

Excellent Care
For All.



2011-12

Quality Improvement Plan

(Short Form)

[Manitouwadge General Hospital]

[March 7, 2011]

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:

1. Overview of Our Hospital's Quality Improvement Plan for 2011 – 12

The Quality Improvement Plan (QIP) serves as the foundation of the commitment to continuously improve the quality of the treatment and services we provide. The plan is aligned with the organization's strategic plan and goals. Quality services are services that are provided in a safe, effective, client-centred, timely, equitable and recovery –oriented fashion. The QIP is a framework that provides the ability to be flexible and responsive when opportunities arise. The QIP provides a framework to assess services and improve on them on a priority basis.

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

Objective 1 Clostridium Difficile

MGH will maintain clostridium difficile associated diseases (CDI) below the provincial average. This will be attained through improved hand hygiene compliance along with the review and revision of infection control practices to ensure current best practice strategies are incorporated and utilized. Data analysis of the information obtained will be evaluated in order to identify areas of concern and potential improvements that could be integrated into the QIP

Objective 2 Hand Hygiene

Hand hygiene will continue to be a focus and MGH will maintain greater than provincial average for hand hygiene compliance. Regular annual audits will be conducted and analyzed with the compliance rates being publicly reported as mandated. All staff will complete an on-line hand hygiene education program. Data analysis of the information obtained will be evaluated in order to identify areas of concern and potential improvements that could be integrated into the QIP

Objective 3 Avoid new pressure ulcers

MGH will continue to maintain their new stage 2 pressure ulcer rates under the provincial average. As we do not have CCC beds, our measurement will be taken based on our LTC residents. We will continue to monitor best practice guidelines and incorporate any changes as well as we will monitor the pressure ulcer rates utilizing the RAI data. Data analysis of the information obtained will be evaluated in order to identify areas of concern and potential improvements that could be integrated into the QIP

Objective 4 Avoid falls

MGH will continue to promote the falls collaborative and assess all clients in attempts to identify those at risk and to maintain a rate below the provincial average. As we do not have CCC beds, our measurement of those who do not have a recent prior history of falling, but fell in the last 90 days will be taken based on our LTC residents. We will monitor and utilize the RAI data, continue to promote the falls strategy and follow best practice guidelines. All residents experiencing a fall in the past 90 days without a history of falling will be referred to and assessed by our physiotherapist. Data analysis of the information obtained from completed surveys will be evaluated in order to identify areas of concern and potential improvements that could be integrated into the QIP.

Objective 5 Safety huddles/briefings

Safety huddles/briefings will be held and documented by all departments. Our goal is to have every department completing and documenting safety huddles/briefings on a weekly basis and at a compliance rate of 80%. The departments will submit their documentation sheets for data analysis evaluation and potential improvements that could be integrated into the QIP. Briefings/huddles will be used to enhance staff knowledge on safety and their roles as they pertain to safety within the organization both patient and non patient related.

Objective 6 Improve the Admission Process

MGH is introducing Open order sets into our Admission Process. Our objective is to have the process completed and ready for use by April 1 2012. We have and are collaborating with the our local physicians, other Northshore Hospitals and the vendor as we build hospital specific order sets. The overall goal is to improve client safety through an admission process that is built on and linked to current best practices and to reduce errors that may occur during the current process of handwriting all admission orders. Regular progress updates will be provided at the regular MAC meetings.

Objective 7 Reduce unnecessary time spent in acute care

MGH will work to ensure that residents identified as ALC clients will be placed in the appropriate care setting as soon as possible. Our goal is to stay within the identified LHIN target of 25.9% . The Chief Nursing Officer will CNO work with CCAC placement in efforts to expedite ALC transfers to LTC upon bed availability and when a LTC admission to a vacant room is delayed beyond 3 working days, the SMT and/or the CNO will be notified for enhanced management strategy. Data analysis of the information obtained will be evaluated in order to identify areas of concern and potential improvements that could be integrated into the QIP

Objective 8 Reducing Wait Times in the ER

MGH will maintain a wait time below the provincial target (8 hours) for LOS relating to admitted clients. Our current LOS average is 48 minutes. We will monitor LOS and Investigate all cases above the provincial standard and develop action plans as appropriate. Data analysis of the information obtained will be evaluated in order to identify areas of concern and potential improvements that could be integrated into the QIP

MGH will monitor LOS and investigate all cases of ER Length of Stay for Complex conditions that fall above the provincial standard and develop action plans as appropriate. Our current level is 5.16 hours. Data analysis of the information obtained will be evaluated in order to identify areas of concern and potential improvements that could be integrated into the QIP

Objective 9 Reducing LTC Wait Time

MGH will strive to have all vacant LTC beds filled within 3 working days. We will monitor the time between vacancy and admissions of new residents. Any deviation outside of the 3 working days will be reviewed by the CNO and/or SMT for enhanced management strategies

Objective 10 Improve patient satisfaction

Clients receiving care at MGH will have an opportunity to evaluate services they have received and make recommendations for improvement. We have set an 80% good – excellent response rate for both in-patients and ER. We will be reviewing our current surveys, evaluate the data being received and make modifications as per committee and staff recommendations. Data analysis of the information obtained from completed surveys will be evaluated in order to identify areas of concern and potential improvements that could be integrated into the QIP. This evaluation of the survey data will be completed at a minimum of every two years

Objective 11 Improving Staff Satisfaction

Staff will complete Worklife Pulse Surveys every two years as per Bill 46. We will build in further improvements into the QIP based on employee satisfaction rate to the following question - **Overall, I am satisfied with this organization.** A satisfaction rate below 80 % will trigger a follow up survey for staff input into potential improvements. The data will be analyzed and areas of concern or potential improvements built into the QIP

3. How the plan aligns with the other planning processes

The QIP has been created with our Strategic Plan in mind along with the high commitment to client safety and satisfaction. These initiatives align with the LHINs Strategic Plan on patient safety, accountability and effectiveness. The QIP also aligns with MOH public reporting and overlaps with Accreditation Canada

4. Challenges, risks and mitigation strategies

One of the biggest challenges faced by MGH is the human resource factor (small number of committee members and the fact that all the teams are comprised of front line workers and one of 3 Senior Managers who are still required to meet their everyday commitments within the respective departments to ensure safe, efficient client care is maintained).

Variable Data Targets: The ALC measurements are not based on total bed availability, but rather on census. When dealing with small numbers, a change of one or two ALC and or AC patients can have a dramatic impact on the measure despite excellent action from staff to achieve the target.

Until the LHINs changes the measure, it is not possible for this factor to be mitigated.

The fact that many provincial initiatives are not an issue for our facility, i.e. Stage 2 ulcers, C. Diff, due to having 0 occurrences in recent quarters makes it challenging to define an improvement target

Small rural hospitals are the catch basin of all the other services after regular hours. The substance abuse or mental health clients who have nowhere to go for help fall back on the ED which cannot refuse care (nor should it). Measuring an agency unfavourably while it is meeting client needs due to the shortage of community services is not a positive improvement process.

Mitigation will include discussions with our Mental Health Partners and our Family Health Team to explore options in service delivery which may help to address this concern

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

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

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

Compensation will be reduced if the Priority 1 targets are not met in the following way.

The CEO and COS compensation will be reduced by 2% for the 2010-2011 year if targets are not met.

The CNO and CFO compensation will be reduced by 1% if the targets are not met.

The board may exercise discretion in reviewing the cause of underachieved targets and the impact on the compensation plan.

The board may exercise discretion in allowing partial compensation for partial target achievement.

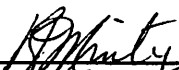
Part D: Accountability Sign-off

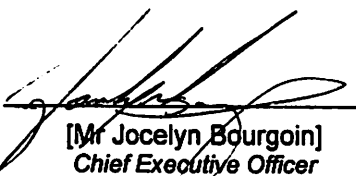
[Please see the QIP Guidance Document for more information on completing this section.]

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.


[Mr. Robert Kirkpatrick]
Board Chair


[Mr. Phil Minty]
Quality Committee Chair


[Mr. Jocelyn Bourgoin]
Chief Executive Officer