

Excellent Care
For All.



2013/14

Quality Improvement Plan for Ontario Hospitals

(Short Form)



March 2013

Our Improvement Targets and Initiatives

- **Overview:**

- Nipigon District Memorial Hospital is committed to providing safe, quality care that is effective, patient-centered, accessible and efficient. Patients will receive better care and will have access to the supportive care they need to recover in hospital.
- Our board, staff and physicians are committed to our strategic plan which includes living our mission, vision and values. Achievement of targets set out in the plan will assist us to achieve our vision of "Excellence in rural health care and wellness promotion", while ensuring that we are accountable for accessible care through collaborative relationships supported by a safe environment.
- In order to achieve our commitment, we recognize our objectives and strategic goals must support the quality dimensions of safety, effectiveness, accessibility, patient-centeredness and integration as outlined in the Excellent Care for All Act. This plan is one tool we use to monitor and review our performance, report the results and articulate our accountability to our stakeholders.
- Patient safety is our priority. This will be reflected in all of our quality initiatives whether in direct patient care or sustainability of resources to provide this care. Medication administration, reducing falls and pressure ulcers, ensuring ER wait times are within target and maintaining fiscal responsibility.

- **Focus:**

- By March 31, 2014 we will:
- Attain and maintain greater than provincial average for hand hygiene compliance.
- Maintain our low level of C-Diff
- Maintain low level of falls for select CMG group.
- Reduce ALC days by 10%. Our Assisted Living Program has demonstrated a significant decrease in ER visits and hospital admissions with the clients being served. Outreach to community groups, physician groups, Family health Teams and seniors groups has been completed to expand program. Options for families with care giver burnout are limited in the community as many of the care givers are frail elderly themselves.
- Reduce ER visits through collaboration with local clinic where non-emergency unscheduled visits can be seen in physician/ NP clinics. This ties in with the Primary Care Quality Improvement Plan. Ensuring proper coding of scheduled ER visits will provide more accurate data of emergency visits.
- Continuing collaboration with the FHT and community agencies to decrease mental health and addiction visits to the ER. Developing community based programs for mental health and clients with addiction problems will support the needs of these clients outside the emergency department.
- Reduce hospital readmission rates for selected conditions through collaboration with FHT, Chronic Disease management programs, referrals to home based program management and home support through the Assisted Living Program and CCAC.
- Standardized pre-printed, evidence based order sets will ensure consistency in care regardless of practitioner. Nursing order sets and educational tools will provide information to patients both in the inpatient and outpatient settings.

- **Alignment:**

- As we work toward Accreditation in June 2013, our Quality Improvement Plan is an important document to demonstrate the initiatives we are engaged in. Many of the requirements for

Accreditation relate to community needs assessments, client safety plans and integrated quality management frameworks in which the QIP will be intertwined.

- Our H-SAA agreement aligns with our QIP as we continue to improve quality and safety for our clients, we will be better able to meet our targets for ALC days, ER admission LOS and the readmission rates for select CMG's.
- **Integration and continuity of care:**
 - Working with community agencies to develop processes that allow for one entry point will decrease gaps in services.
 - Along with the Family Health Team and NOSP a working group has been established to address community needs and to better integrate services for those with mental health and addictions.
 - On site CCAC support will enhance our Assisted Living Program and ensure appropriate resources are in place for safe return home after hospitalization.
 - Working collaboratively with the FHT, NOSP and other community agencies to address mental health and substance abuse conditions, to provide timely access and develop a more patient focused process that meets the needs of the patient in the right place, at the right time and with the right support will reduce unplanned and repeated ER visits
- **Health System Funding reform (HSFR):**
 - While the HSFR does not directly impact the small rural facility at this time, education to the board and administration has begun to ensure that there is awareness of the impact this will have on our hospital.
 - Working toward the targets of the QIP and initiating change ideas, we will gain further direction to the HSFR and the impact we will have with the CMG groups identified.
- **Challenges and risks:**
 - As a small rural facility, there are multiple challenges with resources- human, financial and material resources. Any change in one affects the others- generally negatively.
 - The loss of industry in our communities has changed demographics leaving elderly with less family support to stay in their homes as family's are separated due to long distance travel to find work.
 - Challenges related to the availability of home care services have an impact on ALC and readmission targets. Ongoing partnerships with the Nipigon Family Health Team will continue to influence discharge and follow up processes for hospitalized patients. While we have not yet reached our target for number of clients in the Assisted Living Program, we have been able to demonstrate decreased ER visits and admissions for the clients in the program.

- **Link to performance-based compensation:**
- Executive compensation is a combination of base salary and performance incentives if targets are achieved. All executives share the same targets so the same compensation scheme applies to all.

Indicator	Below Floor (0 pts.)	Floor to Maintain (1pt.)	2013/14 Targets (2 pts.)	Full Success (3 pts.)
Patient satisfaction	90%	95%	97%	98%
Increase proportion of patients receiving medication reconciliation upon admission	Maintain current state	85%	90%	93%
Reduce unnecessary hospital admissions for selected CMG's to any facility	27%	24.2%	22.5	19.9%
Total Margin	Operating deficit greater than - 1.0% of plan	Operating deficit of -0.6 to - 1.0% of plan	Balanced -0.5% to +0.5% of plan	Over +0.5% or better of plan
While a total score of 12 points is possible, to successfully meet the objectives of any of the targets an individual score of 2 points is required. Therefore a score of 8 points or more would provide full pay entitlement. A score under 8 points would result in a proportionate reduction of 1/12 of performance for every point below 12.				

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.


[In completing this overview section of your organization's QIP, please make reference to the following information:

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*.



Tracey Lasook
Acting Board Chair



Maureen Kusick
Quality Committee Chair



Carl White
Chief Executive Officer