

Let's Make Healthy
Change Happen.



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



SIoux LOOKOUT
Meno Ya Win
HEALTH CENTRE

3/22/2016

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.

ontario.ca/excellentcare

Overview

This document describes Sioux Lookout Meno Ya Win Health Centre's (SLMHC) Quality Improvement Plan (QIP) for 2016-2017. The QIP is part of our ongoing commitment in delivering high-quality care to all. Also included is the William (Bill) George Extended Care Facility which is affiliated with SLMHC.

SLMHC continues on the journey to be a centre of excellence in First Nations and northern health care by working together to improve the health status of individuals, families and communities, now and for generations to come. SLMHC is founded on the principle of providing culturally responsive acute, long term and ambulatory care, mental health and addictions services, and community based traditional healing services.

We serve the Sioux Lookout Municipality and the 30 northern First Nations communities including the Nishnawbe Aski communities north of Sioux Lookout, Treaty #3 community of Lac Seul First Nations, 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, teamwork, respect and quality.

The affiliated William (Bill) George Extended Care Facility is a 20 bed Elderly Capital Assistance Program (ELDCAP) home and is a member in good standing of both the Ontario Long-term Care Association and the Ontario Association of Non-Profit Housing and Senior Services (OANHSS). We are currently using web based software to enter Resident Assessment Instrument (RAI) data and the long-term plan is to use this program for Electronic Medical Records (EMR) as well.

Our 2016-2017 Quality Improvement Plan (QIP) integrates key improvement targets from the Northwest Local Health Integration Network (NW LHIN) Small Hospital Quality Scorecard with provincial quality improvement targets. The 2016-2017 QIP demonstrates our ongoing commitment to doing what we do even better.

The QIP reflects our commitment to "Excellence Every Time", and fits within our strategic pillars of excellence: Quality, Service, People, Innovation, Finance and Efficiency.

QI Achievements From the Past Year

The 2015-2016 fiscal year marked an ambitious platform for change to put the patient at the center of everything we do. SLMHC provides fully accredited services including specific rigorous accreditation in Pharmacy, Diagnostic Imaging, and the Laboratory. Any new or expanded services will meet the expectation of enhancing the patient experience through the provision of high-quality, patient-centred care, that meets or exceeds Accreditation Canada standards.

Effective:

The quality improvement plans included a strong focus on sustainability in light of ongoing provincial fiscal strains in acute care. SLMHC is accountable for the provision of high-quality health care services in a continuously evolving health care environment. Our services, and the population we serve, are significantly influenced by the health and public health crisis in Northern Ontario First Nations Communities, and by Health Canada. These and other external influences play a major role in the financial viability of the organization over the long-term, requiring adequate planning and flexibility for the future.

SLMHC is committed to developing a financial growth and sustainability plan to ensure financial viability of the organization while meeting the increasing needs of the population over the long-term. We put measures in place to ensure that the budget aligns with the operational and strategic plans, we also implemented strict measures to ensure adequate allocation of funding. These ideas did prove to be effective as we predict that we will complete the fiscal year in a positive financial position. We will continue to develop a sustainable growth strategy that recognizes the risks and opportunities associated with current and future funding formulas, and undertake departmental productivity reviews to find efficiencies. We are committed to engaging front line staff in identifying efficiencies and revenue generating opportunities across the organization and we will endeavour to find revenue opportunities to support the sustainability plan.

The recruitment and retention of qualified staff, committed to the provision of high-quality care in alignment with the mission, vision, and values, is a high organizational priority. Effective Human Resource practices will help to ensure on-boarding of the right people into the right jobs.

SLMHC is committed to fostering a collaborative relationship with the Municipality of Sioux Lookout in regards to community development initiatives to attract and retain staff that will live in the area. SLMHC will continue to encourage professional development and opportunities for advancement in the organization for existing and potential staff. SLMHC is committed to the recruitment of a diverse workforce and the promotion of cultural awareness within our environment.

Engagement with staff and physicians related to cultural safety and awareness is a high priority for the organization. SLMHC aims to be an employer of choice and will explore options for achieving this designation during this strategic plan phase. The staff performance review process and attendance support program were updated and launched in 2015. Training for managers regarding the updated systems were also completed. Staff turnover rates were kept close to our target and the success in this area was seen in our 2015 employee satisfaction survey results.

Efficient:

The BATON project monitored our re-admission rates in the past year. This group developed a number of tools to improve discharge planning. We will continue to advocate for Ministry of Health & Long-Term Care approval of a 96-Bed Long Term Care unit to meet the needs of the population we serve and thereby reducing ALC days.

Safe:

Following our 2013 Accreditation with Commendation status, SLMHC is preparing for the next Accreditation Canada onsite survey in 2017. Ongoing work to align SLMHC with Accreditation Canada's standards has informed QIP change ideas, with particular overlap in the themes of medication reconciliation, surgical safety, hand hygiene, and falls prevention.

It is vital that we continue to make progress regarding hand hygiene. Improved performance will help the hospital ensure that patients are protected from hospital-acquired infections and demonstrate our continued commitment to patient safety. We are fully aware that to a patient, a fall can mean the difference between going home to recover or weeks of continued institutionalization. The work involved in preventing falls is complex and multi-disciplinary. We have seen significant improvement in all areas of safety mentioned and we endeavour to continue to improve in all these areas.

Integration & Continuity of Care

Our 2016-2020 Strategic Plan highlights people, quality, service, innovation, finance, and partnerships across sectors as important areas of focus for the future.

SLMHC is the lead on the development of a Small Hospital Quality Scorecard. The scorecard and implementation playbook will be ready for use in 2016/2017. Through the scorecard development the small rural hospitals in the NW LHIN came together with an initial focus on 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 are striving to increase patient satisfaction through improved communication. We implemented a revised patient satisfaction tool in 2014-2015 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.

Staff at the William George Extended Care Facility cares for residents using a team approach. The staff works closely with physicians, Resident Assessment Instruments (RAI) Coordinator, physiotherapists, RPNs, PSWs, interpreters, activation workers, and the manager, to plan and deliver excellent care. This interdisciplinary team integrates and coordinates with outside partners such as the Community Care Access Centre, Canadian Mental Health Association (geriatrics), and our hospital social worker; ensuring care that brings value to the residents expectations.

Engagement of Leadership, Clinicians and Staff

The implementation of daily huddles, weekly patient/resident rounds, and shared planning across the organization, are key ways in which we seek to engage leadership, clinical, and front-line staff in the establishment of common goals. We continually seek new opportunities to engage physicians in improvement efforts, including through their engagement in unit councils, hospital committees, and through regular communications.

These engagement activities have resulted in change ideas that are tailored to address local needs and challenges, including competing demands for front-line staff, balanced with standardized quality improvement theory and tools.

Patient/Resident/Client Engagement

SLMHC continually strives to offer patient-centred 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 patient/resident/client engagement through our Patient Services and Quality Committee, Resident/Family Council, online channels, patient satisfaction surveys, physician and front-line staff interaction, patient complaint process, family involvement in individualized plan of care, annual long-term care newsletters, and our new patient relations process.

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

Plan-do-study-act (PDSA) cycles for discharge planning improvement continue to generate new change ideas in the area.

Performance Based Compensation [part of Accountability Mgmt]

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. Senior Management takes responsibility for quality performance.

Other

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, means extended lengths of stay and we are often caring for people who require care in a different setting that is inaccessible to them (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.

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. It

requires significant resources, as well as alignment with the provincial e-health strategy. 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.

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 through the continued implementation of business intelligence.

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.

Kai Koivukoski, Board Chair



Solomon Mamakwa
Quality Committee Chair



David Murray
Chief Executive Officer

