

Let's Make Healthy
Change Happen.



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



SIoux LOOKOUT
Meno Ya Win
HEALTH CENTRE

3/26/2014

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 HQO (if required) in the format described herein.

ontario.ca/excellentcare

Overview

Sioux Lookout Meno Ya Win Health Centre (SLMHC) strives to be a centre of excellence through care that is patient-centred, service-oriented and performance focused. SLMHC is founded on the principle of providing culturally responsive acute, long term and ambulatory care, mental health and addictions services, and community based and traditional healing services. We serve the Sioux Lookout area and the 30 northern First Nations communities including the Nishnawbe Aski communities north of Sioux Lookout, the Treaty #3 community of Lac Seul First Nation, and residents of Hudson, Pickle Lake and Savant Lake. Our care is based on recognizing the relationship of physical, emotional, mental and spiritual aspects of all people. We value compassion, fairness, integrity and teamwork; celebrate diversity and recognize different pathways to health.

Our 2014-2015 Quality Improvement Plan (QIP) integrates key improvement targets from the Northwest Local Health Integration Network (NW LHIN) rural hospital improvement project with provincial quality improvement targets. The 2014-15 QIP demonstrates our ongoing commitment to doing what we do even better.

The QIP reflects our true north and fits within our strategic pillars of excellence: quality, service, people, finance and efficiency, and innovation.

Integration & Continuity of Care

At the regional level, the small, rural hospitals in the NW LHIN have come together around quality improvement. The initial focus of this collaborative will be discharge planning, with future plans for a broader focus on transfers. Readmission rates will be monitored across the group of small rural hospitals in the NW LHIN with the objective of reducing readmissions.

Internally, we continue to strive to improve patient satisfaction through improved communications. We implemented a new patient satisfaction tool in 2013-14 and now have a baseline from which to measure improvement. We are also working hard to ensure the right people are in the right jobs, and that we keep them at SLMHC.

Challenges, Risks & Mitigation Strategies

As with other facilities, we continue to struggle with balancing mandatory improvements and indicators with our own internal priorities. Access to information in a timely way that supports decision-making also remains a challenge. It is difficult to adopt improvement strategies in an environment with taxed resources. Coordinating care across a complex system over a large geographic area brings its own challenges and risks. Communication and information transfer play a key role in mitigating some of the risks associated with our unique population. Our focus on discharge planning and continued work on medication reconciliation demonstrate our commitment to provide high quality care.

Information Management Systems

Access to data continues to be a challenge and risk that we plan to reduce through implementation of business intelligence. This will not only provide us with more timely access to information that supports decision making, but will allow us to identify risks and opportunities and monitor performance. Currently, our health record is part electronic and part paper, which poses a number of risks. This transition is happening across the LHIN and is being driven by the large academic hospital.

Improvement requires knowledge of current performance and the ability to measure performance. We are in a shared EMR system where the governance is supposed to be regional. It has to come light that the governance lies with Thunder Bay Regional Health Sciences Centre. This puts the small hospitals in the region at a disadvantage with regards to analytics. Given our multiple data sources, limited internal ability to get data out of MediTech, access to data and the transition to a full EHR performance measurement remains a significant challenge to our improvement efforts.

Engagement of Clinical Staff & Broader Leadership

The implementation of daily huddles and shared planning across the organization are two key ways in which we seek to engage clinical staff and frontline staff in the establishment of common goals. We are also seeking new opportunities to engage physicians in improvement efforts.

Accountability Management

Executive compensation is tied to improvement targets with a 3% salary at risk for the CEO and 1% salary at risk for our Executive team.

Health System Funding Reform

As a small, rural hospital, the HSFR has not yet begun to directly affect our funding. In support of implementing HSFR and its future affect on the Sioux Lookout Meno Ya Win Health Centre, we are utilizing HSFR to improve quality and efficiency. The current focus is on quality based procedures. We are reviewing the Clinical Handbooks and our current practices to ensure that we are providing the highest quality care at the best price for these procedures. To this end, we are implementing defined clinical pathways and patient order sets in many areas to ensure high quality care and more efficient operations.

The second area the Sioux Lookout Meno Ya Win Health Centre is focusing on is improving data quality and availability. We are reviewing our data architecture and reporting system to ensure the highest quality data is available to the organization and the LHIN for decision making. To this end, we will be implementing business intelligence tools to allow for the ongoing development and monitoring of quality and efficiency indicators.

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

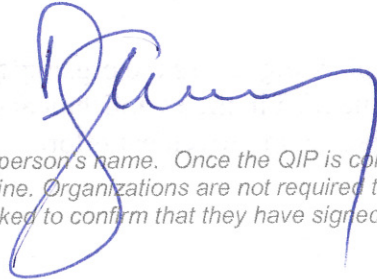
Board Chair



Quality Committee Chair



Chief Executive Officer



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 publicly.