

Let's Make Healthy  
Change Happen.



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

## 2019-2020



**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 Health Quality Ontario (if required) in the format described herein.

## Overview

The purpose, commitment 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. A QIP is:

- A commitment that a health care organization makes to its patients, staff, and community and to the Ontario public as a whole to improve quality through focused targets and actions.
- A way to focus organizations, sectors and the system as a whole on key priorities (provincial and local)
- A way of harmonizing dialogue and encouraging peer-to-peer sharing and benchmarking
- One means to help entrench quality improvement culture as a system-wide effort.

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 “Streaming exceptional healthcare, focused on community”, 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!

Despite our best efforts, intentions and commitments to Patient’s First, we feel obligated to comment on several factors that are provincial in nature and out of our control, yet significantly impact our patient outcomes. External factors beyond our control include:

- LHIN Home and Community Care issues;
- Decreased access to community support services; lack of PSW; and
- Decreased access to primary care

Our partners in primary care and at LHIN Home and Community Care play a huge role with coordinated care planning and this significantly impacts our discharge planning process. With all of the above factors, despite being out of our control, we remain committed to working with the LHIN, LHIN Home and Community Care and primary care to improve health care outcomes.

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

## Describe your organization's greatest QI achievement 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:

- Improved the information given to discharged patients as well as implementation of follow-up phone calls with our Physician Assistants to ensure continuity of care.
- Increased the number of patients referred and enrolled in Health Link services as well as improved its processes to facilitate the procedures for patients and healthcare workers.
- Implemented new methods to assist with providing discharge summaries to primary care providers in a timely manner.
- Revised By-Laws, policies and procedures as well as educate staff to be more culturally and linguistically sensitive in order to improve overall health equity.
- Gathered data on ALC and implemented ongoing initiatives to closely monitor the situation.

## Patient/client/resident partnering and relations

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, Ms. Diane Legace. As well we have recruited a member of the public for our Ethics Committee Mrs. Suzanne Pilon. These two members will bring a patient and family perspective to these committees which are new and most welcomed. They will both have a strong voice. We have a patient relations officer with a poster throughout the hospital should patients or families have concerns or compliments to share with us, which always leads to quality improvement.

This year, the West Nipissing General Hospital has implemented an ILTC Family Council, whereas family members, friends and caregivers of our residents were invited to take part in this committee. Together we strive to improve the overall quality of life in our ILTC Department by sharing stories and experiences, discussing issues and collaboratively develop potential solutions.

Our new 2019-2024 strategic plan clearly outlines the role of patients and families in decision making and their role in their health care. WNGH partners well locally, within the district and regionally to ensure quality patient care is provided.

## Workplace Violence Prevention

Policies and procedures exist at the West Nipissing General Hospital with respect to safety and workplace violence. WNGH has a zero tolerance for workplace violence.

Monthly safety inspections and executive walkabouts are a standard at WNGH. Occupational Health and Safety plays a big role with safety for everyone. Everyone at WNGH plays a role in safety and workplace violence.

Workplace Violence has been added to the West Nipissing General. Staff are encouraged to completed employee incident forms and Critical events forms to assist us to understand the incident and look for opportunities to prevent violence in the workplace.

Hospital's 2019-2020 QIP as an indicator and change initiatives are being monitored to track improvements throughout the hospital.

With our new 2019-2024 Strategic Plan, safety for all (physical safety and psychological safety) has been identified as a strategic pillar.

In accordance with the LTC legislation, reporting on any allegations of abuse in the workplace is completed asap. We work with the LTC compliance officer and MOHLTC on workplace violence.

### Executive Compensation

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 inspires achievement of 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 2019-2020 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
Effective	Medication reconciliation at discharge	1.0%
Efficient	Number of inpatient receiving care in unconventional spaces	1.0%
Safe	Number of workplace Violence incidents	1.0%
Timely	Time to inpatient bed	1.0%
Patient Centered	Patient experience- did patients receive enough information when discharged from hospital	1.0%

### Contact Information

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### 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 \_\_\_\_\_

Board Quality Committee Chair \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_

Other leadership as appropriate \_\_\_\_\_

*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.*