

Let's Make Healthy
Change Happen.



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



SIOUX LOOKOUT
Meno Ya Win
HEALTH CENTRE

03/20/2019

Overview

Sioux Lookout Meno Ya Win Health Centre (SLMHC) is a 60-bed accredited acute care hospital with an additional 20-bed ELDCAP facility, the William A. George Extended Care, located off-site. Grounded in the cultural values of the Anishnawbe people, SLMHC provides a broad range of acute and specialized services across the continuum of primary health care. These include chronic disease prevention and management services, mental health counselling and addiction services, and surgical services along with various acute and other integral outpatient programs. SLMHC also provides traditional services, in addition to a full range of conventional hospital services that are available to support the Traditional Healing Medicine Foods and Supports program. To support the system, all staff participates in mandatory training focused on the culture and history of the First Nations communities, and about how their personal beliefs and values affect health care delivery, particularly when delivered across cultures.

SLMHC serves a population of approximately 30,000 residents across vast geography in Northern Ontario with approximately 85% identifying as Indigenous. Our care is based on recognizing the relationship of the physical, emotional, mental, and spiritual aspects of the person. With a vision 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 committed to its 2019/20 Quality Improvement Plan (QIP). Leveraging information gathered from various community engagement opportunities, SLMHC developed the QIP in alignment with our organization’s strategic priorities.

SLMHC’s Strategic Goals and Strategies:

The strategic plan serves as a guide for the executive, management, staffs, and physicians of SLMHC in all decision-making as well as program or operational planning. In consideration of the constantly changing health care environment, there may be a need to adopt new strategies or alter the current strategies to ensure our services provide the best value to our patients while maintaining optimal performance as an organization. The strategic goals outlined below will set the direction for SLMHC from 2019-2022.

The Strategic Planning Process was designed to incorporate the existing strengths of the organization, and to build on its unique population and services provided, and also to bring SLMHC into an era in that SLMHC is truly a Centre of Excellence for First Nations and northern health care in Ontario. The following strategic pillar goals will be a roadmap for a future of clinical and service excellence for a successful health care organization that continually focused on innovation and partnership throughout the region.

Strategic Pillar Goals

Pillar	Three Year Strategic Goals
Best Quality	Realize zero harm for patients, families and employee
Best People	Develop and support a process to retain a regionally-grown, diverse and stable workforce
Best Service	Provide excellent, and culturally-appropriate care

Financial Stability	Increase revenue while maintaining financial stability and optimizing delivery of health services to the region
Growth	Ensure access to equitable services for all residents we serve
Innovation and Partnerships	Initiate and nurture creative partnerships to enhance healthcare delivery in the regions
Infrastructure	Collaborate in the development of infrastructure to deliver healthcare to communities throughout the region

Our 2019-2020 QIP demonstrates our ongoing commitment to doing what we do even better. The QIP reflects our commitment to ‘Excellence Every Time’ and it fits within our strategic pillars of Best Quality, Best People, Best Service, Financial Stability, Growth, Innovation and Partnerships and Infrastructure.

QI Achievements from the Past Year

SLMHC is one of the first health care organizations in Ontario to launch a comprehensive program to become a High-Reliability Organization (HRO). Our CEO sees this as a natural extension of compassionate care. “It comes down to human kindness. As clinicians, we want to provide care that is clinically and culturally safe. When it is all linked together, doing no harm is really ingrained in what we do”. SLMHC is an innovative and progressive health care centre that stresses the fact that it is more than a hospital. In October 2017, SLMHC has been awarded Accreditation with Exemplary Standing; Accreditation Canada’s highest standing. It provides high-quality health care that reflects the client’s culture and needs, across a broad range of inpatient and outpatient services. SLMHC provides fully accredited services including specific accreditation in pharmacy and laboratory. Any new or expanded services will meet the expectation of enhancing the patient experience through the provision of high quality patient-centered care that meets and exceeds accreditation standards. Also, the William A. George Extended Care facility is near completion on the requirements to become a Registered Nurses’ Association of Ontario (RNAO) Best Practice Spotlight Organization.

Compassionate care at SLMHC also involves addressing the logistical challenges of serving remote communities. Patients may have to stay in Sioux Lookout, far from their families, for weeks or months. The Sioux Lookout First Nations Health Authority operates a 100-bed hostel adjacent to the hospital and SLMHC supports patients through elders-in-residence, activation workers and opportunities to connect virtually with family members. On discharge, staff members complete follow-up phone calls and can arrange video conferencing where required to connect clients to additional health service providers. Extending health care across cultures and over long distances presents many challenges, but the patient-centered approach is producing positive results. Close to 85 percent of patients gave SLMHC an overall hospital rating of eight or more out of ten.

Sioux Lookout Meno Ya Win Health Centre (SLMHC) received Studer Group’s “*Canadian Healthcare Organization of Distinction Award*”, which is currently on display in the hospital. This award was a direct result of hard work and dedication in elevating the organization across its past strategic pillars of People, Quality, Service, Finance & Efficiency, and Innovation & Partnerships. We congratulate our staff on receiving this award as they remain steadfast on the journey toward Excellence Every Time. SLMHC also partnered

with the Canadian Patient Safety Institute (CPSI) to adapt their patient guide, titled “5 Questions to Ask about Your Medications,” to local Indigenous dialects. The resource, designed as a part of the CPSI’s national campaign to prevent harm and reduce medication errors through increased patient/healthcare provider dialogue.

SLMHC’s QIP Achievement Targets and Results (Previous and Current Year Performance)

Quality Dimension	QIP Indicator	Target	Previous Year Performance 2017/2018	Current Performance 2018/2019	Trend						
Timely	Timely access to care/services Total ED length of stay (defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED) where 9 out of 10 complex patients completed their visits.	100% Within 7 hours	100% Within 8 hours	100% Within 7 hours	<table border="1"> <caption>Timely Access to Care/Services Performance</caption> <thead> <tr> <th>Year</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>2017-2018</td> <td>100.00</td> </tr> <tr> <td>2018-2019</td> <td>100.00</td> </tr> </tbody> </table>	Year	Performance (%)	2017-2018	100.00	2018-2019	100.00
Year	Performance (%)										
2017-2018	100.00										
2018-2019	100.00										
Equitable	Improve equitable care Percentage of Extendedcare patients responding ‘Always’ to the question: "The staff take my cultural values and those of my family or caregiver into account".	80%	60%	84.62%	<table border="1"> <caption>Improve Equitable Care Performance</caption> <thead> <tr> <th>Year</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>2017-2018</td> <td>60.00</td> </tr> <tr> <td>2018-2019</td> <td>84.62</td> </tr> </tbody> </table>	Year	Performance (%)	2017-2018	60.00	2018-2019	84.62
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Patient Centered	Patient Experience Percentage of complaints received by a long-term care home that were acknowledged to the individual who made a complaint	0%	*NEW FOR 2018/2019	No Resident complaints for this Quarter							
	Percentage of complaints acknowledged to the Hospital patients who made a complaint within three to five business days.	Collecting Baseline	*NEW FOR 2018/2019	100%							

	Percentage of residents who responded 'Always' and 'Usually' to the statement: "I can express my opinion without fear of consequences".	80%	50%	93%	
	Percentage of residents responding '9' and '10' to the question "What number would you use to rate how well the staff listen to you?"	80%	50%	85.72%	
	Resident Experience `Overall satisfaction` Percentage of residents who responded 'Always' and 'Usually' to the question "I would recommend this site or organization to others".	100%	50%	100%	

Patient/Client/Resident partnering and relations

Building upon our strategic priority of “Innovation and Partnerships”, the organization has committed to increasing community engagement and building/fostering of relationships across the population served. Members of the Board of Directors, senior leadership and staff have participated in community engagement sessions both in Sioux Lookout and various Indigenous communities served by the hospital. In addition to community engagement, SLMHC has patient/family representatives on many committees throughout the facility who provide their perspective on areas for improvement and collaborate on planning around new services.

In 2018/19, the organization has committed to integrating “Leader Rounding on Patients”, an approach introduced to the organization by our leadership coaching partner Studer Group Canada. This method of connecting with patients by leaders will provide for increased communication and opportunity for feedback by the patient, family or resident directly to the organization’s leaders. This information will be leveraged to help to inform this year, and subsequent years QIP.

Many opportunities exist for collaboration and integration of services and quality improvement initiatives that involve partners in the northern sub-region. Examples of collaborative partnerships include planning and supporting initiatives with the Sioux Lookout First Nations Health Authority, Health Canada, Non-Insured Health Benefits, the North West Local Health Integration Network, Kenora District Services Board, Ontario Aboriginal Housing and others. Working together across different sectors, projects that involve health care, housing and mental health and addictions support are various examples of work that demonstrates quality improvements in accessing health care for some of our most vulnerable residents.

Numerous initiatives are underway in an effort to ensure the needs of our clients including their cultural values are incorporated into the care and services SLMHC provides. One such initiative is aimed at providing care and support to diabetes clients in remote Indigenous communities; providing care closer to home. Through automated remote patient monitoring, the program will allow 20 patients to be monitored by their diabetes team without having to leave their homes.

Further, when looking at the cost of care for diabetes, Canada is the fourth highest. The numbers are projected to continue to rise to 640M by 2040. Multiple organs can be damaged when we have diabetes. This is really about the quality of life and improvement. So SLMHC is planning to have a clinic space at SLMHC to conduct a pilot to collate data; have the treatment and the training taking place here. If the right model is set up, it could be transferred to other places.

The Ontario Ministry of Health and Long-Term Care (MOHLTC) announced the allocation of 76 new long-term care beds for SLMHC on May 4, 2018. These 76 beds will be in addition to our currently operated 20-bed off-site ELDCAP facility. Our team continues to work with the Ministry on processes that will eventually see the construction of a new long-term care wing at the hospital. SLMHC has created a new public web portal slmhc.on.ca/LTC where the most recent news related to the new 96-bed long-term care facility will be accessible to anyone online.

In association with provincial, regional and local initiatives for health service delivery, SLMHC has a significant opportunity to collaborate across the broader health sector as well as with other sectors such as education and housing. This alignment is vital to the future of SLMHC to ensure that existing and potential new services are sustainable and continue to meet the needs of the population served.

Focusing on the people served is key to ensuring that clients receive exceptional care. SLMHC has made a commitment to “Excellence Every Time” meaning that excellence in service is an expectation at every encounter. This commitment will help to elevate and sustain performance across the organization. It is imperative to SLMHC that this focus continues and be integrated into our future plans. There is also a commitment to facilitate ongoing performance improvement where “Zero-Harm” becomes the goal and the organization is empowered to transform into a culture of high reliability.

Additionally, we have participated in the American College of Surgeons – National Surgical Quality Improvement Plan since April 2015. By joining the ACS NSQIP, our hospital is committed to collecting and sharing non-personal health information from randomly assigned surgical patients and entering relevant data into a secure database, for further analysis and understanding the post-surgical complications in patients.

With this information, we are able to identify areas for improvement and to track and inform the progress on the quality improvement initiatives. Over the past three years, we have submitted a Surgical Quality Improvement Plan and we have successfully achieved our target for those years, for our selected surgical QIP

indicators (i.e., to reduce rates of postoperative surgical site infection, urinary tract infection and to prevent venous thromboembolism).

Through the strategic priorities of “Investing in People” and “Innovations and Partnership”, SLMHC has committed to enhanced engagement of clinicians, leadership and staff across the organization. Leveraging an existing Shared Planning Framework, professional and support staff, including physician leaders are provided with the opportunity to be involved in decision-making and help to inform identified improvements required. Through this forum, progress and achievements of the QIP will be shared widely for further input.

Daily departmental huddles and leaders rounding regularly on direct reports are other examples of engagement where staff and physicians are specifically asked about quality improvement ideas by SLMHC’s leaders. Also, an ‘Employee Survey’ is conducted twice a year. For this year, we also started “Huddles with Heather Lee (CEO)” that will give each employee 15 minutes to chat with the CEO.

Workplace Violence Prevention

SLMHC is committed to providing a safe and supportive environment for our employees, patients, and stakeholders. With the support of our Board of Directors and the Senior Executives, the organization has undertaken a full review of the Workplace Violence Prevention program and is currently addressing any gaps by leveraging recommendations provided by the Ministry of Labour. We do not tolerate workplace violence and we endeavour to identify, mitigate and prepare for the risk of violence through training and reporting structures. We conduct risk assessments and we deliver training related to workplace violence to all our SLMHC staff (i.e., non-violent crisis intervention program, hospital aggression response training). We review and investigate all the reports of violence using utilizing root cause analysis and take corrective action as appropriate. A Workplace Violence Quality Improvement Plan was submitted by SLMHC to the Ministry of Labour for their approval. All staffs are reminded to report any aggression or physical contact on staff/patients/clients in the SLMHC’s RiskPro program.

Additionally, the hospital has committed resources to secure a system-wide communication tool that can send notifications (alarms, alerts or text messaging) to staff immediately through a Smart Badge or Smartphone. Furthermore, this technology provided by Vocera will fully integrate other hospital systems to improve the process and provide a mechanism for staff to summon help immediately and promote a safer environment.

Performance-Based Compensation

Executive compensation is tied to improvement target with a 3% salary at risk for the CEO and 1% salary risk for our executive team. In SLMHC, senior management takes responsibility for quality performance. For the 2018/2019 executive performance-based compensation details, please see the appendix table below.

Sign-off

It is recommended that the following individual's 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 (signature)

Quality Committee Chair (signature)

Chief Executive Officer (signature)

Other Leadership as appropriate (signature)

Appendix: Performance-Based Compensation

Indicator	Target for 2017-2018	Current Performance	Target Rationale
<p>Effective</p> <p>Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?</p> <p>(% of survey respondents who responded "Completely")</p>	75%	57.14% (Average of Q1-Q3)	This is a new measure for the organization and so the target was set to show internal progressive improvement. Here in Northwestern Ontario, there are language barriers between staff and patients; hence, there may be a challenge in achieving 100% even with on-site interpreters.
<p>Efficient</p> <p>Total margin (%)</p>	>-1.75 to < 1.75%	X	X
<p>Equitable</p> <p>Percentage of patients responding "the hospital staff took my cultural values and those of my family or caregiver into account"</p> <p>(% of survey respondents who responded "Strongly agree")</p>	90%	42% (Average of Q1-Q3)	90% Internal progressive target
<p>Patient-centered</p> <p>Percentage of patients who answered "would you recommend this hospital to family or friends"</p> <p>(% of survey respondents who answered "Definitely yes")</p>	90%	38% (Average of Q1-Q3)	90% Internal progressive target
<p>Timely</p> <p>Total ED length of stay where 9 out of 10 complex patients completed their visits</p> <p>(Hours/Patients with complex conditions)</p>	90%	100% (Average of Q1-Q3)	90% within 7 hours.

Executive performance compensation calculations

President and Chief Executive Officer – 3%

Performance Assessment Category	Does Not Meet	Almost Fully Achieved	Fully Achieved	Exceeded
Weighted Payment of at Risk Pay as a %	0	50%	90%	100%
Effective (20%)	0	0.30%	0.54%	0.60%
Efficient (20%)	0	0.30%	0.54%	0.60%
Equitable (20%)	0	0.30%	0.54%	0.60%
Patient Centered (20%)	0	0.30%	0.54%	0.60%
Timely (20%)	0	0.30%	0.54%	0.60%

Senior Executives – 1% (VP, COS, A/COS)

Performance Assessment Category	Does Not Meet	Almost Fully Achieved	Fully Achieved	Exceeded
Weighted Payment of At Risk Pay as a %	0	50%	90%	100%
Effective (20%)	0	0.10%	0.18%	0.20%
Efficient (20%)	0	0.10%	0.18%	0.20%
Equitable (20%)	0	0.10%	0.18%	0.20%
Patient Centered (20%)	0	0.10%	0.18%	0.20%
Timely (20%)	0	0.10%	0.185	0.20%