

Let's Make Healthy  
Change Happen.



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

**2016 - 2017**



**Hôpital général de Nipissing Ouest**  
**West Nipissing General Hospital**

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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.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

The mission, vision and values of the West Nipissing General Hospital serves 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: WNGH does not have 1000 deaths/year thus does not qualify for this calculation
- VAP rate per 1,000 ventilator days: WNGH patients requiring ventilator are transferred to other 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 2016-17 QIP since we have been maintaining, improving or exceeding these goals set by the organization, 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 incident of worsening bladder control

**Note:** The following indicator is included in the 2016-17 QIP, however due to external factors beyond our control targets are not expected to be met in the near future. As per the “Patients First” white paper, changes in the CCAC governance and roles and the initiatives with Health Links, we believe the following indicator may improve in future years but certainly not in the next 1-2 years:

- Reduce unnecessary time spent in acute care

## 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 CEO, senior team and management team with front line staff and patient representative 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)
- At least equivalent to the best result obtained
- Reduce or eliminate waste (ex. 50%)
- Median or average
- The equivalent of the improvement made elsewhere

Over the next fiscal year, we plan to address the following initiatives for improvement:

<b>Quality Factor</b>	<b>Objective</b>	<b>Change Initiative</b>	<b>Priority</b>
Effectiveness	Decrease inventory – from 41 days to 30 days of supplies – a decrease of 26 %	<ul style="list-style-type: none"> <li>• Implement lean process for restocking of patient care areas</li> <li>• Linking restocking process with inventory control</li> <li>• Stock inventory per best practice guidelines</li> </ul>	Improvement
	Documentation Handling	<ul style="list-style-type: none"> <li>• Quantitative analysis – microfilm process vs digital process</li> <li>• Survey Managers on satisfaction of new implemented process</li> </ul>	Improvement
Integrated	Reduce unnecessary time spent in acute care	<ul style="list-style-type: none"> <li>• Engage CCAC to identify and resolve barriers for early discharge</li> </ul>	Improvement
Patient Safety	Reduce medication administration errors	<ul style="list-style-type: none"> <li>• Implement Medication Administration review and remedial programs</li> <li>• Investigate Meditech module for Medication Administration</li> </ul>	Improvement
Equitable	Improve Health Equity	<ul style="list-style-type: none"> <li>• Increase bilingualism as per hospital policy</li> <li>• Improve communication at a staff/physician level</li> <li>• Decrease complaints related to cultural sensitivity</li> </ul>	Improvement
Patient-Centred	Implement a Senior Friendly Program	<ul style="list-style-type: none"> <li>• Educate staff/patients/families</li> <li>• Increase mobility</li> <li>• Increase overall activity</li> </ul>	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) Model. 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
- Continuing education on quality provision of care
- Use of evidence based practices
- Review the quality improvement process
- 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 to 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

## QI Achievements from the Past Year

The past year has proven successful for quality improvement throughout the organization as we thrived in achieving the following list of goals:

- Developed and maintained processes that effectively gathers data on departmental inventory
- Implemented a document handling software, trained staff and begun the transfer of paper documents to online archiving
- Gathered data on ALC and implemented ongoing initiatives to closely monitor the situation
- Implementation of best practices for prescribing antibiotics in order to assist with reducing hospital acquired infections, which includes the establishment of an Antimicrobial Stewardship Committee.
- Overall improvement of internal processes associated with reducing occurrences of employee incidents due to lifts, transfers and/or carries.

## 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, M-SAA and L-SAA 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/>

Patient Safety web site [http://www.health.gov.on.ca/patient\\_safety/index.html](http://www.health.gov.on.ca/patient_safety/index.html)

Hand Hygiene [http://www.health.gov.on.ca/patient\\_safety/public/hh/hh\\_pub.html](http://www.health.gov.on.ca/patient_safety/public/hh/hh_pub.html)

OHA website <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 Science North Cancer Program
  - Ontario Laboratory Accreditation
  - Accreditation Canada
  - and all other agreements with financial obligations and/or quality indicators to meet
    - HAPS
    - LAPS
    - CAPS
- Human resources plan
- Information system plan
- Capital plan
- Professional development and continuing competency plan

## Engagement of Leadership, Clinicians and Staff

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 Director 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 nicely 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 QBPs, 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

The purpose of performance-based compensation is related to 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 2016-2017 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:

Quality Dimension	Objectives	Percentage of at risk pay
Effectiveness	Decrease Inventory	1.0 %
	Documentation Handling	1.0 %
Integrated	Reduce unnecessary time spent in acute care	0%
Safety	Reduce medication administration errors	1.0 %
Equitable	Improve Health Equity	1.0%
Patient-centered	Implement a Senior Friendly Program	1.0%

## 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 – Collin Bourgeois \_\_\_\_\_

Quality Committee Chair – Sylvie Belanger \_\_\_\_\_

President & Chief Executive Officer – Cynthia Desormiers \_\_\_\_\_

*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.*