

Let's Make Healthy
Change Happen.



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



4/1/2015

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.

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Overview

Campbellford Memorial Hospital is a small rural hospital that focuses on continuous quality initiatives that will ensure quality care and provide a “safe” environment for our patients. We are a dedicated professional team that continuously monitors our chosen indicators to ensure best practice (see alignment).

Our QIP is testimony to our commitment to patient safety and quality of care. CMH is an integral part of our regional health hub ensuring our patients have a safe transition home with appropriate resources and support.

Focus:

Our 2015/16 QIP is based on continuing data analysis and review of our performance improvements. The indicators we have chosen to measure are stretch goals and in need of improvement. For example, we continue to transition hand hygiene because we are consistently reaching our goal. Having said this, it is still considered a corporate priority and we will continue to monitor and report on a quarterly basis to the Board and QIP Committee.

This year’s QIP was developed using a consultative approach involving staff, physicians and leaders.

Our QIP provides a practical framework providing guidance and awareness to all staff as to what our priorities and objectives are for the following year. This document allows quarterly benchmarking with our peers and is in alignment with the LHIN strategic plan, CMH strategic plan, Accreditation Canada and Health Quality Ontario.

Integration & Continuity of Care

The health hub model, which is a model supported by the Ontario Hospital Association, is a highly successful model for providing health care and community support services in various communities across Ontario. A rural health hub is defined as a local integrated health service delivery model where most, if not all sectors of the health care system, are formally linked in order to improve patient access.

This is a model we are trying to emulate as we see it being the most beneficial for the rural patient.

Collaboration with our external partners will be necessary to ensure quality improvement and outcome for our patients. Many indicators rely on a coordinated effort to ensure improvement and quality patient outcomes (i.e. readmission rates, ALC days, Emergency admissions).

A variety of health care providers, physician groups, supportive housing agencies and hospitals within Northumberland County have completed a Health Links business case. Health Links provides the opportunity for the whole system to collectively design a model of care that embeds the patient at the centre of their case, and develops enablers to facilitate communication, information sharing, care planning and care delivery among service providers and the patient/family. Next steps for the partners include the establishment of coordinated care improvement teams.

Challenges, Risks & Mitigation Strategies

A challenge is our patient demographic as our patient population is aging with increasing prevalence of chronic disease and mental illness.

In our continued quest to improve patient satisfaction, we have entered into a contractual obligation with an external provider who will contact all of our patients within 48 hours of discharge. We will analyze the data extracted from surveys and will be able to act more expediently to make change for quality outcomes.

COPD and CHF continue to be two of our top CMG's and contribute significantly to our readmission rates. We recognize that these readmission rates are hard to prevent as these patients present requiring a complex medical care plan. In addition to the in-house Integrated Chronic Disease Management Program, we have a multidisciplinary team going out into the community and offering a program on an outpatient basis. Our objective is to improve access and bring care closer to home as transportation is often the major challenge for our patients.

Information Management

We have limited access to electronic data. CMH is currently working towards an integrated electronic record in partnership with a number of other hospitals. Until this project gets completed, information is collected manually and requires reliance on external resources such as CIHI, NACRS, WTIS and our LHIN. We are currently participating in a LHIN-wide CIS initiative.

Engagement of Clinicians & Leadership

Upon approval of the QIP plan by the Quality Committee of the Board the information is then shared at departmental team meetings, is posted internally on a shared drive and our hospital website. We also take this opportunity to review our strategic plan and the CE LHIN strategic plan in order that staff can visualize how the three plans align.

We report quarterly to the Quality Committee of the Board and then share data with staff in various departments through staff forum, team meetings and posting of a hard copy in various areas.

Information and feedback from our staff is collated and assisted us in developing our next QIP.

Patient/Resident/Client Engagement

We are currently researching various models of patient experience/advisor models of patient engagement that would be appropriate for CMH. We have attended OHA conferences as well as various site visits to see what model might be appropriate for a small rural hospital. We also invited Health Quality Ontario for a site visit to meet and provide education to staff members, management and the Board regarding patient engagement opportunities. We have decided to have senior patient representation on our interview panel for appropriate participation i.e. GAIN clinic (current).

Commencing April 1, 2015 a member of the community who has served on the Hospital Board in the past as well as been a patient at CMH will participate in the complaints review process and the quarterly senior friendly walkabouts.

Commencing April 1, 2015, the Emergency Department will have a select group of community volunteers to active as a liaison and communication person between the Emergency Waiting Room and the Emergency Department.

Our goal is to see an improvement in patient satisfaction in both departments.

Accountability Management

CMH has developed cascading goals based on our strategic plan and QIP. Progress is monitored quarterly by the Quality Committee of the Board with annual results incorporated into the performance management system.

Performance Based Compensation [As part of Accountability Management]

Our executive compensation, including the percentage of salary at risk and targets that the executive team is accountable for achieving is linked to performance in the following way:

Senior Management Team:

President & CEO - 4% of annual base salary is linked to achieving certain targets set out in our QIP

Chief Nursing Officer - 4% of annual base salary is linked to achieving certain targets set out in our QIP

Director of Human Resources - 4% of annual base salary is linked to achieving certain targets set out in our QIP

Targets:

Quality Dimension

Indicator

Effectiveness

Total Margin – 0.00 target performance

Patient Centered

Patient Satisfaction – 93.0% target performance

Terms:

A 2% bonus would be paid by meeting each of the targets. Achievement of these targets would result in 100% payout, partial achievement of targets will result in partial payout, as determined by the Board of Directors.

Health System Funding Reform (HSFR)

CMH has developed care maps based on best practices for patients with CHF, COPD and pneumonia. These cases are being considered as part of the implementation of HSFR and QBP in 2015/16. As part of our ongoing commitment to continuous quality improvement, our hospital will review and modify our care plans as appropriate based on the clinical guidelines that are created as a part of HSFR.

Senior Team is committed to strengthen the alignment between quality and funding and demonstrate our organization's plan for readiness and roll out of these changes. To support this change initiative, we will:

- attend educational sessions and participate in provincial/LHIN sponsored programs that will assist us to disseminate accurate and timely information to all staff
- ensure a thorough understanding and familiarity with our patient case mix and the factors that influence cost and volume
- develop pathways and guidelines associated with QBP's
- evaluate and measure the impact of QBP's on patient care and outcomes

Ensuring that relevant QBP's are part of our QIP is an opportunity to drive change through the Board, Administration, staff and patients.

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 Tim Chennette

Quality Committee Chair Valerie Przybilla

Chief Executive Officer Brad Hilker

CEO/Executive Director/Admin. Lead _____ (signature)

Other leadership as appropriate _____ (signature)