

## Quality Improvement Plans (QIP) 2012/13: Progress on QIP Year One (2011/12)

### WEST NIPISSING GENERAL HOSPITAL

725 Coursol Rd, Sturgeon Falls, ON P2B 2Y6

	Priority Indicator (year 1)	Performance as stated in the year 1 QIP	Performance Goal as stated in the year 1 QIP	Progress to date	Comments
Guidance for completing the Performance Report	State the name and definition of the priority level 1 indicator listed in the hospital's year 1 QIP. Reporting on progress of other priority indicators (i.e. levels 2 and 3) is optional.	State the performance associated with the priority indicator that was included in the hospital's year 1 QIP.	State the performance goal that was included in your hospital's year 1 QIP. The stated performance goal indicates the outcomes that the organization expected it would be able to achieve for each priority indicator by the end of the 2011/12 fiscal year, i.e. March 31, 2012.	For each of the indicators listed, state the organization's current data associated with the priority indicator. Reporting periods should align with the periods used to develop the year 1 QIPs. Refer to Appendix 1a of the guidance document for recommended reporting periods for core indicators.	Hospitals should use this section to explain how the performance goals stated in their year 1 QIPs could be improved, describe the challenges faced with meeting their targets, and generally comment on the organization's commitment to meeting the performance targets outlined in their 2012/13 (year 2 QIP).
Improve hand hygiene compliance		81 %	Maintain or improve		Obstacle observed is the interpretation of definitions of 4 moment of hand hygiene. Further education ad awareness required. Hand hygiene continues to remain a high priority indicator for our hospital.

	Priority Indicator (year 1)	Performance as stated in the year 1 QIP	Performance Goal as stated in the year 1 QIP	Progress to date	Comments
	Investigate sentinel events and establish plan of action to eliminate reoccurrence	18 Incidents	Decrease number of occurrences and ensure a plan of action is completed	17 Incidents	Even with increased awareness to reporting incidents, sentinel events occurrences have decreased in 2011. . Inclusion of action plan into changes in processes and/or policies/procedures with patient care focus
	Improve organizational safety record	2009 - 63 incidents 2010 - 48 incidents	Decrease number of incidents	2011 - 50 Incidents	<ul style="list-style-type: none"> <li>▪ WSIB Workwell Audit in May 2012</li> <li>▪ Education/awareness program implemented - Increase reporting of hazards and incidents.</li> <li>▪ Improvement to investigation, inspections and/or implementation of controls measures</li> <li>▪ Employee safety remains a high priority at our hospital and foster a culture of safety in everyday activities</li> </ul>
	Medication Reconciliation	Program development in progress	=> 50 % pts in year one	As of Dec 2011 – 91% of patients with documentation of medication reconciliation at discharge	Excellent compliance Continues to be a high priority indicator at our hospital

	Priority Indicator (year 1)	Performance as stated in the year 1 QIP	Performance Goal as stated in the year 1 QIP	Progress to date	Comments
	Procurement	Implement policies and procedures to ensure compliance with BPSAA	100% implementation of policies	Procurement policies / practices implemented – controlled spending with accountability	<ul style="list-style-type: none"> <li>▪ Excellent compliance</li> <li>▪ Continues to be a high priority indicator at our hospital</li> <li>▪</li> </ul>
	MIS Coding	implement proper coding for financial reports	Increase accuracy	More appropriate expense codes are chosen for expenses as opposed to general account Better accountability	<ul style="list-style-type: none"> <li>▪ Excellent compliance</li> <li>▪ Continues to be a high priority indicator at our hospital</li> <li>▪</li> </ul>
	Reduce unnecessary hospital readmission	Overall readmission rate is 8.48%	Valid data collection	Readmission rate (2011-Dec2011 - YTD) - 8.28 %	<ul style="list-style-type: none"> <li>▪ Excellent compliance</li> <li>▪ Continues to be a high priority indicator at our hospital</li> <li>▪ COPD education program for physicians and patients</li> <li>▪</li> </ul>
	Average Length of Stay	7.9 days	Alignment with provincial standards On-going / continuous improvement	April 1, 2011 to December 31, 2011 - 6.66 days	<ul style="list-style-type: none"> <li>▪ Excellent compliance</li> <li>▪ Continues to be a high priority indicator at our hospital</li> <li>▪ Decrease ALOS throughout WNGH</li> <li>▪</li> </ul>
	Improve organizational financial health	Balanced Budget	Maintain or improve position	Board of Directors and Finance policies implemented. 2010-2011 Fiscal year ended with healthy surplus. Maintaining positive margin YTD - as reported to the LHIN.	<ul style="list-style-type: none"> <li>▪ Tighter financial controls</li> <li>▪ Surplus at year end</li> <li>▪ Restricted funding in progress for imminent infrastructure needs</li> </ul>

	Priority Indicator (year 1)	Performance as stated in the year 1 QIP	Performance Goal as stated in the year 1 QIP	Progress to date	Comments
	Reduce wait times in the ED	Provincial Data: Complex (CTAS 1-2) - 8.0 hrs Provincial Data: Minor (CTAS 3-5) - 4.0 hrs	Maintain or improve in comparison to provincial targets	Complex conditions (CTAS 1-2) - 6.2 hrs Minor conditions (CTAS 3-5) - 3.5 hrs	<ul style="list-style-type: none"> <li>▪ Excellent compliance</li> <li>▪ Continues to be a high priority indicator at our hospital</li> <li>▪ Excellent wait times attracts patients from surrounding catchment areas</li> </ul>
	Improve patient satisfaction – include question regarding recommendation to family and friends	Not asked on previous survey-no base line data Compliance with minimum of 100 surveys per year according to ECFAA	Include question in survey - goal 50%	<ul style="list-style-type: none"> <li>▪ Survey review - sent to Forms Committee. Survey updated and distributed May 17, 2011.</li> <li>▪ Signage change / improvements in progress (Black and white).</li> <li>▪ Patient Declaration of Values published June 2011.</li> <li>▪ 92 % of respondents who answered the question, would recommend the West Nipissing General Hospital to their family and friends.</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ Excellent compliance</li> <li>▪ Continues to be a high priority indicator at our hospital</li> <li>▪ Report on assessment of staff and physician on current visit</li> <li>▪ 236 patients surveys obtained</li> <li>▪ Continuous process</li> </ul>

*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*