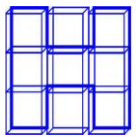


Let's Make Healthy
Change Happen.



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



LAKE OF THE WOODS
DISTRICT HOSPITAL

3/28/2016

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.

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Overview

The Lake of the Woods District Hospital (LWDH) is committed 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. We are driven by the desire to make the system better, and by the inarguable fact that better has no limit.

The 2016-2017 LWDH Quality Improvement Plan will be the guide used towards quality improvement. The engagement of patients, clinicians, and community partners in its development is essential for the results to be relevant and meaningful. In addition, we are directed by numerous evidence-based best practice resources that define 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 2016-17, LWDH has identified key drivers for quality planning:

- 1 LWDH Strategic Plan
- 2 LWDH Quality Improvement Plan (QIP)
- 3 North West Local Health Integration Network's (LHIN) Blueprint and Integrated Services Plan
- 4 Health System Funding Reform (HSFR)
- 5 Hospital Service Accountability Agreement (H-SAA)
- 6 Ministry of Health and Long-term Care Plan (MOHLTC)
- 7 Health Quality Ontario's (HQP) three (3) year Strategic Plan
- 8 Public Reporting of Hospital Performance
- 9 Accreditation Canada's Required Organizational Practices (ROPs)
- 10 Safer Health Care Now and the Canadian Patient Safety Institute

The 2016-2017 Quality Improvement Plan is aligned with the LWDH's Mission, Vision and Values, the Strategic Plan, and the Integrated Quality/Risk Framework. The QIP is also aligned with the LHIN's Integrated Health Services Plan, Health Quality Ontario's three year Strategic Plan, the Ministry of Health and Long-term Care Plan, the H-SAA agreement, the governance policies and the Ends of the Board of Directors.

The QIP commands active 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, LHIN 14, Community Care Access Centre, the Northwestern Health Unit, the Sunset Country Family Health Team, Kenora District Services Board, Pinecrest District Home for the Aged and Birchwood Terrace Nursing Home, the Ontario Provincial Police, and Ambulance Services to name only a few.

Strong partnership and vision is embraced at LWDH as evidence by the recent integration of LWDH Maternity / 2E Integration, as well as the Mental Health / Addictions integration within our hospital. This is a testimony that LWDH's leaders and front line staff are committed to collectively networking to deliver the highest quality in holistic patient care services.

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

The indicators for this year's QIP include:

1. Safe Care Management: Discharge Follow-up Phone Call - To engage patients by seeking their feedback on the quality of their care while in hospital and use this information for Quality Improvement purposes.
2. Safe Care Management: Medication Reconciliation on Admission - Increase proportion of patients receiving medication reconciliation upon admission.
3. Safe Care Management: Medication Reconciliation on Discharge - Increase proportion of patients receiving medication reconciliation upon discharge.
4. Effective Transitions: Reduce Unnecessary Hospital Readmission / QBP/CHF - The incorporation of best practices recommended by the CHF QBP handbook.
5. Safe Care Management: FMEA (Failure Mode Effects Analysis) on the Patient Preparation for Surgical Procedure Checklist - Improving pre-operative care is a key element to enhance recovery, improve outcomes, and speed up recovery.
6. Timely Access to Care or Services: Reduce Wait Times in the ED - Monitor the time from decision to admit to admission on patient care unit.
7. Access to the Right Level of Care: Reduce Unnecessary Time Spent in Acute Care/Percentage ALC days - Monitor the total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days.
8. Patient Experience Survey: Assess the results of the survey question "Would you recommend this hospital (inpatient care) to your friends and family?" add the number of respondents who responded "Yes, definitely" or "Definitely yes" and divide by number of respondents who registered any response to this question.
9. Safe Care Management: Suicide Prevention Risk Assessment - The team assesses each client for risk of suicide at regular intervals, or as needed as per Accreditation Canada's Required Organizational Practice.

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

Discharge Follow-up Phone Call: Nursing participation and availability is vital to achieve this objective. Ongoing meetings with the Discharge Follow-up Phone Call Working Group to address process deficiencies and to celebrate successes with the stakeholders is necessary to increase "buy-in" necessary to achieve our performance target.

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 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, and to recognize and celebrate successes is necessary to increase "buy-in" and to 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.

Reduce Unnecessary Hospital Readmission for QBP/CHF and the Review and Incorporation of Recommended QBP Best Practices: A challenge will be the provision of the human resources, both nursing and physician, necessary for the review of our current practices and to implement the recommended improvements. Ongoing meetings with the QBP Committee will ensure that guidance and support is provided.

Safe Care Management by Implementing a FMEA (Failure Mode Effects Analysis) on the Safe Patient Preparation for Surgical Procedure Checklist: Active participation by front-line and management staff is necessary to achieve success. Ongoing allocation of resources is necessary to support this initiative.

Timely Access to Care or Services by Reducing Wait Times in the ED: The monitoring and analysis of patient flow is necessary to identify ways to improve wait times. Positive and proactive interdepartmental collaboration will overcome the challenges and barriers necessary to decrease ER wait times.

Access to the Right Level of Care to Reduce Unnecessary Time Spent in Acute Care: the unavailability of community services can increase Alternate Level of Care bed allocation. Solution driven conversations with our external partners will assist in meeting our target.

Patient Experience Survey: "Would you recommend this hospital (inpatient care) to your friends and family?". The challenge is to receive the quota of survey returns. The sufficient allocation of human resources will assist us in meeting this target.

Safe Care Management by Implementing a Suicide Prevention Risk Assessment: Optimizing Staff engagement will be needed. Leadership's supportive clinical coaching is instrumental in meeting this Quality target.



QI Achievements from the Past Year

In the fall of 2015, LWDH was surveyed by Accreditation Canada and we were awarded Accreditation with Commendation. The organization is very proud of this award. It gives evidence that the LWDH staff and its leadership are committed to quality and patient safety. Accreditation Canada is an independent organization that provides health care organizations with an external peer review to assess the quality of their services based on standards of practice. LWDH participates in the Accreditation process because we believe that meeting national best practice standards helps us provide safe quality care to all of our patients.

LWDH is also very proud to have been granted the 2015 Quality Healthcare Workplace Award (QHWA) - Gold Designation. Participating in this program allows for LWDH to self-evaluate, learn, and improve efforts in ways that contribute to the providers' quality of work life, care, and services they deliver. This model integrates healthy workplace, human resources, and quality and patient safety goals within a performance-focused framework. One of the key practical insights is that factors related to people's job, work environments, and organizational contexts can influence their overall well-being and their capacity to provide high-quality patient care or client services. A quality team means quality care!

LWDH will continue our journey towards optimum quality and safety!

This year, LWDH has also received a token of appreciation from the Trillium Gift of Life Network. This memento recognizes the excellent work performed by the entire LWDH Organ and Tissue Donation Committee and the staff in their contributions in giving hope and opportunity to all Ontarians waiting for transplants.



Integration & Continuity of Care

The LWDH Strategic Directions emphasizes the value of maintaining strong partnerships. The LWDH Quality Improvement Plan seeks to link hospital care with services provided by our health care partners to provide a seamless continuum of care for patients. LWDH will work effectively with the multidisciplinary team, the patient, family and our community partners to achieve true integrated care. As always, LWDH will continue to focus on integrating care across sectors and settings to provide patients and care givers with a seamless experience.

Strategies to Improve Integration and Continuity of Care:

- Maintaining robust communication and partnership with the regional LHIN
- Collaborate effectively with CCAC and long-term care facilities. This is essential in achieving our ALC objectives and readmission rates.
- Continue to work together with our community 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, the incorporation of evidence-based best practice medicine, ALC and readmission rate indicators, and reducing ER wait times.
- Ongoing effective collaboration with the LWDH's quality 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. Educating front-line staff, managers, physicians and the community about quality will promote the engagement that is necessary to meet our quality objectives.
- Maintain the alignment of the QIP objectives with those of Accreditation Canada.
- Continued commitment in providing the necessary resources, both human and financial to achieve the QIP objectives.

Engagement of Leadership, Clinicians and Staff

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 improving quality and implementing safety initiatives.

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

changes in patient care services. Most of our Quality Committees are a mix of front-line and management staff. This provides diverse perspectives and ideas about the quality of care we provide and the quality improvement recommendations to consider.

Patient/Resident/Client Engagement

As per the Excellent Care for All Act (ECFAA, 2010), Lake of the Woods District Hospital consistently incorporates “patient relations” within its QIP. This year, several patients were actively involved in the development of the QIP. To ensure the QIP information reflects the perspectives of patients, we have actively engaged with them to hear their insights, reflective of their experiences. LWDH also gives power to the patient’s voice through its annual patient satisfaction survey and by the review of reported adverse incidents. This information is considered in the selection of the annual QIP indicators. LWDH believes that patient engagement positively shapes the quality of our services. The organization understands that our next step towards patient engagement is to develop a patient advisory council whose purpose will be to guide our quality work even further.

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 quality and service improvement within the health care system.

Performance Based Compensation [part of Accountability Mgmt]

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

SENIOR MANAGER:	% COMPENSATION LINKED TO ACHIEVEMENT OF TARGETS:
President & Chief	2.5%
Executive Officer	
Chief of Staff	1%
VP Patient Care & Chief Nursing Officer	1%
VP Corporate Services & Chief Financial Officer	1%
VP Mental Health and Addictions	0.5%

- Performance is linked to nine (9) quality indicators, which are outlined in our Quality Improvement Plan (QIP).
- If legislation permits, achievement of targets beyond a five (5) out of nine (9) will result in eligibility for a pay for performance.
- For example if eight (8) out of nine (9) targets are achieved, the CEO would be eligible for a 3/4 X 2.5% incentive.
- Given that the CEO and Senior Management position salaries have been frozen for the past six (6) 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)
9	Out of 9	Full
8	Out of 9	+ 3/4 X % at risk
7	Out of 9	+ 1/2 X % at risk
6	Out of 9	+ 1/4 X % at risk
5 or less = no bonus		

Other

Health System Funding Reform (HSFR):

We are currently working within the Health System Funding Reform (HSFR) model. LWDH is committed to creating a 'patient centered' facility which reflects the HSRF mandate.

Although HSFR has been challenging to successfully adopt, strategies that will assist in being fiscally responsible while still meeting our Quality Improvement Plan include:

- 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 North West LHIN in response to HSFR's 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 providing quality care and timely access to services for relevant Quality-Based Procedures (QBPs).
- 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

Mr. Dean Carrie
Board Chair

Mr. Dean Carrie
Quality Committee Chair

Mr. Mark Balcaen
Chief Executive Officer