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Change Happen.



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



3/25/2015

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.

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

## Overview

The strategic plan is reviewed each year and new corporate priorities are established. The annual operating planning process is then initiated. The publically posted annual QIP is in the fifth year. The organization has a well-developed integrated quality improvement plan that has been in place for more than 10 years, which is an Accreditation Canada requirement. Accreditation Canada has recently awarded LDMH with exemplary status.

Our quality plan integrates utilization management, medical quality of care and patient safety indicators. We use the QIP for Ontario hospital's template to identify the top priorities for improvement to the public, the LHIN and our external partners.

This year there are 13 organizational priorities. All align with local, regional and provincial planning initiatives.

A summary of the objectives by priority follows:

Priority 1 – To reduce Hospital Acquired Infection for C-Diff and hand hygiene (2 indicators)

Priority 2 – To improve organization financial health (1 indicator)

Priority 3 – To reduce ED wait times (5 indicators)

Priority 4 – To improve inpatient and ED patient satisfaction (4 indicators)

Priority 5 – To reduce unnecessary hospital admissions (1 indicator)

## Integration & Continuity of Care

The 13 corporate indicators we have selected can be achieved internally and externally with the support of partners. Here are some examples of how we are working to improve quality of care for our patients:

### **Priority 1 Partners - Infection Control**

In order to reduce Hospital Acquired Infections (HAI) – C Diff, we collaborate with others such as the local public health unit and infection control nurses within our LHIN utilizing a network of local resources and consultants.

Internally the Infection Control Nurse collaborates with our lead pharmacist, Director of Emergency Department, Chief of Staff and the Medication Management Committee supporting antibiotic stewardship.

Education is being provided to all Medical and Clinical staff and the Board of Directors regarding public reporting to MOHLTC, and what it means and how each person plays an important part in HAI. Weekly audits and monthly summaries of results, both positive and negative, are shared across the organization.

### **Priority 2 Partners - Financial Health**

LDMH worked with an independent consultant and the ESC LHIN to build a sustainable Hospital model that determined the community needs and services we should be delivering now and in the future. The new funding formula and decreasing ED volumes will impact

finance and operations and we have forecasted a sustainable model for the next three years with the assistance of the ESC LHIN.

Strategies to integrate inpatient units and critical care areas will assist in delivering continuity of care and support operational efficiencies such as reducing overtime and improving staff utilization. Amalgamation of departments supports the care delivery systems in a small rural hospital.

### **Priority 3 Partners – ED Wait Times**

Cooperation amongst all providers and departments is required to achieve the targets set for ED wait time. This is evident at LDMH with the proven success of “time to inpatient bed” which is well below the LHIN average. The impact on ED length of stay for admitted patients benefits from the integration of services. LDMH remains number one in the ESC LHIN with respect to ED wait times.

### **Priority 4 Partners – Patient Satisfaction**

Every member of the hospital team plays a part in the patient's experience. A Patient Advocate is the lead point of contact for complaints and commendations. Patients and families present experiences monthly at Quality Council to link board members and staff to the valuable learnings gained by working through concerns together. Volunteers are important partners in improving patient satisfaction and sustaining a collective positive impact to the citizens we serve.

### **Priority 5 - Unnecessary Hospital Admissions**

A new informal partnership has formed with 22 external partners known as the “Neighbourhood of Care” who are co-located in an area adjacent to the LDMH ED. Leadership developed the Mental Health & Addictions program linked with much needed agencies that provide options of care and access for County citizens. By providing in-kind space a neighbourhood evolved whereby programs would begin to understand each other and stimulate referrals to other agencies who could meet additional patient needs.

## **Challenges, Risks & Mitigation Strategies**

The largest risk is for Priority 2 – Improve Financial Health. The new funding formula has a disproportionate impact on a small hospital. The Needs Assessment we completed in collaboration with the ESC LHIN identified services required now and in the future.

Two questions were asked:

- a. What are the needs of the catchment population; and
- b. What role should the Hospital play?

These questions enabled the development of a sustainable Hospital model. As a result LDMH will be expanding CCC to capture the Assess & Restore philosophy as the one time funding associated with Assess & Restore ended on December 1, 2014. Also, LDMH will no longer be offering Obstetrical services but will partner with Windsor Regional Hospital to deliver pre & post natal care where appropriate.

## **Information Management**

We have made improvements in Information Management systems. EDIS and Novari have been implemented. The EDIS system supports ED flow by providing information on the time it takes to carry out various steps in the ED care delivery process. Novari improves timely access to the operating room, outpatient surgery and enables expansion of orthopedic surgery in partnership with the ESC LHIN.

## **Engagement of Clinicians & Leadership**

The planning cycle engages managers, care teams, advisory committees, the LHIN, external partners, governance committees and physician leaders in establishing goals, priorities and action plans for change.

All QIP plans and results are posted internally on quality boards. Successes are communicated at town hall meetings, in newsletters and via social media.

Outcomes are reviewed with the ESC LHIN for many of the indicators and are publically reported on the LDMH website.

## **Patient/Resident/Client Engagement**

Monthly Quality Council meets and hears from patients regarding the experiences they've had while accessing care at LDMH. This information is shared with the Board of Directors. All patient experiences add value to what we do at LDMH.

Town hall meetings are held with the community regarding program development and changes in service. Local newspapers and the media are communicated regularly with by our Director of Communications and CEO.

## **Accountability Management**

Accountability is embedded throughout the organization. Department scorecards, QIP and the Integrated Quality Scorecard which are reviewed at the Medical Advisory Committee and Quality Council are all aligned with the strategic plan of the Organization. The corporate priorities of the Organization are reviewed annually and all of management has responsibility to deliver in conjunction with the Organization's goals.

## **Performance Based Compensation [As part of Accountability Management]**

The COS, the CEO and the direct reports of the CEO are linked to the achievement of performance improvement targets that are identified in the QIP. The percentage of salary that is linked to the achievement of the QIP targets are as follows:

- COS – 2%
- CFO – 2%
- CNE – 2%
- Senior Director Corporate Services – 2%
- Director of HR – 2%
- CEO – 5%

The specific QIP targets are identified on the 2015/16 LDMH QIP Work Plan and the justification for each target is established based on past performance or a combination of ESC LHIN or Ministry information. Weights are assigned to each of the 13 targets and compensation is tied to outcomes vs. targets.

## **Health System Funding Reform (HSFR)**

Planning for the impact of Health System Funding Reform has been incorporated into the overall quality process through regular reporting and monitoring of indicators and quality outcomes. A monthly Organization Performance Report has been designed and implemented to report key metrics for items that impact financial performance, as well as, patient quality and safety. Volumes for Quality Based Procedures (QBP) are monitored monthly and the projected impact on funding is reported. Scorecards specific to QBP's are reported on a regular basis. The discharge summary for QBP's has been designed to align with best practice per the Quality Based Procedure Handbooks within our hospital and for handoff to our community partners.

In a recent call between the Medium Size Hospital Council and the OHA there is alignment on the impact that HSFR is having and the challenges each organization is facing and the possibility that each will have to make program choices to remove services in light of funding challenges.

## **Other**

N/A

## 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 – Jim Gaffan



Quality Committee Chair – Marnie Setterington-Goens



Chief Executive Officer – Terry Shields



*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.*