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



3/26/2016

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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Click here to enter text. **Overview**

Our 2016-2017 Quality Improvement Plan (QIP) will focus on the development of Patient and Family Centred Care based on the following core concepts of Patient and Family Centred Care:

Collaboration, Participation, Communication and Dignity and Respect

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 is committed to providing safe, quality care that is effective, patient/resident and family centred, accessible and efficient. Patients/residents receive better care and will have access to the supportive care they need when they are involved in decision making regarding the care they receive.

Patient/resident 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. Engaging patients, residents, families and staff in discussion surrounding priority indicators will drive our QIP.

QI Achievements From the Past Year

Increasing the percentage of patients who have had Medication Reconciliation completed at time of admission has been very successful this last year. We have reached 98 % compliance for this indicator, compared to 88 % previously

Discharge rounding has been implemented for all patients being discharged. Discharge rounding has expanded to include the physician, nursing, patient and family and has laid the groundwork for medication reconciliation at discharge.



Integration & Continuity of Care

Nipigon District Memorial Hospital is actively participating in the Regional Pharmacy Program. This program will support sharing of resources, and policies and procedures with Thunder Bay Regional Health Sciences Centre and other regional community hospitals. The program is supported by the Northwest LHIN and TBRHSC and will be implemented on April 1, 2016.

Discussions with the Family Health team and Nipigon District Memorial Hospital have begun to investigate the feasibility of integration.

A regional initiative through Thunder Bay Regional Health Sciences Center (TBRHSC) – the Rural Critical Care Response (RCCR) Team – provides real time critical care support through OTN. Intensivists and nurses at TBRHSC are able to see patients at NDMH and communicate with physicians and nurses here to provide real time critical care support.

CCAC support continues to enhance our Assisted Living Program and ensure appropriate resources are in place for safe return home after hospitalization and to enable residents to remain in their home longer and avoid admissions to hospital.

Engagement of Leadership, Clinicians and Staff

Staff, physicians, family council and the Board were engaged in identifying indicators and improvement initiatives to navigate our success. NDMH chose the indicators that we believe will have the most significant impact on the patient and resident experience, and will increase staff engagement and enhance our workplace culture that respects a healthy work/life balance.

The Quality Improvement Plan will be posted and communicated to all staff / physicians / leaders and family councils. Quarterly progress reports will be provided to monitor our success as we work towards meeting our improvement targets

Patient/Resident/Client Engagement



The recruitment of Patient/Resident Family Advisors has been initiated. a Patient/Resident Family Advisory Council will be established.

Education will be provided for all staff / physicians /leaders /Board and advisors on the core concepts of Patient and Family Centred Care.

New patient, resident and family satisfaction surveys will be developed and a process for survey distribution and data analysis will be established.

The patient and family advisory council as well as the Resident and Family councils will provide a venue for discussion into the QIP. Progress reports will be shared with the councils on a regular basis.

Performance Based Compensation [part of Accountability Mgmt]

Four (4) indicators have target performance values

Two of the four (4) indicators are physician compliance dependent

Two (2) indicators have no target performance value as we will be collecting baseline values to determine targets

Compensation will be attached to the two (2) indicators that are not physician dependent

1. Increase proportion of patients receiving medication reconciliation upon admission

2. Reduce percentage of residents who have had a recent fall (last 30 days) and reduce falls with critical injury

Performance based compensation will be:

two (2) percent for Chief Executive Officer

one (1) percent for Chief Financial Officer, Chief Nursing Officer, Chief of Staff

50 % compensation will be attached to medication reconciliation and 50 % attached to falls

Medication Reconciliation

95-100 % = 100 % compensation

90-95 % = 50% compensation

< 90 % = 0 % compensation

Falls

13.21 % or less = 100% compensation

13.21-15.0 % = 50% compensation

> 15.0 % = 0 % compensation



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