

Excellent Care
For All.



HORNEPAYNE COMMUNITY HOSPITAL (HCH)

APRIL 2011

2011-12

Quality Improvement Plan

(Short Form)

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 the OHQC in the format described herein.

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Part A:

Overview of Our Hospital's Quality Improvement Plan

Purpose of this section: Quality Improvement Plans (QIPs) are, as the name suggests, all about improvement. They are an opportunity for organizations to focus on how and what to improve, in the name of better patient-focused care. As such, they will be unique documents, designed by, and for, each individual organization. Overall, a QIP should be seen as a tool, providing a structured format and common language that focuses an organization on change. The QIP will drive change by formalizing a plan and facilitating shared dialogue to support continuous quality improvement processes. This introductory section should highlight the main points of your hospital's plan and describe how it aligns overall with other planning processes within your organization. In addition, this section provides you with an opportunity to describe your priorities and change plan for the next year.

Please refer to **Appendix D** in the [QIP Guidance Document](#) for more information on completing this section.

1. Overview of our quality improvement plan for 2011-12

[A general statement (100 words maximum) that is inspiring and situates the objectives within the Vision, Mission and Values of your organization]

The HCH is committed to providing an environment that promotes a culture of staff and client 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 community services available, Ministry of Health and Long-Term Care, and LHIN#13.

2. What we will be focusing on and how these objectives will be achieved

[A description of the objectives that have been identified to improve quality of services and care in your hospital. This section describes the specific aims, measures and change ideas that form the core of the plan. You should also indicate how resources will be used to ensure that the correct financial levers are in place to execute the activities listed in your QIP]

The HCH has identified 6 indicators that will be used to improve quality of services and care in our hospital. Each indicator will be continuously assessed and performance targets will be set.

Improvement initiatives will be identified and implemented in an effort to achieve performance goals.

The indicators are as follows:

Safety Indicator #1 reducing Clostridium difficile associated disease (CDI).

The HCH performance goal for this indicator is less than 5 cases.

In order to achieve and maintain this performance the HCH put into place infection control practices and protocols.

Effectiveness Indicator #2 reduce unnecessary deaths in the hospitals. The Hornepayne Community Hospital's performance goal is <5.

Effectiveness Indicator #3 reduce hospital unnecessary readmission – readmission within 30 days for selected CMGs to any facility

Effectiveness Indicator #4 reduce unnecessary time spent in Acute Care.

The HCH performance goal for this indicator is to reduce Alternate Level of Care (ALC) days by 2%.

In order to achieve this performance goal, the HCH will work with CCAC, Homecare and other community services, however, due to the size of our community - community services are scarce and our goal is to advocate to the LHIN for improved community services for our community.

Effectiveness Indicator #5 improve organizational financial health.

The HCH performance goal is to maintain -3 to 0.

In an effort to achieve and maintain this performance the HCH monitors closely its financial health. Efficiencies are identified and put into place.

Patient-Centered Indicator #6 improve patient satisfaction.

The HCH performance goal is 85% to question willingness of patients to recommend the hospital to friends or family.

Due to the size of our facility, we have chosen an in-house survey to capture patient satisfaction. Survey will be distributed to all inpatients and results will be tabulated quarterly. An area of concern will be addressed, monitored, and plans will be developed to improve satisfaction.

3. How the plan aligns with the other planning processes

[An explanation of how this document links to the other planning documents developed by your organization (such as H-SAA) and key external partners such as the LHIN and CCACs.]

The HCH plan is in alliance with the requirements of the Hospital Service Accountability Agreement (H-SAA) and in consultation with Northeast Local Health Integrated Network #13 (LHIN#13).

The HCH works closely with available external partners such as Porcupine Health Unit and CCAC as well as the Nord-Aski Diabetic Clinic.

4. Challenges, risks and mitigation strategies

[This section describes the relative risks that may inhibit the accomplishment of the objectives and the mitigating strategies that have been identified to lower those risks.]

The HCH faces many challenges in providing the most optimum care for our residents. Due to our size and remoteness we struggle with the following:

- Recruitment/Retention of medical personnel such as physicians and nurses
- Community services or programs
- Transportation issues

The HCH has been able to balance its budget the last 15+ years, however with a shrinking workforce and economic challenges this is becoming more difficult.

Our current financial performance is -1%, however, we forecast a performance indicator of -3 due to \emptyset due to the following:

- Regional IT initiative (Meditech/NEON)
- Union contract changes
- Physician/Nursing recruitment and coverage costs

The HCH has continuously managed our resources to allow us to provide our present services within our allocated resources. The HCH continuously monitors its performance and identifies areas for improvement.

Part B: Our Improvement Targets and Initiatives

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

[Please see the QIP Guidance Document for more information on completing this section.]

Part C: The Link to Performance-based Compensation of Our Executives

Purpose of Performance-based compensation:

1. To drive performance and improve quality care
2. To establish clear performance expectations
3. To create clarity about expected outcomes
4. To ensure consistency in application of the performance incentive
5. To drive transparency in the performance incentive process
6. To drive accountability of the team to deliver on the Quality Improvement Plan
7. To enable team work and a shared purpose

Please refer to Appendix E in the [QIP Guidance Document](#) for more information on completing this section of the QIP Short Form.

Manner in and extent to which compensation of our executives is tied to achievement of targets

[Compensation should be linked to targets for those members of the senior management group who report directly to the CEO, including the chief of staff (where there is one) and the chief nursing executive. Please refer to the [regulation](#) (Ontario Regulation 444/10)]

Our senior managers are identified as:

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

Our executives' compensation is linked to performance in the following way:

For each of our 3 executives 1% of base compensation is linked to achievement of the 3 targets listed below, at 1% per target. A total of 3% of their current base compensation is at risk and will be clawed back in the fiscal year 2012/13 should the targets not be met.

A minimum threshold and a target has been established, as indicated below and if applicable dollars will be clawed back based on the percentage of performance achieved between the minimum threshold and the target.

Indicator	Performance Target	Minimum Threshold
1. Year-end Margin	> -3.00%	-4.00
2. Acute Care Medication Errors	< 5	7
3. Number of ELDCAP and ALC residents who do not have any recent prior history of falling, but fell in the fiscal year 2011/12.	4 of 9	5 of 9

Part D: Accountability Sign-off

[Please see the QIP Guidance Document for more information on completing this section.]

I have reviewed and approved our hospital's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*. In particular, our hospital's Quality Improvement Plan:

1. Was developed with consideration of data from the patient relations process, patient and employee/provider surveys, aggregated critical incident data, and patient safety indicators;
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in and extent to which, executive compensation is tied to achievement of QIP targets; and
4. Was reviewed as part of the planning submission process and is aligned with the organization's operational planning.

Richard Kelly
Board Chair

Marian Priest
Quality Committee Chair

Lisa Verrino
Chief Executive Officer