

Let's Make Healthy
Change Happen.



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



3/17/2014

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

- Our 2014-2015 Quality Improvement Plan (QIP) has a strong focus on our Strategic Plan.
- The QIP supports our Mission: *“The mission of Nipigon District Memorial Hospital is to provide excellent health care and wellness promotion services in order to improve the health of the population and the quality of life of all residents in our communities”*.
- Nipigon District Memorial Hospital (NDMH) is guided by the five Strategic Directions (2012-2015). These directions have been developed utilizing population data, survey input from consumers, health care partners, staff and the North West Local Health Integration Network (NWLHIN) as well as a review of internal hospital data.

- Patient Safety
- Partnerships
- Resources
- Staff Resources
- Model of Care

- 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 one of our strategic priorities. 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.

Integration & Continuity of Care

- As a strategic priority, considering the model of care implemented to more effectively meet the needs of the residents of our communities will focus on frail seniors, chronic disease, mental health and/of substance abuse conditions.
- Working with community agencies to develop processes that allow for one entry point will decrease gaps in services. A Health Hub initiative with the FHT, NOSP and Dilico has brought agencies to the table to discuss single point access and decrease duplication of services for frequent presenters to the Emergency department. Working collaboratively 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 as well as reduce readmission rates
- Timely repatriation from the tertiary site ensures access to tertiary care is maintained and creates positive working relationships between physicians and staff
- On site CCAC support will enhance our Assisted Living Program and ensure appropriate resources are in place for safe return home after hospitalization.

Challenges, Risks & Mitigation Strategies

- 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.
- There are several organizations requiring quality information. Some information required is the same and other information required is different. With only one nursing leader and little if any support to collate and utilize quality data, there is risk to ongoing quality improvement plans if the nurse leader is off. This may result in fragmentation to organizational strategy to work on QIP's and communication of work to be done. The requirements and indicators to manage increases so organizational focuses becomes dissipated.
- There is little if any option to utilize bedside nursing to move quality initiatives forward. With limited human resources to provide direct care, pulling staff would increase risk to patient safety and outcomes. Working in a deficit position there is a daily challenge to increasing deficit to get work done.
- The loss of industry in our communities has changed demographics leaving elderly with less family support to stay in their homes as families 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.
- A balance must be struck between doing the work and reporting on the work. The more governing bodies come together and coordinate their approaches will be of great assistance.
- The ability of similar organizations come together to share resources to accomplish requirements will also increase ability to meet targets

Information Management Systems

- Utilizing the top CMG's for the hospital and the region, as part of the Small Hospital Funding Initiative from the NWLHIN, Patient Order Sets has been contracted to develop physician order sets to link with the RNAO best practice guidelines for patient care. This link provides evidence based care from admission to discharge. Clinical protocols and medical directives ensure best practices are adhered to.
- Data quality will be reviewed to look for decreases in length of stay when best practice guidelines are followed.
- Utilizing the top CMG's provides the ability to focus on our top diagnosis for admission to hospital to better understand the needs of our patients/clients/resident populations
- Working with the FHT to meet the needs of the QIP of the FHT, a process is being developed to ensure timely follow-up care for patients discharged from the hospital
- The EMR audits will assist in ensuring information and data is completed
- Providing computers on wheels has decreased admission process as documentation can be collected and entered in real time decreasing risk of incomplete documentation
- Electronic documentation systems increases ability to abstract quality data. This will decrease workload for a facility with scarce resources ie. Use of restraints, falls, pressure ulcers
- EMR data is reviewed to ensure systems are accurately capturing activity and enhance data quality. Better data quality enhances the ability of the organization to identify trends and other action prompting activities.
- Registering outpatient ambulatory visits in the emergency provides accurate data for true emergency visit numbers versus scheduled visits.

Engagement of Clinical Staff & Broader Leadership

- Quarterly department meetings chaired by the CEO provide opportunities for leadership to discuss concerns
- Hospital quality committee established with all departments considering what opportunities for improvement they can track. This provides opportunity to see the connectiveness of each department and how one impacts others
- Recent Accreditation Survey for staff demonstrated areas or opportunities for improvement. Leadership is now able to address concerns raised.
- Infection control data is shared with staff as opportunities for education and improvement. Hand hygiene compliance, C-diff rates can be celebrated.
- Nursing department staff meetings provide venue to share quality data and look for input into improvement ideas. While this has not been done in the past this is a priority goal for this year

Accountability Management

Indicator	Below Floor (0 pts.)	Floor to Maintain (1pt.)	2014/15 Targets (2 pts.)	Full Success (3 pts.)
Patient satisfaction	93%	95%	97%	98%
Reduce unnecessary hospital admissions for selected CMG's to any facility	25%	22%	20%	18%
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.				

Health System Funding Reform

- 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.
- NDMH will continue to analyze best practices within the healthcare industry and consider how they can be integrated into our facility
- Working with the NWLHIN and other health care providers NDMH will consider needs of the population served and what programs or services should be provided to meet the needs of the communities

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 publically.