

Let's Make Healthy
Change Happen.



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



SIoux LOOKOUT
Meno Ya Win
HEALTH CENTRE

3/31/2015

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

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 2015-2016 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 2015-2016 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 has been discharge planning, with future plans for a broader focus on transfers. Readmission rates are being 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, which we are addressing with our investment in business intelligence. 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. Minimal access to home care services, community supports and a shortage of long term care beds mean extended lengths of stay and we are often caring for people who require care in a different setting that is inaccessible (i.e. long term care, rehabilitation, treatment facilities, etc.) 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

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 significant risks. This transition is happening across the LHIN and is being driven by the large academic hospital. We continue to advocate for a timely transition to a full EHR.

Improvement requires knowledge of current performance and the ability to measure performance and outcomes. We are in a shared EHR system where the governance is ideally regional. 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 Clinicians & 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 continually seek new opportunities to engage physicians in improvement efforts, including through their participation in Unit Councils, hospital committees and regular communications.

We are also pleased that we have been approved and have received funding to participate in the National Surgical Quality Improvement Program (NSQIP). NSQIP is an internationally recognized program to measure and improve the quality of surgical care. This program will provide us with high quality clinical data combined with a quality improvement program designed to decrease surgical complications, improve patient care and outcomes and decrease the cost of health care delivery. This program will start April 1, 2015.

Patient/Resident/Client Engagement

Sioux Lookout Meno Ya Win Health Centre continuously strives to offer patient-centered care by including patients and their family members in the development of care plans at admission and through our multi-disciplinary team meetings.

We have generated client/patient engagement through our Patient Services and Quality Committee, patient satisfaction surveys, and our compliments/complaints process.

Client input obtained from the above mentioned means are then incorporated into the development of the QIP and general service improvement initiatives at our facility.

Accountability Management

Senior Management takes responsibility for quality performance. This accountability is monitored and executive compensation is tied to improvement targets.

Performance Based Compensation [As part of 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 (HSFR)

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 the relevant Quality Based Procedures, 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 are in the process of implementing business intelligence tools to allow for the ongoing development and monitoring of quality and efficiency indicators.

We are also working closely with the Ministry, NW LHIN and Northwest Health Alliance to understand the impact of HBAM on our facility. We have begun discussions with the Ministry on the potential of a small, rural hospital funding formula, that takes into consideration additional costs in areas with limited access to community services and longer than expected lengths of stay, lower socioeconomic status, larger First Nations population, and higher mortality.

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

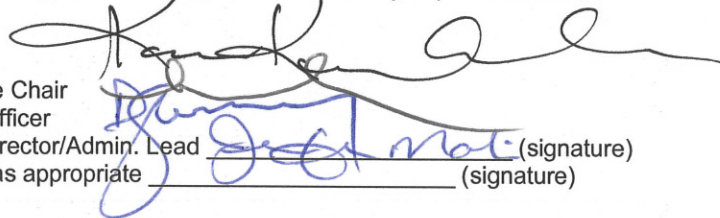
Board Chair

Quality Committee Chair

Chief Executive Officer

CEO/Executive Director/Admin. Lead

Other leadership as appropriate



(signature)

(signature)