

Excellent Care  
For All.



2013/14

# Quality Improvement Plan for Ontario Hospitals

(Short Form)

## Hornepayne Community Hospital

This document is intended to provide public hospitals with guidance as to how they can satisfy the requirements related to quality improvement plans in the *Excellent Care for All Act, 2010* (ECFAA). While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and hospitals should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, hospitals are free to design their own public quality improvement plans using alternative formats and contents, provided that they comply with the relevant requirements in ECFAA, and provided that they submit a version of their quality improvement plan to HQO in the format described herein.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

# Overview of Our Organization's Quality Improvement Plan

This introductory section should highlight the main points of your organization's QIP and describe how it aligns overall with other planning processes within your organization and more broadly with other initiatives underway across the province.

Please refer to the [2013/14 QIP Guidance Document for Ontario Hospitals](#) for more information on how to complete.

[In completing this overview section of your organization's QIP, please make reference to the following information:

- **Overview:** Provide a brief *overview* of your organization's QIP.
- **Focus:** Describe the *objectives* of your organization's QIP and how they will improve the quality of services and care in your organization.
- **Alignment:** Describe how your plan *aligns* with other planning processes in your organization (e.g., H-SAA, Accreditation Canada, etc.).
- **Integration and continuity of care:** Describe how your plan takes into consideration *integration and continuity of care* of patient across sectors.
- **Health System Funding reform (HSFR):** Describe how your organization is incorporating HSFR into your larger quality processes, including the QIP. Refer to [Appendix D](#) of the *2013/14 QIP Guidance Document for Ontario Hospitals* for more information on HSFR.
- **Challenges and risks:** Describe any *challenges and risks* that your hospital has identified in the development of the QIP.
- **Link to performance-based compensation:** As a mandatory component of ECFAA, describe the manner in and extent to which compensation of your organization's executives is tied to achievement of the targets in your QIP (refer to the *2013/14 QIP Guidance Document for Ontario Hospitals* for more information on completing this section)].

## Overview

The Hornepayne Community Hospital (HCH) is committed to providing an environment that promotes a culture of staff and patient safety. We are committed to fostering a quality improvement culture throughout the organization using appropriate indicators and monitoring on an on-going basis.

The HCH will achieve its goals by working in partnership with staff, physicians, community services, Ministry of Health and Long-Term Care, and LHIN #13.

## Focus

The HCH has identified seven indicators that will be used to improve quality of service and care in our hospital.

Indicators and opportunities have been identified by staff and physicians from input at departmental, Medical Advisory, Health & safety, Infection Control and Board of Governors meetings.

### Indicators:

#### Safety

- CDI Rate
- Hand Hygiene
- Medication Reconciliation

#### Effectiveness

- H SMR (Hospital Standardized Mortality Rate)
- Total Margin

#### Patient Centered

- In-House Satisfaction Survey

#### Integrated

- ALC Days

## Focus (continued)

### Our high-priority Goals are:

1. **Total Margin:**

Our overall goal is to achieve a total margin of 0 to -2 with the optimum goal of a balanced or surplus budget. The HCH monitors its financial health closely and efficiencies are put into place when needed.

2. **Medication Reconciliation Rate:**

Improve Medication Reconciliation rate from 48% to 60% on all inpatients. This will be achieved through audits, staff education, and nurses meetings.

3. **Percentage ALC Days:**

Reduce ALC days from 33.33 % in 2012/13 to 31.33 % in 2013/14. Due to lack of adequate senior community services little can be done to achieve this target.

### Our moderate goals for monitoring, improving and maintaining are:

4. **CDI Rate:**

Maintain CDI Rate to less than 5. In order to achieve and maintain this performance, the HCH put into place Infection Control Practices and Protocols that are continuously monitored and evaluated.

5. **Hand Hygiene:**

Maintain hand hygiene compliance at 100% for 2013/14.

All staff are on surveillance program.

Audits are done periodically.

All staff is to complete Hand Hygiene in-service annually. The latest results are recorded in personnel records. If the results are less than 100%, the employee repeats the in-service.

6. **HSMR:**

Maintain or below provincial standard of 100. This will be achieved by evidenced-based care.

7. **In-House Satisfaction Survey:**

In-house survey to improve patient satisfaction. HCH performance goal is 80 for excellent to the question – "Would you recommend this hospital to family and friends?"

### Alignment:

The HCH Quality Improvement Plan is driven by the hospital's Strategic Plan. Our organization's goals, and objectives and our Quality Improvement Committee mandate, as well as, our organization's commitment to patient safety and quality of care.

The HCH's plan is in alliance with the requirements of the Hospital Service Accountability Agreement (HSAA) as well as Accreditation standards and guidelines.

### Integration and continuity of care:

The HCH plan takes into account the need to work closely with any available community services such as Porcupine Health Unit, Community Care Access Center, and Mental Health.

### Health System Funding reform (HSFR):

The HCH is an ultra-small hospital which consists of 6 acute, 12 Long-Term care and 2 unfunded beds, and services a population and catchment area of 1200 people. With the introduction of HSFR, we do not qualify for any additional funding.

**Challenges and risks:**

The HCH faces many challenges in providing care for our residents.

Due to our size and remoteness, we constantly struggle with the following:

- \*Recruitment and Retention of Physicians, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Diagnostic Imaging, and Lab.
- \*Lack of adequate community programs and services.
- \*Lack of low-income senior housing in community.
- \*IT costs and lack of qualified services within community.
- \*Transportation issues – no public transit – train service twice a week to Sudbury.
- \*Harsh winters and less than adequate highway maintenance result in frequent road closures.
- \*Outdated hydro lines resulting in power failures which impacts hospital, as we are the only safe haven with a generator for vulnerable people and seniors especially in winter.
- \*Enormous transportation costs added to incoming supplies.
- \*Funding reform which excludes small hospitals.
- \*Lack of services within our area such as physiotherapy, homemaking, home care, and assistive living

Despite these challenges, we have been able to balance our budget for the past 17 years, however, with each passing year, this is becoming more difficult.

The HCH has continuously managed our resources to allow us to provide our present services within our allocated resources .

The HCH continuously monitors the performance and identifies areas of improvement.

**Link to performance-based compensation:**

Our senior management is identified as:

- Chief Executive Officer
- Chief Financial Officer
- Chief Nursing Officer

9% of executive pay for performance compensation is linked to achievement of 3 targets listed below:

1% per indicator per Executive.

Number	Indicator	Performance Target	Min Threshold
1	Patient Safety Good – Excellent Care	80%	75% - 90%
2	CDI	<5	<5
3	Hand Hygiene	100%	85 %- 100%

## Accountability Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*.

\_\_\_\_\_  
Richard Kelly  
Quality Committee/Board Chair

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Lisa Verrino  
Chief Executive Officer

# Our Improvement Targets and Initiatives

Please complete the [Improvement Targets and Initiatives spreadsheet](#) (Excel file). Please remember to include the spreadsheet (Excel file) as part of the QIP Short Form package for submission to HQO ([QIP@HQOntario.ca](mailto:QIP@HQOntario.ca)), and to include a link to this material on your hospital's website.

[Please see the [2013/14 QIP Guidance Document for Ontario Hospitals](#) for more information on completing this section.]

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Richard Kelly  
Quality Committee/Board Chair

  
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