of services may have to be rationalized.
- **ACCESS**
 - Wait times in ER for Admitted patients- 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. Other challenges to timely admission from ER to an admitted bed relate to patient flow issues. These will be included in improvement initiatives.
- **PATIENT CENTRED-**
 - Although significant improvement has been made on this indicator in 2011-12 through the development and implementation of an in-house patient satisfaction survey, the need to regularly survey and consistently collate survey results is very labour intensive. A continued commitment of human resources to achieve this objective is needed.
- **INTEGRATED**
 - ALC objective – The achievement of this quality objective is dependent on resources available through our community partners such as CCAC and long term care facilities. The continuation of funding for the “Assess & Restore” program (2012) will be a significant factor in success.

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 2012-13 plan.
- Specific strategies include:
 - o Hand Hygiene- Dedication of staff & material resources to continue annual promotion and education of all staff, patients, families and the community. Consistent personnel to conduct audits.
 - o Surgical Safety Checklist- A focus on emergency procedures and checklist completion.
 - o Medication Reconciliation- Formation of an Interprofessional Working Group to address process deficiencies and recognize success- increase “buy-in” and completion rates.
 - o LWDH Financial Health- Continue to seek ways to increase revenues, decrease expenses and identify process changes which would result in increased efficiency, in order to to sustain patient services.
 - o Wait Times in ER for Admitted patients- Address internal patient flow issues- on admission, discharge. Continue to address ALC issues.
 - o Patient Satisfaction- Allocation of resources needed to complete and continue survey distribution and collation of results. Share successes with all staff and the community.
 - o ALC- Strategic planning initiative with LHIN, CCAC , LTC facilities. Continued participation in “HomeFirst” strategy, “Assess & Restore” program.

Part B: Our Improvement Targets and Initiatives

Purpose of this section: Please complete the [“Part B - Improvement Targets and Initiatives”](#) spreadsheet (Excel file). Please remember to include the spreadsheet (Excel file) as part of the QIP Short Form package for submission to HQO (QIP@HQOntario.ca), and to include a link to this material on your hospital's website.

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

EXCEL SPREADSHEET

Part C:

The Link to Performance-based Compensation of Our Executives

The purpose of performance-based compensation related to ECFAA is to drive accountability for the delivery of quality improvement plans (QIPs). By linking achievement of targets to compensation, organizations can increase the motivation to achieve both long and short term goals. Performance-based compensation will enable organizations to ensure consistency in the application of performance incentives and drive transparency in the performance incentive process.

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

[Compensation should be linked to targets for the CEO and those members of the senior management group who report directly to the CEO, including the chief of staff (where there is one) and the chief nursing executive. Members of the senior management team who do not fall under the definition of “executive” as listed in the regulations (i.e. those not reporting directly to the CEO) may also be included in performance-based compensation, at the discretion of the organization. Please refer to the [regulation](#) (Ontario Regulation 444/10) and the guidance on executive compensation available from the ministry’s website.]

Our Executives’ compensation is linked to performance in the following ways:

SENIOR MANAGER:	% COMPENSATION LINKED TO ACHIEVEMENT OF TARGETS:	MAXIMUM BASE SALARY AT RISK IF TARGETS NOT MET:
President & Chief Executive Officer	5%	5%
Chief of Staff	2%	2%
VP Patient Care & Chief Nursing Officer	2%	2%
VP Corporate Services & Chief Financial Officer	2%	2%
VP Community Programs	1%	1%

Please note the % amounts in column 3 of the above table reflect salary reductions versus additional payments.

Performance is linked to the seven quality indicators as outlined in Part B.

Each of the seven targets achieved is worth 1/7 X % compensation at risk.

Four out of seven targets must be met in order to keep the base salary intact.

If legislation permits, achievement of targets beyond a four out of seven will result in eligibility for a pay for performance of 1/7 of percentage at risk.

For example if 5 out of 7 targets are achieved, the CEO would be eligible for a 1/7 X 5% incentive.

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

#Outcomes Met:	Total # Indicators	% Compensation (1-5% as indicated above)
7	Out of 7	+ 3/7 X % at risk
6	Out of 7	+ 2/7 X % at risk
5	Out of 7	+ 1/7 X % at risk
4	Out of 7	100% (Base salary intact)
3	Out of 7	Minus 4/7 X % at risk
2	Out of 7	Minus 5/7 X % at risk
1	Out of 7	Minus 6/7 X % at risk
0	Out of 7	Minus 7/7 X % at risk.

NB- All hospital non-union staff wages have been “frozen” since March 24, 2010.

This document is subject to amendment to reflect the provisions of, and compliance with proposed Ontario legislation (Bill 55- “Strong Action for Ontario Act (Budget Measures 2012”) if enacted.

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/service provider surveys, and aggregated critical incident data
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 processes and considers other organizational and provincial priorities (*refer to the guidance document for more information*).

Fred Richardson

[Insert Name]
Board Chair

Fred Richardson

[Insert Name]
Quality Committee Chair

Mark Balcaen, M.H.Sc, FACHE

[Insert Name]
Chief Executive Officer

(Electronic signatures pending).