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



3/24/2017

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.

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

# Overview

The Quality Improvement Plan (QIP) has been developed to give clear targets and goals for 2017-2018.

Sensenbrenner Hospital is part of the regional and provincial healthcare system and provides a broad range of services to its catchment area from Opatatika to Fauquier. Our hospital corporation is committed to providing these services within our available resources.

In order to balance our budget, the hospital engaged the Hay Group Health Care Consulting in 2016. They conducted an operational assessment and a Hospital Improvement Plan (HIP) has been developed. Our hospital continues towards implementing and maintaining a balanced budget to meet our current and future obligations.

Our two main goals for 2017-2018 will be cost reduction through realignment of our services and programs and quality improvement to be able to meet our current mandate for our catchment area within our finance resources.

## QI Achievements From the Past Year

In 2016 two software applications were added to create value to our hospital environment.

The first application was the Intranet. This low-cost application gave us a single platform to allow for hospital-wide communication. The application will be updated on an ongoing basis and has been a great communication tool.

The second application was the Learning Management System (LMS). The LMS allowed us to be able to consolidate training and track and manage compliance within one system.

These two applications have saved time and resources for our facility and added value. We will continue to embrace technology that adds value and promotes quality.

## Population Health

Our catchment area population is approximately 10,300 (Stat Can 2011). Seniors, over the age of 65, account for 20% of our population.

Seniors are a growing demographic in our catchment area and at present we are not able to respond to the need for alternative housing options. This is causing seniors to remain in hospital to await placement.

Our hospital recognizes the unique needs of seniors in the health care setting and has added additional personal care hours, group exercises and socialization opportunities to promote independence and help the seniors maintain their health.

# Equity

Our hospital will continue to work with external partners to develop common goals for the catchment area.

We want to better coordinate care for high users through partnerships. A few clients have benefited from the coordinated care plans provided by Health Links.

Re-admission rates within 30 days are also a concern and we have developed Standard Order Sets with the goal of monitoring care provided.

We are focusing on improving the patient experience through these initiatives.

# Integration and Continuity of Care

Living in Northern Ontario brings with it many challenges to accessing health care and this stems from multiple factors such as geographic remoteness, low population densities, less availability of healthcare providers and inclement weather. To meet these challenges we work with stakeholders in our community, region and province to build on the quality of our services.

We continue to use technology to our advantage by encouraging the use of Ontario Telemedicine Network (OTN), Virtual Critical Care (VCC). Sensenbrenner Hospital acknowledges that the community and surrounding area continues to require more primary care and has taken the opportunity to provide some orphan patients/clients with primary care through the use of the Virtual Family Physician Program using the Ontario Telemedicine Network (OTN).

In an effort to recruit health care professionals, the hospital has affiliated with our local schools, Colleges and Universities and the Northern Ontario School of Medicine (NOSM) to provide a learning environment through placement opportunities. The hospital is also a member of the Kapuskasing and District Professional Health Care Recruitment and Retention Committee (HCR&RC) and provides financial support to the organization.

We work with the Community Care Access Center (CCAC) on a continuous basis to coordinate discharges and placements for patients/clients. This link is very important to us in planning transitions. The weekly meetings have taken a multidisciplinary approach and now include the CCAC case managers, our discharge planner, the hospitalist, therapy staff, nurses and other community partners as needed.

Sensenbrenner Hospital will continue to identify and attempt to resolve care delivery challenges and provide system transformation opportunities while ensuring accessibility, efficient and effective utilization of community and hospital based programs and resources.

# Access to the Right Level of Care - Addressing ALC Issues

ALC stats remain high hospital-wide due to the lack of community services available. We will work with the community to improve services and care where needed.

In 2016, the hospital gifted a plot of land near the hospital to the Town of Kapuskasing to develop an assisted living housing complex. Funding will be requested to make this complex a reality.

## Engagement of Clinicians, Leadership & Staff

We have ongoing engagement with various stakeholders through meetings and education sessions. This is valued as the healthcare system needs to continuously work toward standardizing care.

Our goal is to maintain and improve healthcare for Northern Ontario residents within our finite resources and we can only succeed with a team approach.

In 2017, we are moving towards a Lean Management journey to strengthen our ability to work as a team.

## Resident, Patient, Client Engagement

We want to strengthen patient/client-centered care and to engage patients/clients and their families to work with us to maintain and improve safety and care processes. At present we rely on their feedback from in-house surveys, our website, direct telephone calls, letters and cards from them to guide our quality improvement initiatives. The key is receiving real time feedback from patients/clients and families with timely follow up to make real time change. The feedback is valued as it can be used to improve our services.

Patients/Clients and their families are also encouraged to participate in their own care decisions as much as possible. We provide opportunities for patients/clients and their families to participate in case conferences to plan their care and discharge as needed.

Our programs are changing to meet the needs of the population we serve as our patients/clients are increasingly older. We have increased our exercise programs to help them maintain their functional abilities and remain independent.

We have community involvement with the French Language Health Services Advisory Committee and the Kapuskasing Diabetes Education Community Advisory Committee.

Our (QIP) and Patient Safety Indicators are available on our website for the public to view and provide feedback.

# Staff Safety & Workplace Violence

Every employee is responsible to respect each other in the work environment. There is standard training and policy review to be completed annually on the Learning Management System (LMS). And all staff are required to complete Non Violent Crisis Intervention training every two years to learn the tools on how to deescalate a situation. Front-line staff also have Personal Safety devices on their person to be able to activate a Code White in which they need assistance and the police are dispatched to the hospital. We have posters throughout the hospital to let the public understand that they have a responsibility to be respectful and create a violence-free environment.

Our organization has an Occupational Health Nurse that works with our Joint Occupational Health Team to monitor all reports of workplace violence. She investigates, and responds to the victim and perpetrator and provides support and follow up. The data is shared monthly with the Joint Occupational Health team and the Board of Directors.

# Performance Based Compensation

In 2010 the Senior Management team reduced their base salaries by 5% and these reductions are now tied to the achievement of performance targets in the QIP to meet the Excellent Care for All Act (ECFAA). The reduction of 5% in base salary will continue for the 2017-2018 period.

Our executives' compensation will be linked to performance in the areas of safety, effectiveness, access and patient satisfaction.

The compensation will be linked to performance in the following areas for a maximum of 5%:

- 90% Prevention of Work Place Violence Training  
1% Weighing
- 75% Hand Hygiene Compliance  
1% Weighing
- 70% Palliative Training For Hospice Suite  
1% Weighing
- 90% Surgical Checklist Compliance  
1% Weighing
- 75% In-patient Satisfaction Compliance  
1% Weighing
- 85% Out-patient Satisfaction Compliance  
1% Weighing
- 90% Lean Training  
1% Weighing

# Contact Information

Gary Fortin  
Board Chair

France Dallaire  
Chief Executive Officer

## 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 Gary Fortin  
Quality Committee Chair Barbara Lysakowski for Kelly Vos  
Chief Executive Officer France Dallaire  
Other leadership as appropriate Pauline Fréchette-Keating