

Let's Make Healthy
Change Happen.



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



4/1/2014

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 HQO (if required) in the format described herein.

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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 Canada 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. 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 goals of the LWDH Quality Improvement Plan (QIP) are closely aligned with the organization's mission, vision and values.

Alignment:

For 2014-15 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 2014-15 is aligned with our organizational Strategic Directions, the Mission, Vision and Values of the organization and the LWDH Integrated Quality/ Risk framework. The Plan is also aligned with the LHIN's Integrated Health Services Plan, the HSAA agreement with the MOHLTC and with the 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, Kenora District Services Board, Pinecrest District Home for the Aged and Birchwood Terrace Nursing Home, and Ambulance Services to name only a few.

Our Quality Improvement Plan has been developed in compliance with the Excellent Care for All Act, to ensure that we have identified key objectives that are relevant to our organization and clients.

While we are confident our plan will provide the necessary framework and roadmap to guide us on this journey of quality improvement, our staff, patients and their families will play an integral role in helping shape our hospital's services.

The LWDH has embarked on a challenging and exciting change process. This year's implementation of a regional electronic documentation and order entry system is a main organizational focus and therefore our Quality Improvement Plan may seem somewhat conservative. This project is ultimately about strengthening quality throughout the organization as it supports best practice standardization and will fine tune data collection necessary to strengthen future QIPs.

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.

The LWDH 2014/15 QIP primary objectives are:

1. SAFETY: C.difficile infection (maintenance)

Continue to maintain low rates of cross contamination of C Diff following admission by adhering to Infection Control "best practices" hospital wide.

2. SAFETY: Medication Reconciliation on admission

Continue to make Medication reconciliation on admission a priority this year. Medication Reconciliation is one of the "best practices" that are being implemented widely in hospitals, to improve medication safety.

3. SAFETY: Medication Reconciliation on discharge

Continue to make Medication reconciliation on discharge a priority this year as evidence by the hospital's multidisciplinary care team's commitment to meet the stretch target and therefore reducing the risk of a medication related adverse events posed to clients who are discharged from hospital.

4. EFFECTIVENESS: Hospital Total Margin

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.

5. INTEGRATED: 30-Day Readmission for Stroke and TIA patients.

Continue to maintain low readmission rates for patients experiencing Stroke or a TIA by reviewing current patient care practices and the consideration and implementation of Quality

Based Procedure recommendations.

6. INTEGRATED: % Alternate Level of Care (ALC) days

Reduce ALC days – By continuing to effectively collaborate with our community partners such as CCAC and long term care facilities. The continuation of funding for the “Assess & Restore” program (2014/15) 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.

7. INTEGRATED: Improve discharge process-

Demonstrate an improvement in our discharge process. This is a shared indicator among the Regional Rural small hospital across the North West LHIN and involves implementation of a standardized discharge checklist tool with a Teach back component in all Inpatient units.

8. PATIENT CENTERED: Patient Satisfaction question “I would recommend this hospital to a friend or family”

Maintain current positive results from our in-house patient satisfaction survey and continue to implement successful initiatives based on our survey results. 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.

9. PATIENT CENTERED: Patient Satisfaction question “I am aware of the Anishinaabe in hospital services”

Achieve an increase in patient and family awareness of our Anishinaabe hospital services demonstrated by results from our patient satisfaction survey. With regards to patient satisfaction, we want to be known as the place where patients, residents and their families feel culturally safe, supported and receive compassionate care.

10. ACCESS: ER length of stay for admitted patients Reduce/maintain Emergency wait times for admitted patients to make certain that patients are able to get the care they need in a timely manner.

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.

- **Maintaining communication and partnership within the regional LHIN**
- **Working with CCAC and long term care facilities is key to achieving our ALC objectives and readmission rates.**

- We will continue to work together with our partners and stakeholders to enhance and improve coordination and delivery of services.
- Physicians are vital partners in the achievement of medication reconciliation, readmission rates indicators and reducing ER wait times. Physician involvement is invaluable as we strive to maintain a balanced budget.
- We will continue to working collaboratively and effectively with the LWDH's committees i.e. 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 Quality Improvement Plan. Engagement of frontline staff, managers, physicians and the community will increase our success in meeting our objectives. 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 directions is also seen as a source of strength in the 2014-15 Plan.

Challenges, Risks & Mitigation Strategies

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

- **C. Difficile Infection-** To maintain the organization's low rates, we need to have an effective antibiotic stewardship program for the prevention and control of C. Difficile Infection. We need to ensure that we have proper systems in place for the identification and prompt isolation process implementation. We also need appropriate environmental services to adhere to the policies and procedures for cleaning practices. Continued effective hand hygiene program to maintain current status and access to timely laboratory testing will maintain our status quo.
- **Medication Reconciliation on admission and discharge-** Multidisciplinary participation is vital to achieve this objective- nursing, physician, pharmacy staff and ward clerks. Human resources required to complete retrospective chart audits to assess improvements will be a challenge in this area. Ongoing meetings with the Inter-professional working group to address process deficiencies, recognizing and celebrating successes increases "buy-in" and will promote the achievement of our performance target. A standardized audit tool will be used to ensure accuracy of assessments and to identify specific areas that require attention.
- **Hospital Total Margin/Improve organizational financial health-** The 2014-15 fiscal year 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.
- **30-day Readmission rate for Stroke or TIA patients-** A challenge may be the low numbers of readmissions reported from the CIHI data base. This may limit effective analysis and evaluation of our services. The consideration and implementation of evidence based best practices as per QBP guidelines, improvements to discharge planning and evaluation of QI initiatives through auditing will overcome this barrier.

- **Improve discharge process-** Since this is a new indicator, change in the current process and staff buy-in may be a challenge. Strong leadership by the Utilization coordinator and Staff education on the checklist tool process will assist in the implementation of a standardized discharge checklist tool with a Teach back component in all Inpatient units.
- **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.
- **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. Other challenges to timely admission from ER to an admitted bed relate to patient flow issues. These will be included in improvement initiatives.

Information Management Systems

LWDH is using the Electronic Medical Records System to determine the number of patients treated for Quality Based Procedure diagnoses. The data obtained from our Information Management System will identify key indicators established by the LHIN which is necessary for HSAA reporting and hospital funding requirements.

The hospital's IT department is planning to develop an electronic QIP dashboard as a communication reporting tool. This tool would be available for review by Hospital Board members, Administration and Front line staff. Creative, quality improvement editing of the LWDH website by our IT Team is ongoing. For example, recently a suggestion/complaint submission site on our website has been developed to receive valuable feedback from our community residents.

Engagement of Clinical Staff & Broader Leadership

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.

LWDH is committed to the allocation of resources required 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.

Accountability Management

Accountability

Compensation of our Executives

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

Senior Managers:	% compensation linked to achievement of targets
President & Chief Executive Officer	2.5
Chief of Staff	1
VP Patient Care & Chief Nursing Officer	1
VP Corporate Services & Chief Financial Officer	1
VP Community Programs	0.5

- o Performance is linked to ten (10) quality indicators, which are outlined in our Quality Improvement Plan (QIP).
- o If legislation permits, achievement of targets beyond a six (6) out of ten (10) will result in eligibility for a pay for performance.
- o For example if seven (7) out of ten (10) targets are achieved, the CEO would be eligible for a 1/4 X 2.5% incentive.
- o Given that the CEO and Senior Management position salaries have been frozen for the past four (4) years, with no end in sight to this situation, the Board finds it unconscionable to put any base salary at risk. The Board recognizes that current legislation does not allow for any salary bonus or claw-back.

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

#Outcomes Met:	Total # Indicators	% Compensation
(1-5% as indicated above)		
10	Out of 10	Full
9	Out of 10	+ 3/4 X % at risk
8	Out of 10	+ 1/2 X % at risk
7	Out of 10	+ 1/4 X % at risk
6 or less = no bonus		

Health System Funding Reform

Health System Funding reform (HSFR):

We are currently entering phase 3 of the Health System Funding Reform model. LWDH is committed to creating a ‘patient centered’ facility which reflects the HSFR mandate.

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 programs
- Seeking input from staff to identify changes in processes that will promote savings while maintaining optimal patient care
- LWDH will continue to work with the Northwest LHIN in response to HSFR announced changes as they occur.
- Ongoing participation in educational sessions regarding the HSFR model with physicians and the Board of Directors and Staff.
- The hospital is committed to continue to provide quality care and timely access to services for relevant Quality Based Procedures.
- Review of current services and the adoption of QBP best practice recommendations.

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
Quality Committee Chair
Chief Executive Officer

Instructions: Enter the person's name. Once the QIP is complete, please export the QIP from Navigator and have each participant sign on the line. Organizations are not required to submit the signed QIP to HQO. Upon submission of the QIP, organizations will be asked to confirm that they have signed their QIP, and the signed QIP will be posted publicly.