Let's Make Healthy Change Happen.

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

Blind River District Health Centre
Pavillon Santé du District de Blind River

4/1/2015

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.

Overview

The 15/16 QIP includes indicators for all three rural sites. The Blind River District Health Centre is the largest site and operates two other small rural sites (Thessalon Hospital and Matthews Memorial Hospital). Matthews Memorial Hospital is a 24 hour Emergency Department operation with no inpatient beds.

Because the sites are small, the leadership has chosen to report ER wait times as averages for the sites versus 90th percentile. The quality program has included average wait times as an indicator for the past 7 years. It is an easier indicator for the people in our communities to understand. Wait times has not been a significant issue at any of our sites.

Patient satisfaction data collection is done in-house. The use of NRC Picker as a vendor has been cost prohibitive. The priority questions to be asked are the same as those used by NRC Picker.

The 15/16 QIP plan's main objective is "to maintain current performance". The performance in all priority indicators is at or better than system performance targets with the exception of ALC days.

ALC patients waiting placement in a Nursing Home has become a real issue for the Blind River District Health Centre and Thessalon Hospital sites. Wait times for a nursing home bed in Blind River is 3-5 years. Maintaining current ALC performance is a high stretch goal.

The Blind River and Thessalon sites have experienced higher inpatient volumes and overcapacity in their acute medical inpatient units. The impact of the overcapacity on the inpatient units has a direct affect on the Emergency Department. Wait times in the Emergency departments have increased due to the back up of inpatients waiting for admission. Maintaining wait time performance at the current performance is a very high stretch goal.

The plan aligns with the new strategic plan's three pillars (Quality Improvement & Patient Safety, Health Rural Communities, Integrated Rural Health Model). Under each pillar there are well defined enablers which helps to lay a strong foundation on which the health pillars can stand. Every Department Manager is working with their staff to execute the strategies relative to their work unit to successfully implement the plan that was developed by staff, leaders, and communities.

In June 2014 the Blind River District Health Centre corporation (all sites) was awarded Accreditation with Exemplary status. The organization is committed to maintain high quality performance at each site into the next accreditation cycle and survey. The organization was recognized for the comprehensive quality improvement programs, the change management strategies used to be successful in integrating two new sites, the collaborative efforts working with our community partners in the interest of providing role specific and shared services in our three communities, and the application of the ethical framework into decision making at the clinical and business levels. The QIP for 15/16 will require the organization to continue in this direction if performance targets and improvements are to be sustained.

Integration & Continuity of Care

The integration of the Thessalon Hospital and Matthews Memorial Hospital with the Blind River District Health Centre occurred 2 years ago (April 1, 2013). To ensure that the Blind River site is listening to the voice of the communities, the open Board of Trustee meetings are held in one of the communities three times/year. The meetings are well attended.

Prior to submitting the Operating Plan to the MOHLTC, the Blind River District Health Centre team met with their community health care providers to determine what the Blind River District Health Centre is doing well and where there may be an opportunity to improve. The feedback from the exercise was that a lot of progress has been made in developing collaborative relationships with the partner organizations. The stakeholders encouraged the Blind River District Health Centre to continue on their path as articulated in the strategic plan. All stakeholders committed to look for opportunities for partnerships.

The Blind River District Health Centre site has a collaborative partnership with the Huron Shores Family Health Team. The two organizations have reviewed the programs and services that each site provides and determined which organization should deliver/lead the programs. For example, the Diabetes and OTN programs have been transferred to the FHT. The two organizations have developed a collaborative model in the provision of social work services. The NECCAC is joining the collaborative to ensure that social work services are provided in line with what the patient/client needs and to avoid duplication.

The Blind River District Health Centre has submitted a proposal to the LHIN to implement the Rural and Northern Health Framework. The project's goals are:
1. To do an environmental scan of what the people in our communities think about the health care services available to them and what they feel the priorities are for new services
2. To do an environmental scan of current programs and services.
At the end of the project, an analysis of the findings will provide the Blind River District Health Centre's leadership (staff and Board) with the information needed to improve health care services either in the form of new programs or services or better use of existing programs and services

Challenges, Risks & Mitigation Strategies

The Blind River District Health Centre and Thessalon sites have experienced a steady increase in volume over the past two years. The inpatient units run overcapacity and the emergency departments have seen the need to hold admitted patients to wait for a vacant bed.

This increased volume and activity has necessitated the need to hire additional staff. Recruitment has been a challenge. There have been several retirements this past year. The number of experienced staff has become a concern. The new hires typically have been new graduates. The New Graduate Initiative program is in place. Nurses who are hired into the NGI also take advantage of the Tuition Reimbursement program and tend to stay for a few years. The costs associated with hiring has increased. The shortage of trained and available staff has had a financial impact.

The Blind River District Health Centre has partnered with Sault College of Applied Arts and Technology to deliver health programs at the Blind River District Health Centre. This will be an ongoing strategy to train and retain local people as long term employees.

The senior team has informed the LHIN of the issues related to ALC and the impact this has had on the financial stability of the Blind River Health Centre corporation (hospital and LTC, all sites)and the ability to provide safe care on the acute care units. The primary reason for the overcapacity has to do with the number of ALC patients waiting placement in a nursing home. The wait time for placement is 3-5 years for a basic bed. The 14/15 QIP focused on ensuring that every patient was assessed for potential discharge to community. The RAI assessment data collected by the NE CCAC Care Coordinator is used to inform the discharge team about where supportive care can best be provided i.e. hospital or community. The senior team and the LHIN consultant have committed to working together to try to find creative solutions to address the issues that are significantly impacting operations.

Information Management

The Blind River District Health Centre has partnered with two other small hospitals and hired a Decision Support Analyst who is now able to provide more in depth data to measure performance. The analyst works 2 days/ week at the Blind River site.

Work is progressing towards implementing an Electronic Medical Record. The pharmacy module is being implemented in 14/15. The Patient Care System is the next module and it is anticipated that this project will role out late in 2015.

Engagement of Clinicians & Leadership

The Chief of Staff is a member of the Senior Team and sits on the Senior Quality Improvement team and on the Quality Committee of the Board.

The Chief Nursing Officer provides the Medical Advisory Committee with the opportunity to identify quality initiatives and to provide their opinion on the setting of performance targets and strategies to improve quality. The indicators are provided to the Medical Advisory committee quarterly for their review and comments.

Each department manager has quality huddles with their staff. Quality indicator reports are posted in each department.

Patient/Resident/Client Engagement

The managers of the clinical inpatient units do clinical rounding with patients and families. The name of the manager is posted on the white boards in every patient room.

The managers of the clinical inpatient units call every patient discharged from the facility to determine what went well with their stay and what could have been improved. The manager commits to following up with the concerns and includes that follow up in a monthly report to the Quality Senior lead.

Accountability Management

Achieving the targets set out in the QIP involves the commitment of the entire leadership team. The CEO and senior team has changed the format of the monthly management meeting to focus on quality initiatives.

Each department manager presents their quality program and metrics once/year to the entire leadership team. The leadership team provides feedback and offers suggestions for the manager to consider.

The senior lead for the QIP provides the team with the quarterly metrics. The senior team identifies strategies to improve performance.

The senior managers are aware of the performance based financial accountability related to the requirements of the ECFAA.

Performance Based Compensation [As part of Accountability Management]

The following positions are included:

Chief Executive Officer = 5%
Chief of Staff = 5%
Chief Nursing Officer = 5%
Chief Financial Officer = 5%
Director of Environmental Services = 5%

The following indicators are tied to compensation:

Total Margin (HSAA) 1.0%

Improve Sleep Hygiene for patients on Acute Care (Blind River Site – Senior Friendly Initiative) 1.25%

Increase early mobilization of Acute Care patients (Thessalon Site – Senior Friendly Initiative 1.25%

Reduce falls on Acute Care (Blind River Site) 1.5%

Health System Funding Reform (HSFR)

The HSFR model has not impacted small hospitals directly.

A team is working with our hub hospital to implement the QBPs even though under the HSFR small hospitals are not financially impacted by the QBPS. Standardized care has the potential in the small hospitals to reduce cost, improve quality, and efficiency. In 14/15 one QBP was completed. In 15/16 another 3-4 will be targeted for completion.

The Chief Financial Officer is an active participant in meetings related to the HSFR and provides the senior leadership and Board with all relevant information that has the potential to impact the operation of our sites at present or in the future.

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

Board Chair
Quality Committee Chair
Chief Executive Officer
CEO/Executive Director/Admin. Lead _____ (signature)
Other leadership as appropriate _____ (signature)