

Let's Make Healthy  
Change Happen.



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

**2015 - 2016**



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

725 ch. Coursol Rd., Sturgeon Falls, ONTARIO P2B 2Y6  
TEL: (705) 753 - 3110 • FAX: (705) 753 - 0210

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

## 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 incident 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:

<b>Quality Factor</b>	<b>Objective</b>	<b>Change Initiative</b>	<b>Priority</b>
Effectiveness	Decrease inventory of stocked items – from 41 days to 30 days of supplies – a 26% decrease	<ul style="list-style-type: none"> <li>• Determine current stock for obsolete and/or outdated items and return and/or exchange if possible; determine required stock</li> <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 – increase efficiencies in archiving and document editing/approval processes	<ul style="list-style-type: none"> <li>• Select computerized program to facilitate document handling and management</li> <li>• Implement new documentation handling system</li> <li>• Quantitative analysis – microfilm process vs digital process</li> <li>• Survey Manager on satisfaction of new implemented process</li> </ul>	Improvement
Integrated	Reduce unnecessary time spent in acute care - Reduce ALC (Alternate Level of Care) days by 10%	<ul style="list-style-type: none"> <li>• Recommendation from the study of 2014-2015 Patient Care Committee to review patient flow for ALC patients</li> <li>• Engage CCAC to identify and resolve barriers for early discharge</li> </ul>	Improvement
Patient Safety	Reduce hospital acquired infection rate of <i>Clostridium difficile-associated diseases</i> (SDAD) developed at WNGH	<ul style="list-style-type: none"> <li>• Antibiotic Stewardship Program</li> <li>• Hand Hygiene Compliance</li> <li>• Review high risk antibiotics from formulary</li> </ul>	Improvement
	Reduce medication administration errors for 2015 (18 / 4,052 = 0.44 % in 2014)	<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
	Reduce occurrences of employee incidents due to lifts/transfers/carries for 2015 (12 / 46 = 26 % in 2014)	<ul style="list-style-type: none"> <li>• Review of equipment to ensure adequate equipment for the task</li> <li>• Ensure staff properly trained in operation of equipment</li> <li>• Ensure staff properly trained to safely perform lifts/transfers/carries</li> <li>• Ensure accurate identification of patient/client requirement for lifting</li> <li>• Review of Incident reports for 2015</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). 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/>

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 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

Potential Challenges	Risks & Rate		Mitigating Strategies
<ul style="list-style-type: none"> <li>• Aging population</li> <li>• Predominantly francophone and native</li> <li>• Chronic disease incidence without a primary care practitioner</li> <li>• Lack of community resources to support patients upon discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Increased demands on ALC, LTC beds</li> <li>• Obtain care in the language of choice and cultural influences</li> <li>• Chronic issues with no practitioner to follow up on issues and/or care</li> <li>• Affect our ability to meet provincial targets for access, ER wait times, re-admission rates and ALC pressures.</li> </ul>	<p>High risk with various impact on patient outcome</p>	<ul style="list-style-type: none"> <li>• Continue to partner with community, district and regional services to ensure proper repatriation and coordinated patient care</li> <li>• 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</li> <li>• Continue to work with University and Colleges to improve recruitment efforts for Health Care Practitioners</li> <li>• Continue to work with CCAC and NELHIN on district ALC pressures</li> <li>• Adopting best practices and evidence based practices</li> <li>• Implemented a 'SleepLab' to enhance access and reduce wait times</li> <li>• Implementing a 'Behavior Support Ontario' nurse to assist with acute, LTC and Au Chateau patients/residents</li> </ul>

<ul style="list-style-type: none"> <li>• Resistance to change</li> </ul>	<ul style="list-style-type: none"> <li>• Changing the culture takes years of solid direction, leadership and effort</li> </ul>	<p>Medium risk with low impact on patient outcome but could have high impact for employee satisfaction</p>	<ul style="list-style-type: none"> <li>• Build the QIP into our 5 year Strategic Plan to improve buy in for change</li> <li>• Continue to engage staff, physicians, management and patients using surveys, committees, group meetings</li> <li>• Continue to measure and monitor outcomes related to care and disease processes</li> <li>• Regular communication of hospital successes/outcomes</li> <li>• Continued transparency of Hospital data</li> <li>• Ongoing education at all levels regarding changes to our health care system and hospital system</li> <li>• Identify medical champions within the clinical initiatives</li> </ul>
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## Information Management Systems

The West Nipissing General Hospital has implemented an EMR 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 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

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:

Quality Dimension	Objectives	Percentage of at risk pay
Access		
Effectiveness	Decrease Inventory	1.0 %
	Documentation Handling	1.0 %
Integrated	Improved ALC days - Reduce unnecessary time spent in acute care	0 %
Patient-centered		
Safety	Reduce the rate of nosocomial Clostridium difficile associated diseases	1.0 %
	Reduce medication administration errors	1.0 %
	Reduce occurrences of employee incidents due to lifts/transfers/carries	1.0 %

## 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 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.

## 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 \_\_\_\_\_ <<Original Signed>> \_\_\_\_\_

Quality Committee Chair – Sylvie Belanger \_\_\_\_\_ <<Original Signed>> \_\_\_\_\_

President & Chief Executive Officer – Cynthia Desormiers \_\_\_\_\_ <<Original Signed>> \_\_\_\_\_

*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.*

# 2015/16 Quality Improvement Plan for Ontario Hospitals

## "Improvement Targets and Initiatives"

West Nipissing General Hospital 725 Coursol Road

AIM		Measure							Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Effectiveness	Decrease inventory of stocked items	Number of days inventory held from 41 days to 30 days of supplies - a 26% decrease	Days / N/a	CCRS, CIHI (eReports) / Q1 2015-16 FY to Q3 2015-16 FY	881*	41	30	To hold manageable amount of inventory while eliminating products nearing expiry date and preventing 'hording' of supplies.	1) Determine current stock for obsolete and/or outdated items and return and/or exchange if possible; determine required stock	Departmental managers to conduct inventory	Data gathering	Inventory done by June 30, 2015	
									2) Implement lean process for restocking of patient care areas	Implement alert system for out-of-stock items. Implement restock protocols.	# times stock counted after implementing changes / # times stock counted prior to implementing changes	30-Oct-15	
									3) Linking restocking process with inventory control - Possibilities within Meditech	Link restock protocols to inventory and re-order process	# steps required to replenish stock after implementing changes / # steps required to replenish stock prior to implementing changes	30-Oct-15	
									4) Stock inventory per best practice guidelines	Stock for regular operations for 30 days	HIT Tool stats	End of Fiscal Year 2016/17 - March 30, 2017	
	Document handling in archiving and editing/approval processes	Implement automated system for document handling - patient record and documents related to organizational operation	Minutes / N/a	In-house survey / Implementation phase - no time period determined	881*	CB	25	Increase access time and convenience to patient record by 25%	1) Select computerized program to facilitate document handling and management	Three vendors product presentation - analysis of product by attendees at presentation - selection made	Data gathering	June 30, 2015	
									2) Implement new documentation handling system	System setup and user training	# staff trained / # staff requiring training	30-Sep-15	
									3) Quantitative analysis - microfilm process vs digital process	Audit of time spent for both processes	Time spent processing one series by microfilm / time spent processing one series digitally	January 29, 2016	
									4) Survey Managers and users on satisfaction of new implemented product and processes	Satisfaction Survey	Percentage of satisfied users - aiming for 80%	February 29, 2016	
Integrated	Reduce unnecessary time spent in acute care	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. *100	% / All acute patients	Ministry of Health Portal / Oct 1, 2013 - Sept 30, 2014	881*	47.51	42.76	To align with LHIN projected target of 13% and our surrounding peers.	1) Recommendation from the study of 2014-2015, Patient Care Committee to review patient flow for ALC patients	ALC Stats and classification	Data gathering	Decrease ALC rate by 10% by December 31, 2015	
									2) Engage CCAC to identify and resolve barriers for early discharge	Meetings, rounds, conferencing	Data gathering	Decrease LOA of patients with multiple issues by 2% by December 31, 2015	

# 2015/16 Quality Improvement Plan for Ontario Hospitals "Improvement Targets and Initiatives"

West Nipissing General Hospital 725 Coursol Road

AIM		Measure							Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Safety	Reduce hospital acquired infection rates	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI, divided by the number of patient days in that month, multiplied by 1,000 - Average for Jan-Dec. 2014, consistent with HQO's Patient Safety public reporting website.	Rate per 1,000 patient days / All patients	Publicly Reported, MOH / Calendar Year	881	0.42	0	To align with best practice expected outcome	Antibiotic Stewardship Program	Study current practices	Data gathering	Implementation of best practices for prescribing antibiotics	
									Hand Hygiene Compliance	Audits	% compliance with best practices	Maintain or improve from 84% compliance	
									Review high-risk antibiotics from formulary	Audit of inventory	Data gathering	November 30, 2015	
	Reduce medication administration errors	number of medication administration errors divided by the number of medication prescribed	% / All patients	In-house survey / 2015	881*	0.44	0.25	Minimize errors to improve safety	1)Implement Medication Administration review and remedial programs	Develop a program in collaboration with local Educational Institutions	# staff trained / # staff requiring training	100% compliance by March 15, 2016	
									2)Investigate Meditech module for Medication Administration	Liaise with Northeastern Ontario Network (NEON)	Data gathering	Implementation of First module by March 2016	
	Reduce occurrences of employee incidents due to lifts/transfers/carries	Number of employee incidents due to lifts/transfers/carries divided by the number of employee incidents	% / All patients	In-house survey / 2015	881*	26	20	Decrease incidents related to lifts/transfers/carries increases patient safety.	1)Review of equipment to ensure adequate equipment for the task	Inventory of current equipment - determining adequacy of equipment	Data gathering	Equipment list compiled and approved June 1, 2015	
									2)Ensure staff properly trained in operation of equipment	E-learning theory courses	# staff trained / # staff requiring training	100% compliance by November 30, 2015	
									3)Ensure staff properly trained to safely perform lifts/transfers/carries	1:1 demonstration of skills set (Train-the-trainer)	# staff trained / # staff requiring training	100% compliance by November 30, 2015	
									4)Ensure accurate identification of patient/client requirement for lifting	Audit of flagging system usage compliance	# patients with flagging system accurately identified / # patients with lifting requirements identified	100 % compliance by November 30, 2015	