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

4/12/2016

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

Winchester District Memorial Hospital (WDMH) is a medium-size community hospital that focuses on continuous quality initiatives that will ensure quality care and provide a safe environment for our patients. WDMH is a Centre of Excellence in Integrated Rural Health Care and Education, with excellence reflected in safe, high-quality patient care. To this end, the following Quality Improvement Plan (QIP) targets will be met by March 31, 2017:

1. Reduce the Emergency Department (ED) length of stay for all complex patients
2. Attain 70% compliance with physician follow-up for identified delirium inpatients
3. Reduce the proportion of women who were induced less than 41 weeks gestation for an indication of post-dates
4. Attain 70% compliance with utilization of COPD best practice in ED

QI Achievements From the Past Year

WDMH successfully reduced the number of cancelled surgeries related to non-clinical reasons from 2.4% to 1.8%. This reduction ensured patients that their planned surgery was completed, decreasing stress and increasing patient satisfaction.

Integration & Continuity of Care

WDMH continues to be experiencing very low to nil ALC days, ensuring that the right patient is in the right bed at the right time. Patients are not spending extra days in acute care beds and this allows better bed availability for patients with acute care needs.

Compliance with completing the Barthel Index significantly improved from 19% to 84%. Patients were assessed for functional decline resulting in triggers for nurses to have patients up and moving.
WDMH’s annual Quality Improvement Plan is based on a comprehensive assessment of our opportunities to improve quality identified through consultation with physicians, staff, quality teams and extensive discussion by the Quality Committee. It builds on our prior years’ successes.
In developing our QIP, WDMH took into account our patient and staff surveys, our themes and trends from received concerns/complaints and compliments, reported incidents and chart reviews.
The QIP aligns with WDMH’s strategic direction. One key to our success, enabling us to achieve our strategic goals is to build upon our current commitment to quality and safety. “We will work to make measurable improvements within WDMH, and in collaboration with our partners”.

Improving partnership, integration and continuity of care supports WDMH's safety and quality of care agendas.

We measure our progress through Patient Care Quality Teams by monitoring their performance related to team-specific objectives. The indicators roll-up as part of an organization-wide reporting and performance-monitoring process. Each leader in the organization has their individual performance objectives linked to the successful achievement of the Quality Plan and every single leader is provided with feedback on their contribution to achieving its success.

WDMH continues to work very closely with the Champlain Community Care Access Centre to ensure people stay in the community and out of hospital. Safeguarding these patients with continued/increased access to home and community services will ensure care in the right place at the right time. This integration and collaboration with CCAC has been evident through our reduction in inpatient days, low readmission rates and a leading hospital in the decrease of ALC days.

WDMH and Dundas Manor continue to collaborate and partner to examine quality initiatives across our continuum.

Engagement of Leadership, Clinicians and Staff

The Quality Improvement Plan is developed by the quality teams. Indicators and outcomes are monitored by these same teams. Quality teams communicate their improvements and outcomes with Departments, Senior Management, Leadership, Medical Staff Organization, Medical Advisory Committee and the Board.

Patient/Resident/Client Engagement

A community member is an active member of WDMH’s Quality Committee of the Board. The Patient and Family Engagement Committee was involved at every step of the development of the 2016/17 QIP and they receive updates on previous year.

Performance Based Compensation [part of Accountability Mgmt]

The following allocation plan will be used to determine the proportion of the performance-based compensation awarded at the end of the 2015/16 fiscal year.

For the Winchester District Memorial Hospital’s (WDMH’s) pay at risk compensation strategy for the Emergency Department length of stay for all complex patients, we have established a target of 8 hours (currently experiencing a 8.5 hour length of
stay). The indicator will be weighted at 25%, and prorated based on the actual percentage of achievement. If the hospital achieves:

- a length of stay of 8.4 hours 25% of the pay at risk compensation will be released;
- a length of stay of 8.3 hours, 50% of the pay at risk compensation will be released; or
- a length of stay of 8.1 hours, 75% of the pay at risk compensation will be released.

For WDMH’s pay at risk compensation strategy for the Compliance with Delirium Physician Follow-up, we have established a target of 70% (current performance is 0%). The indicator will be weighted at 25%, and prorated based on the actual percentage of achievement. If the hospital achieves:

- compliance with 17.5% follow-up, 25% of the pay at risk compensation will be released;
- compliance with 35% follow-up, 50% of the pay at risk compensation will be released; or
- compliance with 52.5% follow-up, 75% of the pay at risk compensation will be released.

For WDMH’s pay at risk compensation strategy for Compliance with COPD Best Practice in ED, we have established a target of 70% (current performance is 0%). The indicator will be weighted at 25%, and prorated based on the actual percentage of achievement. If the hospital achieves:

- 17.5% compliance, 25% of the pay at risk compensation will be released;
- 35% compliance, 50% of the pay at risk compensation will be released; or
- 52.5% compliance, 75% of the pay at risk compensation will be released.

For WDMH’s pay at risk compensation strategy for Proportion of Women induced before 41 weeks with an indication of post-dates, we have established a target of 10% (current performance is 22.2%). The indicator will be weighted at 25%, and prorated based on the actual percentage of achievement. If the hospital achieves:

- compliance with 19% completion, 25% of the pay at risk compensation will be released;
- compliance with 16% completion, 50% of the pay at risk compensation will be released; or
- compliance with 13% completion, 75% of the pay at risk compensation will be released.

**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 Stephen McClellan
Quality Committee Chair Andrew Barrett
Chief Executive Officer Cholly Boland
Other leadership as appropriate Lynn Hall