

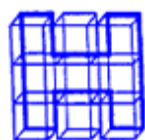
Excellent Care
For All.



2013/14

Quality Improvement Plan for Ontario Hospitals

(Short Form)



**Lake^{of the} Woods
District Hospital**

April 01, 2013

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.

ontario.ca/excellentcare

Overview of Our Organization's Quality Improvement Plan

This introductory section should highlight the main points of your organization's QIP and describe how it aligns overall with other planning processes within your organization and more broadly with other initiatives underway across the province.

Please refer to the [2013/14 QIP Guidance Document for Ontario Hospitals](#) for more information on how to complete.

Overview:

The Lake of the Woods District Hospital is committed to ensuring that every patient experience is a positive one, and that our patients are provided with the highest quality and safest care possible. In developing our Quality Improvement Plan, we are guided by best practice standards and Accreditation standards. We are proud of our accomplishments to date, but even more, we are proud that our team is constantly striving for ways to be even better.

Our mission statement identifies our commitment to providing a continuum of healthcare with a focus on quality care, personal attention, accountability and fiscal responsibility. To that end, our Quality Improvement Plan focuses on a variety of important safety strategies, fiscal performance and patient satisfaction. 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 to maintain excellence in patient care. We will use the concepts of continuous quality improvement as specifically addressed in the LWDH Integrated Quality/ Risk framework on this journey towards quality.

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

• Focus: Safety

- Sustain existing performance in Hand Hygiene and maintain performance through continued implementation of existing awareness and education programs.
- Reduce rates of inpatient and outpatient falls and complications associated with falls by implementing strategies that will reduce the number of falls for our patients that are at risk for falls.
- Continuing to make Medication reconciliation a priority this year. Medication Reconciliation is one of the "best practices" that are being implemented widely in hospitals, to improve medication safety. This year, we have focused on medication reconciliation on admission as well as added its improved usage on discharge and transfer.
- Achieve the stretch target for the timely administration of preoperative antibiotics one hour before incision time for a selected group of surgical procedures.

Effectiveness

- Fiscal responsibility continues to be a priority. As always, 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

- We will monitor Emergency wait times for admitted patients to make certain that patients are able to get the care they need in a timely manner.

Patient Centred Care

- With regards to patient satisfaction, we want to be known as the place where patients, residents and their families feel safe and supported and receive compassionate care. We will seek to maintain current results from our in-house patient satisfaction surveys and implement successful initiatives to enhance

satisfaction and increase patient feedback regarding the quality of their experience. This year we are focusing on improving care related to cultural safety which is a key determinant of patient satisfaction.

Integrated

- We will continue to seek ways to reduce number of ALC (Alternate Level of Care) patients occupying acute care beds to 25%. Current performance is 21.58%. Our chosen target is slightly above the LHIN target however with the impending closure of Interim LTC beds it is likely that the number of ALC days at LWDH could increase.

- **Alignment:**

For 2013-14 LWDH has identified 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
- 6 Northwest LHIN Integrated Services Plan
- 7 Health System Funding Reform (HSFR)

The LWDH Quality Improvement Plan for 2013-14 is in alignment with the LHIN's Integrated Health Services Plan and the HSAA agreement with the MOHLTC. It is related with our organizational Strategic goals, the Mission, Vision and 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, to name only a few.

- **Integration and 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.

- Maintaining communication and partnership with the regional LHIN
- Working with CCAC and long term care facilities is key to achieving our ALC objectives.
- We will seek to work together with our partners to enhance and improve coordination and delivery of services.
- Physicians are vital partners in the achievement of hand hygiene, medication reconciliation, preoperative anti-microbial coverage indicators and reducing ER wait times. Physician involvement is invaluable as we strive to maintain a balanced budget.
- Working with the LWDH's committees i.e. Falls Reduction and Prevention Committee, Quality Committee of the Board, Quality/Patient Safety and Risk Management Committee, the Aboriginal Health Advisory Committee and the Accreditation Quality committees. This structured "Team" approach will ensure that progress is made towards the achievement of our goals, even if unforeseen events occur that prevent us from reaching our stated performance targets.
- 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.
- 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.
- 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.

- LWDH's commitment 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 source of strength in the 2013-14 Plan.

- **Health System Funding reform (HSFR):**

We are currently entering phase 2 of the Health System Funding Reform model. LWDH is committed to creating a 'patient centered' facility which reflects the HSRF mandate. We consider and incorporate this funding model when implementing larger quality processes. Although HSFR will be a challenge to successfully adopt, strategies that will assist in meeting our Quality Improvement Plan targets will be:

- careful monitoring and detailed study of the HBAM and the Ministry HIT data,
- process review to streamline expenditures, standardization and regional group purchasing,
- working closely with community and regional partners to determine service provision,
- the promotion of staff wellness, safety and attendance management
- seeking input from staff to identify changes in processes that will promote savings while maintaining optimal patient care

LWDH is committed to the allocation of resources responsible for the thorough review of critical incidents. Formal processes are in place to report, review, evaluate, research and make quality changes in patient care services.

LWDH has been tracking patient satisfaction indicators and reporting patient comments and suggestions through a hospital developed customer reporting system and an annual in-house patient satisfaction survey. We are committed to tracking the outcomes, but also focusing on opportunities for improvement that are routinely identified through these surveys.

The hospital has an excellent record of quality improvement, both internal and in collaboration with external partners. Every department and clinical service develops annual operating plans as well as goals and objectives with the focus on quality and safety initiatives.

- **Challenges and risks:**

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

Safety

- 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.
- Decrease inpatient and outpatient falls- Although every fall is considered important, the current low number of falls among the outpatient group may be challenging in measuring performance. The lack of human resources to ensure risk assessment screening is performed will affect outcome.
- The Timely administration of preoperative antibiotics will involve a change in practice of the surgical team. Individual practice preferences by the Health Care Team may affect achievement of our target. Education and staff involvement regarding practice alterations around Best practice guidelines from Safer Health Care Now Surgical Site Infection: preoperative antibiotic administration will promote 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. Ongoing meetings with the Interprofessional working group to address process deficiencies, recognize and celebrate successes increases "buy-in" and will promote the achievement of our performance target.

Effectiveness

- Improve organizational financial health- The 2013-14 fiscal years will pose significant challenges in sustaining services while maintaining a balanced budget. The uncertainty associated with the current economic environment has the potential of impacting organizational financial health and operating plans. LWDH will continue to seek ways to increase revenues, decrease expenses and identify process changes which would result in increased efficiency, in order to maintain patient services.

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. We will continue to address internal patient flow issues- on admission, discharge and to address ALC issues.

Patient Centered

- Patient Satisfaction-The development and implementation of an in-house patient satisfaction survey, the need to regularly survey, and the development of innovative ways to acquire relevant cultural data and consistently collate survey results is very labor intensive. A continued commitment of human resources to achieve this objective is needed. We will continue to share successes with all staff and the community.

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 (2013/14) will be a significant factor in our success. We will maintain Strategic planning initiatives with LHIN, CCAC , LTC facilities and continued participation in “Home First” strategy and the “Assess & Restore” program.
- **Link to performance-based compensation:**

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 eleven quality indicators as outlined in Part B.
- Each of the eleven targets achieved is worth 1/11 X % compensation at risk.
- Six out of eleven targets must be met in order to keep the base salary intact.

- If legislation permits, achievement of targets beyond a six out of eleven will result in eligibility for a pay for performance of 1/11 of percentage at risk.
- For example if 7 out of 11 targets are achieved, the CEO would be eligible for a 1/11 X 5% incentives.
- Lake of the Woods District Hospital

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

#Outcomes Met:	Total # Indicators	% Compensation (1-5% as indicated above)
11	Out of 11	+5/11 x % at risk
10	Out of 11	+4/11 x % at risk
9	Out of 11	+3/11 x % at risk
8	Out of 11	+2/11 x % at risk
7	Out of 11	+1/11 x % at risk
6	Out of 11	100% (Base salary intact)
5	Out of 11	Minus 6/11 X % at risk
4	Out of 11	Minus 7/11 X % at risk
3	Out of 11	Minus 8/11 X % at risk
2	Out of 11	Minus 9/11 X % at risk
1	Out of 11	Minus 10/11X % at risk
0	Out of 11	Minus 11/11 X % at risk.

Accountability Sign-off

I have reviewed and approved our organization'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.

Fred Richardson
Board Chair

Mark Balcaen
President & Chief Executive Officer

Our Improvement Targets and Initiatives

Please complete the [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 [2013/14 QIP Guidance Document for Ontario Hospitals](#) for more information on completing this section.]