The delivery of quality primary healthcare to the population of West Nipissing and surrounding areas.
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VISION

To improve the health and wellness of our culturally diverse community.

MISSION

The delivery of quality primary healthcare to the population of West Nipissing and surrounding areas.

VALUES

Respect and dignity
Patients First
Communication
Compassion
Team Work
Safe environment
Accountability
MESSAGE FROM THE PRESIDENT & CEO

As we continue to look forward to a future filled with excellence and quality patient experiences, we always reflect on our past and use our past experience as an opportunity. In 2015, it is no different; we must strive for quality patient care with a strong sense of patient centeredness that is filled with compassion. The patient comes first! We are focusing on a positive patient experience.

We do recognize that renewal is the key ingredient to sustain a successful future in health care and in the provision of quality patient care. A significant accomplishment for the hospital was the development of a 5 year Strategic Plan in September 2013. The WNGH is setting direction for renewal based on the following four pillars:

1. Capital Planning
2. Investment in the organization and its people
3. Enhance quality of work life and patient experience
4. Partnership for excellent patients/customer/client experience

With an aging population and increased expectations by patients for a quality of life, we are redirecting our focus to a “patient centered approach”. As the 2014 recipient of a Silver OHA Quality Award, we recognize that our patients are out of their comfort zone with health care issues; it is our desire to be responsible caregivers, to listen to their concerns and communicate clearly while responding to their needs. Our 2014 Quality Improvement Plan has a strong focus on outcomes, quality patient care and quality patient indicators. Quality Improvement is a priority at WNGH. Our patient satisfaction results measure that “97% of patients would recommend WNGH to other patients and families”- this is our key to a sustainable future.

We are listening to our patients and looking to meet needs of patients and the community as evidenced by the completion a second palliative care room, a new nursing model of care, Quality Improvement Plan (QIP), on line patient satisfaction surveys, a business Facebook page, blog, white boards, unit dosing, medication reconciliation, patient order set, patient stories and stronger public reporting. The most important voice in healthcare is that of the patient!

Additional services and programs launched in 2014 include a Diagnostic Sleep Clinic, co location of the North Bay Parry Sound District Public Health Unit, co-location of the Community Care Access Centre, a minor surgical clinic for “lumps and bumps”, a second Palliative Care room, Movement Disorder Program, virtual ICU program, Meditech payroll and personnel modules, and last but certainly not least; we have welcome several new employees to the WNGH.
A strong fiscal performance is vital in today’s environment. Through prudent and responsible budget management, the WNGH has enjoyed a strong financial position over the past 6 years. Finishing the year in either a balanced or surplus position is outstanding given the continued financial pressures. Our financial outcome this year was good however, lower than desired as a result of stale dated OHIP billings, data quality and salary increases to the union groups; we are expecting the same pressures next year with the arbitrated union increases and ongoing pay equity issues and infrastructure needs. As the largest employer in the community, we need to use our constrained resources wisely while being conscious of fiscal challenges locally and provincially. This past year, similar to the previous 4-5 years, we have been building a capital redevelopment plan with several major projects completed in 2014 – water pipes, heating valves, IT A/C unit, and flooring.

It has been another successful year for the WNGH Foundation. Under the strong leadership of Neil Fox with a focused strategy and generous donations from the community, we are reaching greater heights in commitment and we are beginning to solidify significant fundraising activities. We are extremely proud to share the outstanding progress on our fundraising programs thorough our vibrant foundation. Last year alone, the Foundation donated more than $50,000 towards IV Smart pumps and our new LTC palliative care room.

As the President and CEO of the WNGH, I would like to extend a sincere thank you to my excellent employees, managers and physicians. Building and sustaining an accomplished hospital is a joint venture and would not be possible without a solid team, for which I am very grateful. The WNGH has over 250 employees, 12 volunteers, 60 credentialed physicians, a skill based Board of Directors, a solid Foundation and immense community support. We thank you for your service, your commitment and your support to make WNGH what it is today!!

Together we can make a difference; this is our community hospital.

Cynthia Désormiers
President & CEO
YEAR IN REVIEW 2014-15: A YEAR OF SIGNIFICANT PROGRESS

In 2014-2015, The West Nipissing General Hospital (WNGH) embarked a journey toward achievement of the four pillars that are the foundation for the 2013-2018 Strategic Plan. The strategic Plan is very focused on quality patient care, positive patient experiences, enhanced quality of work life, investment in the organization and the human resources and the continuation of a solid capital plan. We are confident that our five year plan will fulfill our vision to improve the health and wellness of our culturally diverse community while continuing striving to attain our vision of delivery quality primary healthcare. The employee driven values are most appropriate and conducive to an environment of quality patient care and a quality work environment. We certainly recognize that many of our goals will be established and solidified over the next five years however will and should be maintained for many years to come.

- We have rebuilt our management team, senior management team and recruiting new employees whom are young in their careers as a result of the baby boomer retirements.
- WNGH as the largest employer in the community employes well over 250 employees.
- We have established a solid skilled based Board of Directors, a new consent agenda, which is 25% Quality Based and we continue with web based board meetings through our designated portal. Our board provides over 600 volunteer hours per year.
- Sixty (60) physicians are credentialed at WNGH in either an active, courtesy or in consultative capacity.
- We have a solid and vibrant hospital Foundation with members committed to fundraising for the hospital.
- Youth Intern hired to assist with marketing and communications at WNGH, recruitment and retention and Health and Wellness initiatives.
- We maintain three (3) accountability agreements H-SAA, L-SAA and M-SAA.
- We have joined the North Eastern Ontario Network (NEON) and adopted the Meditech software.
- WNGH was the recipient of a Silver Quality Award from OHA in 2012 and 2013 and again in 2014
Our 2013-2018 Strategic Plan and our Quality Improvement Plan will highlight on the following pages in details, the exceptional activities that are occurring at the West Nipissing General Hospital.

**Strategic Plan**
STRATEGIC PLAN 2013-2018

Capital Planning

- Develop a 1 million dollar capital plan to meet infrastructure needs.
- Continue to invest strategically to maintain a healthy financial position.
- Develop a 5-10 year infrastructure plan for an aging building.
- Implement effective measures to make the building operate more efficiently (electricity, water, heating & cooling).
- Enhance & support the WNGH Foundation.

Invest in the Organization and its People

- Enhance employee satisfaction & pride
- Implement strategies to motivate staff to commit to the organization and build long standing careers
- Become a Centre of Excellence (endoscopies, CT scanner….)
- Develop mutual respect, trust, collaboration and professionalism at all levels
- Improve communication amongst staff with active listening
- Integrate WNGH goals and objectives into staff work-life
- Continue with employee recognition events and enhance staff appreciation events with board involvement
- Provide opportunity for continued education
- Encourage mentorship and role modeling
- Succession planning, recruitment and retention strategies
- Enhance and celebrate the differences between the generations of employees
- Ensure we have the right people/right fit for the organization
- Manage yourself as everyone is a leader
Enhance quality of Work Life and Patient Experience

- Review and refresh Wellness Committee with the mandate to engage staff
- Empower and challenge staff
- Staff to be accountable for actions
- Staff to take ownership
- Ensure every staff member is treated as a valued team member
- Build on successes, celebrate and communicate successes
- Aim for improvement to deliver better patient care
- Aim for quality patient care and safety
- Empower patients to take ownership and responsibility for their health

Partnership for Excellent Patient-Customer-Client Experience

- Develop relationship with the people you deal with everyday
- Explore and leverage technology and innovations
- Enhance partnerships with physicians
- Continue to partner with local, district and regional partners
- We are all customers of healthcare
- Address the stigma associated with Mental Health and Substance Abuse
- Engage the community
- Communicate and share success stories
SETTING THE STAGE FOR 2015-2016

As a publicly funded hospital in Ontario, the West Nipissing General Hospital recognizes the importance of being a cooperative and collaborative partner in the larger health care system. To inform our short and long-term planning, each year we monitor significant pressures, trends and changes at local, provincial and national levels to take into account the influences these environmental factors have on our operations. Our plans are aligned with the priorities of our funders, including the Ministry of Health and Long-Term Care (MOHLTC) and North East LHIN. The following are some of the environmental factors that we took into consideration in the development of the 2015-2016 ABP.

Global Health Care Trends

The growing global demands and expectations for health care creates an enormous challenge of bringing soaring health care costs under control. Promoting sustainability is a growing world-wide trend as the senior’s population swells, increasing the number of people living longer with chronic and expensive-to-treat diseases. As health care providers and funders seek new and innovative ways to reduce costs, increase efficiencies and manage the number of people seeking services, there is a renewed focus on prevention and wellness as a way to prevent the incidence of preventable illness and disease and contain costs. This pursuit of sustainability has results in new, updated models of care, vertical partnerships of health care providers and increased use of technology and virtual care.

MOHLTC

The provincial government has made significant shifts in how it funds health care providers in Ontario to transform delivery of health care services and stem the annual growth of health care spending. Ontario’s funding allocation for hospitals has been status quo with a zero percent increase for the last four years. At the same time, it has also introduced fundamental changes to how it allocates funding to hospitals with the introduction of Hospital Services Funding Reform (HSFR). With scarce provincial dollars, there is more competition and health care providers are seeking ways to effectively operate within the funding envelope through integration, formal and informal partnerships and innovative health care delivery models at the community level.
Partnerships with community providers

The North East LHIN is home to multiple service providers that each offer a segment of care delivered across the continuum. Through collaborative efforts, the West Nipissing General Hospital in partnership with Nipissing, District providers have implemented formalized strategies to support care across the system. WNGH will focus its efforts to increase partnerships and relationships with community health providers, especially primary care physicians, to optimize opportunities to better organize system resources to deliver care around patient needs.

In developing our 2015-2016 ABP and operating budget, the West Nipissing General Hospital used a conservative approach to planning assumptions including a zero base budget approach. WNGH is well positioned to meet the financial challenges of the year ahead, based on deliberate decisions made in 2014-15 to improve effectiveness and sustainability.
MEASURING SUCCESS

2015-2016 Quality Improvement Plan

Overview

The mission, vision and values of the West Nipissing General Hospital serve as the foundation for the development of our Quality Improvement Plan (QIP) and as a guide to move our organization forward to ensure excellent quality patient care through the allocation of strategic priorities.

The WNGH has identified four pillars of excellence as our strategic planning focus – Capital Planning, Invest in the organization and in its people, Enhance quality of work life and patient experience, and Partnership for excellent patient/customer/client experience.

Moving forward, the hospital is committed to our tag line “Together we can make a difference; this is our Community Hospital”, which clearly demonstrates our pledge to the key attribute of quality care and shifts the patient to the center of the health care system – a patient centered approach!

Note: The QIP is applicable to our 50 acute care beds and our 48-bed Interim Long-Term Care unit.

Note: Indicators not applicable to the West Nipissing General Hospital (WNGH) include:

- HSMR (Hospital Standardized Mortality Rate): WNGH does not have 1000 deaths/year thus does not qualify for this calculation
- VAP (Ventilator-Associated Pneumonia) rate per 1,000 ventilator days: WNGH patients requiring ventilator are transferred to another facility
- Rate of central line blood stream infection per 1,000 central line days: WNGH does not insert/manage central lines
- Rate of 5-day in-Hospital mortality following major surgery: WNGH does not perform major surgery

Note: The following indicators are not included in the 2015/16 QIP since we have been maintaining or improving the objected goals set by the organization, the provincial average and/or peer performance:

- Reduce wait times in the ED
- Improve organizational financial health
- Reduce unnecessary hospital readmission
- Improve patient satisfaction
- Increase proportion of patients receiving medication reconciliation upon admission
- Reduce hospital acquired infection rates
- Reduce incidence of new pressure ulcers
- Avoid patient falls
- Reduce rates of deaths and complications associated with surgical care
- Reduce use of physical restraints
- Reduce incidence of worsening bladder control

**QIP Objectives to improve quality of service and patient care**

The West Nipissing General Hospital has developed the Quality Improvement Plan with a strong focus on improvement indicators while continuing to focus on the five key attributes of quality care: access, effectiveness, integration, patient centered care and safety. The QIP is regularly monitored by the Quality Committee, Board of Directors, Medical Staff, President and Chief Executive Officer, Senior Team and Management Team with front line staff involvement. The Hospital’s executive compensation is linked to the achievement of quality improvement goals.

The West Nipissing General Hospital has chosen targets according to the following algorithm:

- The best theoretical results (ex. 100% or 0)
- Equivalent to the best result obtained
- Reduce or eliminate waste (ex. 50%)
- Median or average
- The equivalent of the improvement made elsewhere - Benchmarking
Over the next fiscal year, we plan to address the following for improvement initiatives:

<table>
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<tr>
<th>Quality Factor</th>
<th>Objective</th>
<th>Change Initiative</th>
<th>Priority</th>
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</table>
| Effectiveness  | Decrease inventory of stocked items – from 41 days to 30 days of supplies – a 26% decrease | • Determine current stock for obsolete and/or outdated items and return and/or exchange if possible; determine required stock  
• Implement lean process for restocking of patient care areas  
• Linking restocking process with inventory control  
• Stock inventory per best practice guidelines | Improvement |
| Documentation handling – increase efficiencies in archiving and document editing/approval processes | • Select computerized program to facilitate document handling and management  
• Implement new documentation handling system  
• Quantitative analysis – microfilm process vs digital process  
• Survey Manager on satisfaction of new implemented process | Improvement |
| Integrated     | Reduce unnecessary time spent in acute care - Reduce ALC (Alternate Level of Care) days by 10% | • Recommendation from the study of 2014-2015 Patient Care Committee to review patient flow for ALC patients  
• Engage CCAC to identify and resolve barriers for early discharge | Improvement |
| Patient Safety | Reduce hospital acquired infection rate of *Clostridium difficile-associated diseases* (CDAD) developed at WNGH | • Antibiotic Stewardship Program  
• Hand Hygiene Compliance  
• Review high risk antibiotics from formulary | Improvement |
|                | Reduce medication administration errors for 2015 (18 / 4,052 = 0.44 % in 2014) | • Implement Medication Administration review and remedial programs  
• Investigate Meditech module for Medication Administration | Improvement |
|                | Reduce occurrences of employee incidents due to lifts/transfers/carries for 2015 (12 / 46 = 26 % in 2014) | • Review of equipment to ensure adequate equipment for the task  
• Ensure staff properly trained in operation of equipment  
• Ensure staff properly trained to safely perform lifts/transfers/carries  
• Ensure accurate identification of patient/client requirement for lifting  
• Review of Incident reports for 2015 | Improvement |
**West Nipissing General Hospital quality culture**

The model for improvement used to effectively analyze and implement changes is the Deming Cycle “Plan, Do, Study, Act” (PDSA). This model is used to address and mitigate our potential and actual challenges.

**Methodology:**
A questionnaire was developed using a modified version of the Accreditation Canada patient satisfaction survey.

The criteria used were:

- Evidence based practices
- Team work
- Security
- Accessibility
- Tools and methods
- Evaluation by indicators
- Efficiency, Effectiveness
- Continuity of Care
- Work-life
- Population Focus
- Financial Incentives
- Leadership and Governance

**Improvement strategies:**

- Staff must greet clients with respect
- Educate the population on the ways to access the services offered at the WNGH and identify support groups in the community
- Bilingualism with front line staff is strongly encouraged
- Improve communication, coordination and continuity between departments
- Staff education on quality provision of care
- Use of evidence based practices
- Decrease the wait times to access the in-house specialists
- Improve the internal signage system
• Address ethical issues as they occur
• Maintain confidentiality

Communication of the improvement strategies occurs by:

• Publication of the QIP on Quality bulletin board for employee and public access
• Publication of the QIP on WNGH website for public access
• Publication of the QIP on the intranet for employee access

Front line workers are informed of initiative progress by:

• Discussions at staff meetings (general and departmental)
• Publication of the QIP Progress Report on Quality bulletin board for employees
• Publication of the QIP Progress Report on the intranet for employee access
• Periodic report of progress to all staff via e-mail

Integration & Continuity of Care

The West Nipissing General Hospital QIP is directly linked to the daily operations and governance of the hospital. The QIP for the WNGH aligns with our Accreditation Canada requirements as well as the H-SAA (Hospital Service Accountability Agreement), M-SAA (Multi-Sector Service Accountability Agreement) and L-SAA (Long Term Care Service Accountability Agreement) which ensures the hospital is accountable for access, financial health, security, integration, effectiveness, transparency and quality care indicators. The following links will further validate our commitment to excellence, quality, safety and patient care:

West Nipissing General Hospital web site [http://www.wngh.ca/](http://www.wngh.ca/)
OHA website [http://www.myhospitalcare.ca](http://www.myhospitalcare.ca)
The West Nipissing General Hospital integrates the QIP with other plans/agreements such as:

- Operating Plan and the Hospital Service Accountability Agreement with the Northeast Local Health Integration Network (NELHIN)
- Agreements with:
  - The Health Sciences Northeast Cancer Centre – Breast Screening and Assessment Service
  - Ontario Laboratory Accreditation
  - Accreditation Canada
  - and all other agreements with financial obligations and/or quality indicators to meet
    - HAPS – Hospital Annual Planning Submission
    - LAPS – Long Term Care Annual Planning Submission
    - CAPS – Community Annual Planning Submission
- Human resources plan
- Information system plan
- Capital plan
- Professional development and continuing competency plan
### Challenges, Risks & Mitigation Strategies

<table>
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<tr>
<th>Potential Challenges</th>
<th>Risks &amp; Rate</th>
<th>Mitigating Strategies</th>
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<tbody>
<tr>
<td>- Aging population</td>
<td>- Increased demands on ALC, LTC beds</td>
<td>- Continue to partner with community, district and regional services to ensure proper repatriation and coordinated patient care</td>
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<tr>
<td>- Predominantly francophone and native</td>
<td>- Obtain care in the language of choice and cultural influences</td>
<td>- Proposal for a District Health Links Nipissing that will support two (2) Nurse Practitioners for system navigation and enhanced access to primary care in the right location</td>
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<tr>
<td>- Chronic disease incidence without a primary care practitioner</td>
<td>- Chronic issues with no practitioner to follow up on issues and/or care</td>
<td>- Continue to work with University and Colleges to improve recruitment efforts for Health Care Practitioners</td>
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<tr>
<td>- Lack of community resources to support patients upon discharge</td>
<td>- Affect our ability to meet provincial targets for access, ER wait times, re-admission rates and ALC pressures.</td>
<td>- Continue to work with CCAC and NELHIN on district ALC pressures</td>
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<td></td>
<td></td>
<td>- Adopting best practices and evidence based practices</td>
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<td></td>
<td></td>
<td>- Implemented a ‘SleepLab’ to enhance access and reduce wait times</td>
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<td></td>
<td></td>
<td>- Implementing a ‘Behavior Support Ontario’ nurse to assist with acute, LTC and Au Chateau patients/residents</td>
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<tr>
<td>- Resistance to change</td>
<td>- Changing the culture takes years of solid direction, leadership and effort</td>
<td>- Build the QIP into our 5 year Strategic Plan to improve buy in for change</td>
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<tr>
<td></td>
<td></td>
<td>- Continue to engage staff, physicians, management and patients using surveys, committees, group meetings</td>
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<tr>
<td></td>
<td></td>
<td>- Continue to measure and monitor outcomes related to care and disease processes</td>
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<tr>
<td></td>
<td></td>
<td>- Regular communication of hospital successes/outcomes</td>
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<tr>
<td></td>
<td></td>
<td>- Continued transparency of Hospital data</td>
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<tr>
<td></td>
<td></td>
<td>- Ongoing education at all levels regarding changes to our health care system and hospital system</td>
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<td></td>
<td></td>
<td>- Identify medical champions within the clinical initiatives</td>
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</table>
Information Management Systems

The West Nipissing General Hospital has implemented an EMR Meditech system as of October 1, 2013. We will be working towards producing meaningful data from the information management system to understand the needs of the clients we serve.

We will be using this system to enhance our:

- Analysis of data to determine compliance and alignment with best practices, provincial averages and improvement targets
- No blame approach for incident reporting to ensure capture of incidents and allow for the opportunity of lessons learned

Engagement of Clinical Staff & Broader Leadership

The West Nipissing General Hospital engages clinical staff, the management team and the Board of Directors in an ongoing manner with respect to quality. Our board agenda is comprised with greater than 25% of the agenda focusing on Quality. Our Quality Committee of the Board of Directors is solid, strong and very focused on quality improvement at all levels.

Clinical staff and medical staff are involved in quality issues and quality solutions. Our QIP coincides with our 2013-2018 Strategic Plan which reinforces our initiatives, our goals and objectives to provide quality patient care.

The medical staff members are engaged through Board meetings, medical staff and MAC meetings and via the implementation of QBP’s, Patient Order Sets and with the QIP and Strategic Planning.

We ensure quality is a top priority at all levels within West Nipissing General Hospital.

“Together we can make a difference; this is our community hospital.”

Patient/Resident/Client Engagement

The West Nipissing General Hospital initiated the recruitment and selection process of a community representative to assist in the development of our Quality Improvement Plan. The successful candidate, Mrs. Pauline Pilon, is a consumer of our services and a previous Board of Directors member representing the 'Ladies of Auxiliaries' of the West Nipissing General Hospital.
Her keen interest and inquiries regarding our operational practices have inspired us to create a 'Frequently Asked Questions' section on our Facebook page to inform consumers of the various aspect of health care delivery at the West Nipissing General Hospital. We are pleased to have Mrs. Pilon join us; she has a strong voice in our community.

**Accountability Management**

Performance-based compensation is related to the Excellent Care For All Act (2010) which drives accountability for the delivery of Quality Improvement Plans. Performance-based-compensation can help organizations to achieve both short and long-term goals. By linking achievement of goals to compensation, the West Nipissing General Hospital increases motivation to achieve these goals.

Performance-based compensation will enable the WNGH to:

1. Drive performance and improve quality
2. Establish clear performance expectations
3. Create clarity about expected outcomes
4. Ensure consistency in the application of performance incentives
5. Drive transparency in the performance incentive process
6. Drive accountability with respect to the delivery of the Quality Improvement Plan
7. Enable team work and a shared purpose

Organizational positions for which performance-based compensation applies includes:

- President & Chief Executive Officer
- Chief Nursing Officer
- Chief Financial Officer
- Chief of Staff
Linking compensation to the Quality Improvement Plan

Our 2015-2016 Pay for Performance Plan complies with ECFAA and the Public Sector Compensation Restraint to Protect Public Services Act, 2010.

For the above executives, 5% of their current base salary is at risk and linked to the WNGH Quality Improvement Plan. The Pay for Performance is specifically linked to the following quality dimensions and objectives:

<table>
<thead>
<tr>
<th>Quality Dimension</th>
<th>Objectives</th>
<th>Percentage of at risk pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Decrease Inventory</td>
<td>1.0 %</td>
</tr>
<tr>
<td></td>
<td>Documentation Handling</td>
<td>1.0 %</td>
</tr>
<tr>
<td>Integrated</td>
<td>Improved ALC days - Reduce unnecessary time spent in acute care</td>
<td>0 %</td>
</tr>
<tr>
<td>Patient-centered</td>
<td>Reduce the rate of nosocomial Clostridium difficile associated diseases</td>
<td>1.0 %</td>
</tr>
<tr>
<td></td>
<td>Reduce medication administration errors</td>
<td>1.0 %</td>
</tr>
<tr>
<td></td>
<td>Reduce occurrences of employee incidents due to lifts/transfers/carries</td>
<td>1.0 %</td>
</tr>
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Health System Funding Reform

As a small rural hospital, it is vital that we embrace HSFR which ensures evidence based quality patient care. Although West Nipissing General Hospital is currently exempt from QBP’s (Quality Based Procedures) and HBAM (Health Base Allocation Model), we are applying and utilizing evidence based practices to meet the needs of our population, improve access and improve outcomes in a fiscally responsible manner.
Although as a small rural hospital, we are often not able to realize the same efficiencies as larger organizations, we have maintained a balanced budget without service or program reductions for the past several years.

We are adopting Best Practices, Patient Order Sets and QBP data to further improve our medical procedures, medical treatments and endoscopy services. We are currently adopting recommendations for COPD (Chronic Obstructive Pulmonary Disease), CHF (Congestive Heart Failure), GI (Gastro-Intestinal) Endoscopies and TIA (Transient Ischemic Attack). Our Board of Directors and Medical Staff are supportive of quality patient care that is standardized for our patients. HSFR shifts culture and behavior through change management and data, which meets our goals to provide quality patient care and improve the patient experience.
PERFORMING OBJECTIVES

Board of Directors Goals and Objectives 2015-2016

The West Nipissing General Hospital is the major health care provider in the community of West Nipissing and one of the largest employers. As a small hospital we acknowledge the challenges in today’s environment and are conscious of the challenges we may face tomorrow. Our overarching goal is to function as a high performing health care system meeting the needs of our patients in a safe and quality manner in this ever changing fiscal and political environment.

1. Realizing high quality care through strategic direction:
   a) Continue to support the 5 year Strategic Plan (2013-2018)
   b) Support the Quality Committee of the board
   c) Support a patient representative
   d) Monitor compliance with the Excellent Care for All Act (ECFFA) through Quality Improvement Plan (QIP)
   e) Review, analyze and trend Big Dot indicators through Quality Committee
   f) Review and discuss patient satisfaction survey results
   g) Review and discuss employee satisfaction survey results
   h) Review and discuss complaints and patient stories
   i) Aim for a Gold Quality Healthcare Workplace Award (1 bronze, 3 silvers)
   j) Support the maintenance efforts of the Accreditation with Commendation award.

2. Support Health and Safety at all levels within the organization:
   a) Encourage membership and participation on the OHA Safety Group
   b) Support meeting Ministry of Labour work orders as per legislative matters
c) Support changes and improvements as per existing and new legislation.

3. **Commitment to patient and family centered care with a positive patient experience:**
   a) Patients and family will be treated with respect and dignity
   b) WNGH will understand and respect the diversity among its patient population (race/ethnicity/language)
   c) Support changes implemented by management that foster patient and family centered care
   d) Incorporate patient and family perspectives into quality
   e) Critical incidents will be shared at the board level quarterly or as needed.

4. **Support integration opportunities:**
   a) Support WNGH as the lead agency for Nipissing District Health Links
   b) Optimizing health human resources while addressing high priority needs in our community
   c) Support collaboration between health care providers, patients, families, LTC homes, home care and community supports
   d) Support and encourage a collaborative model of care.

**Senior Management Team Goals and Objectives (2014-2016)**

**Goal #1**

**Enhance organizational effectiveness**

**Objectives**

1. Meditech Phase I & 2
2. Meditech POI
3. Strategic Planning session
4. Lean patient flow processes
5. Patient surveys
6. Staff surveys

Goal #2

Enhance quality care for patients, clients and residents

Objectives
1. Quality Improvement Plan (QIP)
2. Hospital indicators
3. Best practices/Standards of care
4. Patient Order Sets
5. Support an environment of quality patient centered care
6. Improve staff well being
7. Support a caring culture for patients, families and staff

Goal #3

Foster a culture of mutual respect as well as health and safety

Objectives
1. Hand hygiene
2. Medication reconciliations
3. Monitor falls
4. Provide a safe environment for patients, physicians, students, volunteers and employees
5. Continue with restoration sessions as needed