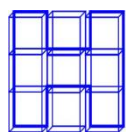


Let's Make Healthy
Change Happen.



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



LAKE OF THE WOODS
DISTRICT HOSPITAL

3/31/2015

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.

Overview

The Lake of the Woods District Hospital (LWDH) commits to delivering high quality, integrated care for the patients and families that we serve, a principle embedded in the Excellent Care for All Act (ECFAA). The goal of the organization is to ensure that every patient experience is a positive one and that our patients are provided with the highest quality and safest care possible. The 2015-2016 LWDH Quality Improvement Plan (QIP) is a set of quality commitments that will guide us in meeting this goal.

In developing our Quality Improvement Plan, we follow the recommended, evidence based, and best practice resources that mentor high quality performance such as Accreditation Canada, Safer Health Care Now, Canadian Patient Safety Institute and Health Quality Ontario. 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.

For 2015-16 LWDH has identified key drivers for quality planning:

- 1 LWDH Strategic Plan
- 2 LWDH Quality Improvement Plan
- 3 Hospital Services Accountability Agreement (H-SAA)
- 5 Multi-sector Service Accountability Agreement (M-SAA)
- 6 Public Reporting of Hospital Performance
- 7 Accreditation Canada's Required Organizational Practices
- 8 Northwest LHIN Integrated Services Plan
- 9 Health System Funding Reform (HSFR)

The 2015-16 Quality Improvement Plan is aligned with the LWDH's Mission, Vision, Values, the Strategic Plan, and the Integrated Quality/ Risk framework. The Plan is also aligned with the LHIN's Integrated Health Services Plan, the H-SAA Agreement with the MOHLTC, and with the Governance Policies and Ends of the Board of Directors.

The QIP incorporates consultation and participation with our dedicated health care partners to achieve the plan's objectives. Key internal partners are LWDH 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, Ambulance Services, ORNGE, Kenora Dispatch Services, and Winnipeg Regional Health Authority to name only a few.

Strong partnership and vision is embraced at LWDH. We are taking our services to the next level of seamless care coordination both within, and external to, the organization. We understand that opportunities exist within the organization for fine tuning coordination and efficiencies in mental health and addictions services and this focus has been included within the QIP. Not only has Mental Health and Addictions Programs included a provincially mandated, high priority indicator in this year's QIP, the staff are also participating in Accreditation Canada's program with the hospital. This is a testimony that staff are committed to working collectively in improving the quality in the coordination of care for our patients.

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

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

The LWDH 2015/16 QIP primary objectives are:

1. SAFETY: C. Difficile Infection (maintenance).

Continue to maintain low rates of cross contamination of C. Difficile following hospital 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" 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. Medication Reconciliation is one of the "best practices" implemented widely in hospitals to reduce the risk of a medication-related adverse events posed to clients who are discharged from hospital.

4. SAFETY: Antimicrobial Stewardship Program. The primary focus of this program is to optimize the use of antimicrobials to achieve the best patient outcomes, reduce the risk of infections, reduce or stabilize levels of antibiotic resistance, and promote patient safety.

5. 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 quality health care services to the communities we serve.

6. INTEGRATED: % Alternate Level of Care (ALC) days. We will continue to endeavor in reducing ALC days by collaborating effectively with our community partners, such as CCAC and long term care facilities.

7. INTEGRATED: Improve Discharge Process. This is a shared indicator among the rural Northwestern Ontario hospitals. The regional objective is: improvements in discharge processes. This year's priority indicator involves the implementation of a standardized discharge checklist tool with teach back for in patients on the Medicine and Surgical units.

8. INTEGRATED: Enhance the Quality of Patient Care. Demonstrate an improvement in the quality of patient care by implementing a standardized communication tool at transition in care between the ER and Morningstar (Mental Health and Addictions Programs). This QIP indicator embraces intra- organizational partnership and patient engagement.

9. PATIENT CENTERED: Patient Satisfaction. Monitor the question result: "I would recommend this hospital to a friend or family member". Maintain current positive results from our in-house Patient Satisfaction Survey and continue to implement successful initiatives to maintain the status quo. With regards to patient satisfaction, we want to be known as the place where patients, residents. and their families feel safe, supported, and receive compassionate care.

10. PATIENT CENTERED: Patient Satisfaction. Monitor the question result: "I am aware of the Aboriginal services within the hospital." 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.

11. 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 appropriate 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. The LWDH Strategic Directions emphasizes the value of maintaining strong partnerships. Close collaboration and comprehensive communication between the care team, the patient, family members, and community partners are key components in achieving truly integrated care.

Strategies to Improve Integration and Continuity of Care:

- Maintain robust communication and partnership with the regional LHIN and collaborate effectively with CCAC and long-term care facilities which is essential to achieve our ALC objectives and readmission rates.
- Continue to work together with our partners and stakeholders to enhance and improve coordination and delivery of services.
- Continue to work effectively with physicians. 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.
- Continue to working collaboratively and effectively with the LWDH's committees i.e. Quality Committee of the Board, Quality/Patient Safety/Risk Management Committee, the Anishinaabe 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 jeopardize our ability in 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 organization success.
- Maintain the alignment of the QIP objectives with those of Accreditation Canada as evident in the Lake of the Woods District Hospital's Patient Safety Strategy Document 2014/15. This strategy will promote quality and success.
- Continued commitment in providing the necessary resources, both human and financial to achieve the QIP objectives.

Challenges, Risks & Mitigation Strategies

Consideration has been given to identify risks that may inhibit the accomplishment of the plan's objectives.

These include:

- C. Difficile Infection- To maintain the organization's low rates, we need to have an effective Antimicrobial Stewardship Program for the prevention and control of C. Difficile Infection. We need to ensure that we have proper systems in place for the prompt identification, isolation, and care processes for in hospital C Diff cases. We also need appropriate environmental services to adhere to the policies and procedures for cleaning practices. Continued effective hand hygiene program 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 (i.e., nursing, physician, pharmacy staff and ward clerks). Human resources are required to complete chart audits to assess improvements, which will be a challenge in this area. Ongoing meetings with the Inter-professional working group to address process deficiencies and to recognize and celebrate successes are necessary to increase staff "buy-in" and to promote the achievement of our performance target. A standardized audit tool recommended by "Safer Health Care Now" will be used to ensure accuracy of assessments and to identify specific areas that require attention.
- Hospital Total Margin/Improve organizational financial health - The 2015-2016 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 to increase efficiency in order to maintain patient services.
- Reduce ALC rates - The continuation of funding for the "Assess & Restore" Program (2015/16) will be a significant factor in our success. We will maintain strong linkages with the LHIN, CCAC, and LTC facilities. We will continue to participate in the "Home First" Strategy and the "Assess & Restore" Program to meet our QIP target.
- Improve discharge process- This is a regional indicator. Organizational buy-in may be a challenge. Strong leadership by the Utilization coordinator, the Meditech Coordinators, the Unit Managers and Education Department will assist in adopting patient discharge quality processes in all inpatient service areas.
- Antimicrobial Stewardship Program- All efforts to meet this Accreditation Required Organizational Practice (ROP) will be led by the Antimicrobial Stewardship Committee. The Accreditation Canada Surveyors will determine if we meet this target.
- Patient Satisfaction-The implementation of the yearly in-house Patient Satisfaction Survey. Effective distribution and collection of the surveys and the final collating of the results is very labour intensive. A continued commitment of human resources to achieve this objective is needed. We will continue to share the survey results 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 in achieving timely admission from ER to an admitted bed is related to patient flow issues. These will be addressed in our 2015/16 Quality Improvement Work Plan based on Accreditation Canada's Required Organizational Practices (ROPs) and included in the QIP actions/ initiatives.

Information Management

LWDH is using the Electronic Medical Records System and the the provincial reporting data bases to determine the number of patients treated for Quality Based Procedures (QBPs). This data obtained from our Information Management System will identify our progress with respect to the key indicators established by the LHIN, which is necessary for H-SAA reporting and the hospital's funding requirements. This electronically generated data enables us to assess, compare, evaluate and understand the organization's ongoing quality improvement progress.

A patient electronic documentation system has been implemented in all inpatient units linking LWDH to the rest of the hospitals in the Northwest LHIN. The outpatient area is the next step in establishing a fully functioning electronic patient charting system throughout the organization.

Creative, quality improvement editing of the LWDH website by our IT Team is proactive and ongoing. For example, recently a suggestion/complaint submission site on our website has been developed to receive valuable feedback related to our services from our community residents.

Engagement of Clinicians & 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 and the management of critical incidents. Formal processes are in place to report, review, investigate, and to implement mitigating strategies to prevent reoccurrences.

Patient/Resident/Client Engagement

As per the Excellent Care for All Act (ECFFA, 2010), Lake of the Woods District Hospital consistently incorporates "patient relations" within its QIP. This is evident by the Quality Team's examination of the annual Patient Satisfaction Survey results and the critical incidences involving the disclosure process when considering the selection of the annual QIP priority indicators. Critical incidences are reviewed and reported to the Hospital Board by the LWDH Quality Committee of the Board members. Adverse events are reviewed by the LWDH Quality/Patient Safety/Risk Management Committee, and preventative recommendations are provided to the appropriate programs.

The organization has a process to effectively manage feedback, reporting, and communication of patient concerns and complaints. The hospital Board and the organization's expectation is that all reported patient complaints are managed and resolved within one (1) month. The organization believes that all concerns and complaints provide opportunities for risk management, quality, and service improvement within the health care system. Patient complaints are also reviewed by the LWDH Quality/Patient Safety/Risk Management Committee.

LWDH has made great strides in developing innovative ways in engaging patients. For example, involving patients during Patient Safety Week, the implementation of communication whiteboards in patient rooms, and the patient educational safety posters displayed throughout the hospital are encouraging patients/families to be active participants in their health care. We are committed to expanding this concept by exploring new ways to enhance patient engagement so patients can be part of the decision making when developing their care plan.

We are proud to include an additional strategy that embraces patient engagement and commitment to patient experience within this year's QIP action items. The Mental Health and Addiction Program's Morningstar will be seeking the participation of their clients in order to perform five (5) case studies which involve client interviews as an evaluation method for improvement.

Accountability Management

See below "Performance Based Compensation" section.

Performance Based Compensation [As part of Accountability Management]

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; and VP Mental Health and Addictions Programs - 0.5.

- Performance is linked to eleven (11) quality indicators, which are outlined in our Quality Improvement Plan (QIP).
- If legislation permits, achievement of targets beyond a seven (7) out of eleven(11) will result in eligibility for a pay for performance.
- For example if eight (8) out of eleven (11) targets are achieved, the CEO would be eligible for a 1/4 X 2.5% incentive.
- Given that the CEO and Senior Management position salaries have been frozen for the past five (5) years, and 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)		
11	Out of 11	Full
10	Out of 11	+ 3/4 X % at risk
9	Out of 11	+ 1/2 X % at risk
8	Out of 11	+ 1/4 X % at risk
7 or less = no bonus		

Health System Funding Reform (HSFR)

We are currently entering phase 4 of the Health System Funding Reform model. LWDH is committed to creating a 'patient centered' facility which reflects the HSFR mandate.

Although HSFR has been challenging 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 and the Northwest Health Alliance Decision Support Team in response to HSFR announced changes as they occur.
- Ongoing participation in educational sessions regarding the HSFR model with physicians, the Board of Directors, and Staff.
- Continued commitment 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.

Other

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

Fred Richardson
Board Chair and Quality Committee Chair
Officer

Mark Balcaen, M.H.Sc., FACHE
President & Chief Executive

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