

Excellent Care
For All.



2012/13

Quality Improvement Plan

(Short Form)



Hôpital général de Nipissing Ouest
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West Nipissing General Hospital
April 1, 2012

This document is intended to provide public hospitals with guidance as to how they can satisfy the requirements related to quality improvement plans in the *Excellent Care for All Act, 2010* (ECFAA). While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and hospitals should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, hospitals are free to design their own public quality improvement plans using alternative formats and contents, provided that they comply with the relevant requirements in ECFAA, and provided that they submit a version of their quality improvement plan to HQO in the format described herein.

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Part A:

Overview of Our Hospital's Quality Improvement Plan

1. Overview

Improving patient satisfaction and quality care is a top priority at the West Nipissing General Hospital. Goals and objectives at the board level and department level have a strong focus on patient safety, quality care, accessibility, patient centered care, financial health and efficiencies and effectiveness. Quality care is a principal focus in all that we deliver – our organization aspires on a daily basis for improvements. The 2011-2012 Quality Plan and this year's Quality Plan will be used to guide and measure our journey with quality patient care through the use of clinical best practices, organizational practices and our desire for excellence. We want patients, staff and families to recommend the West Nipissing General Hospital as a hospital of choice. With our open door policy, our focus on quality and continuous improvement, we welcome your feedback to further enhance our hospital.

2. Focus and objectives

The West Nipissing General Hospital Quality Plan for 2012-2013 follows the definition of *Accreditation Canada*, which is the degree of excellence measures quality, value and effect and responds to the patients' needs and /or their expectations as established by the West Nipissing General Hospital Board of Directors. Quality is ultimately determined by the patient. We must not only ask what we want, but what do our patients want? To answer this question we need to survey our patients to identify the aspects of our operations where we need to improve, change and/or eliminate. The Quality Plan for the Hospital includes a revised satisfaction survey, the distribution of the survey to in-patients and out-patients, the survey process, the analysis of the results and the implementation of the identified improvements and/or changes, and strategies to align with provincial indicators. This plan is also based on the priorities identified by the Quality Health Care Committee, the Patient Care Team, the Board of Directors and Accreditation Canada standards and recommendations.

A heightened communication will be implemented to increase staff awareness and commitment to the plan and foster a culture of quality at the West Nipissing General Hospital.

The following objectives are included in the 2012-2013 Quality Plan

- Improve access and outcomes in ER, Day Surgery and with ALC occupancy
- Monitor patient safety through measurement of medication errors, patient falls and hospital acquired infections
- Improve organizational health with staff satisfaction, physician satisfaction, employee status , safety, health and wellness and enhanced communication
- Maintain a healthy financial position and continue to meet accountability goals
- Educate staff of the organization quality plan
- Improve quality care based on best practices
- Continue with innovative ideas for the WNGH Foundation and fundraising

- Continue to develop in partnership with education institutions, community, district and regional partners and participate in research as feasible to enhance quality care.
- Implement changes to patient access and outcome issues identified by the organization's teams and patients

Quality will be measured according to four quadrants of care discussed in the plan: Patient Access and Outcomes, Organizational Health, Financial Health and Innovation and Development. In order to achieve continuous quality improvement, quality is built into all WNGH programs and initiatives, so that these four quadrants become integrated into the function and operation of the facility. The plan's effectiveness will be monitored by the Quality Committee of the Board of Director's, the President and CEO and by the Quality Health Committee.

3. Planning process

Quality at the West Nipissing General Hospital, as defined by the Board of Directors, is the degree of excellence that measures quality, value and effect and responds to the patients' needs and /or their expectations. The quality framework at the West Nipissing General Hospital (WNGH) includes four quadrants: patient access and outcomes, organizational health, financial health and innovation and development. These quadrants align with both the quadrants of the Provincial Hospital Report and the quality framework of the Canadian Council on Health Services Accreditation (CCHSA).

The QIP for the WNGH also aligns with our H-SAA, M-SAA and L-SAA, which ensure the hospital is accountable for such quality indicators as access, financial health, security, integration, effectiveness, transparency and a commitment to providing quality care in collaboration with community partners, district partners, NELHINS and ultimately our patients. Our accountability agreements are completed in partnership with the NELHIN and board approved.

Our strategic plan also aligns with planning to ensure we provide services to our residents and patients as per the Public Hospitals Act and as mandated by small hospitals. In an effort to be efficient, partnerships are occurring to ensure that quality patient care is delivered in the most appropriate setting within the community, district or region.

4. Challenges, risks and mitigation strategies

It is our intention to complete our goals and objectives as outlined including those not linked to pay for performance. However, we must be conscious of our challenges and risks associated with being a small hospital in Northern Ontario.

Our challenges include:

- Insufficient medical practitioners in community.
- Significant amount of orphan/unattached patients.
- Costs associated with locum physicians.
- Aging population that is predominately francophone and native, which brings forth different determinants of health. Overall our population has succumbed to many chronic diseases.

- Difficulty recruiting qualified bilingual health care professionals.
- Aging work force with numerous employees eligible for retirement within the next 3 -5 years.
- Aging building with infrastructure needs and working capital deficit.
- High repatriation rates and re-admission rates from both regional and district hospitals as they attempt to meet their targets.
- As a small hospital our data can be quickly altered with outbreaks, cost per case, ALC, ALOS etc. We strive very hard to meet our targets however without well-established community programs; the hospital and ER are often the catchall.
- Significant reporting requirements with new legislation and financial reports as compared to previous years.

Risks associated with the above noted challenges include:

- Financial
- Higher average length of stay (ALOS) per CMG
- Higher re-admission rates
- ER coverage/maintaining 24/7 access to primary care
- High district and regional ALC stats
- Costs associated with implementing 3 collective agreements ONA, OPSEU, CUPE
- Challenges in meeting deadlines associated with legislation/reporting due to increased demand

Mitigation Strategies:

- Good partnerships established with municipality, community, district & regional health care partners to meet the needs of our population
- Close partnership with the French Language Services programs
- Close partnership with our native communities
- Working closely with the Northern Ontario School of Medicine (NOSM) for learners and potential recruits
- Hospital/community recruitment and retention committee established
- Human resource plan and succession planning underway
- ALC partnership with district to address issues- working closely with the NELHIN on this issue
- 48 Interim LTC beds at WNGH
- Procurement guidelines and BPSA Act implemented
- Working with MOHLTC, NELHIN on infrastructure needs- independent assessments completed with Deloitte & Touche and MOHLTC VFA firm.
- Workplace wellness program implemented
- Work with Joint Occupational Health and Safety to ensure a safe environment
- The development of a solid hospital Foundation to enhance fundraising efforts
- Working with Medical Staff to implement a Family Health Team (FHT) which will assist with retention and recruitment of medical staff and allied health care professionals

Part B:

Our Improvement Targets and Initiatives

["Part B - Improvement Targets and Initiatives"](#) spreadsheet (Excel file) is an attachment within this submission.

Part C:

The Link to Performance-based Compensation of Our Executives

Manner in and extent to which compensation of our executives is tied to achievement of targets

Every health care organization shall in accordance with the regulations, ensure payment of compensation for any executive of the organization under a compensation plan that is linked to the achievement of the performance improvement targets set out in the annual quality improvement plan.

Pay for performance is a critical factor in achieving the organizational vision, mission and strategy. Executives play a critical role in turning ideas into reality and moving goals forward.

Our executive compensation is linked to performance as follows:

1. The Executive and Governance Committee will annually review the performance objectives of the CEO, based on agreed annual objectives, in accordance with the performance evaluation process approved by the board.
2. The Executive and Governance Committee will evaluate the CEO's performance and make recommendations to the Board of Directors.
3. The Executive and Governance Committee will review and evaluate the Chief of Staff Goals and objectives and will make recommendations to the Board of Governors.
4. The CEO will review and evaluate the executive team member's goals and objectives.
5. The CEO's and Executive Team's annual goals and objectives will be in accordance with the annual Quality Improvement Plan (Pay for Performance Indicators).
6. The Executive team members should have 3-5 individual goals that are tied to the pay-for-performance
 - a. Presently CEO has four indicators with 2% of annual salary at risk with gradual increase for Pay-for-Performance over the next few years to 7.5%.
 - b. Presently, the COS, CNO and CFO have three indicators each with 2% of annual salary at risk with gradual increase for Pay-for-Performance over the next few years to 5%.
7. The Quality Committee will provide regular feedback to the Board of Directors with respect to achievement of indicators and targets.
8. On an annual basis, the CEO will make recommendations to the Executive and Governance Committee with respect to percent of at risk pay for the executive team. The Executive and Governance Committee will approve the percent of at risk pay for the executive team.

We are looking to further develop this as we obtain additional information, and navigate our way through this new legislation.

Part D: Accountability Sign-off

I have reviewed and approved our hospital's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*. In particular, our hospital's Quality Improvement Plan:

1. Was developed with consideration of data from the patient relations process, patient and employee/service provider surveys, and aggregated critical incident data
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in and extent to which, executive compensation is tied to achievement of QIP targets; and
4. Was reviewed as part of the planning submission process and is aligned with the organization's operational planning processes and considers other organizational and provincial priorities (*refer to the guidance document for more information*).

Signature on Original

Mr. Roch Pilon
Board Chair

Signature on Original

Mme. Sylvie Bélanger
Quality Committee Chair

Signature on Original

Mme. Cynthia Desormiers
President & Chief Executive Officer