Let's Make Healthy Change Happen.

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

HÔPITAL DE Mattawa HOSPITAL

1/29/2015

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 Hôpital de Mattawa Hospital (the Hospital) was established with five beds in 1878 by the Grey Nuns of the Cross (now the Sisters of Charity of Ottawa). Today it contributes to the health system in the District of Nipissing with a primary catchment area comprised of the City of Mattawa, as well as the Townships of Bonfield, Calvin, Papineau-Cameron and Mattawan. The Hospital is a catholic facility through the sponsorship of the Catholic Health Sponsor of Ontario and continues to provide quality health care and services in the Catholic tradition and values of holistic, faith-based, inter professional care.

The Hospital provides core rural inpatient and outpatient hospital services including emergency, primary care, inpatient medical programs, select specialty programs, telemedicine, allied health programs, and basic diagnostic imaging and laboratory services to our residents and visitors. Furthermore, the Hospital supports the referral facilities in the district and the region by accepting transfers of patients from the district for convalescent care or to transition from home or secondary and tertiary hospitals to Rehabilitation, Complex Continuing Care, Supported Living or Long Term Care. By making these patients one of our priorities we are helping reduce bed occupancy pressures for the district secondary and tertiary hospitals. We continuously encourage our partners to leverage the capacity in our inpatient and diagnostic imaging (Ultrasound) services to reduce wait-times in other communities. Our goal is to continue explore any opportunities to strengthen our supportive role for the larger facilities and help provide systemic improvements in the district and region.

Our Mission, Vision and Values are the foundation of what we do.

Our Mission:

The Mattawa Hospital provides progressive, high quality, faith-based health care services that are responsive to the needs of our bilingual community.

Our Vision:

The Mattawa Hospital will be recognized as the leading health care resource through innovation, partnerships and education, inspired by our founders' Catholic Values.

Our Values:

System Excellence: Our ability to be a leading partner in system integration to ensure access to quality health services for our community.

Sacredness of Life: Our commitment to spirituality and the health of the whole person.

Respect: All persons are deserving of dignity and access to the highest quality of services we are able to provide.

Compassion: At all times, we remember we are here to serve, to provide care and support those in their time of greatest need.

Integrity: Our commitment to social justice, trust, fairness and ethical behaviour.

Based on the Mission and Values of our Catholic heritage, we focus on four strategic directions within the quality dimensions of Patient Centeredness, Access, Safety, Integration, and Effectiveness as follows:

High Quality, Patient-Centred Care:

- providing spiritual, religious care to all;
- improving access for our patients;
- strengthening links to primary care;
- focusing on patient safety.

Employer of Choice:

- proactive recruiting of healthcare professionals;
- ensuring a safe, healthy work environment;
- promoting a culture of continuous quality improvement;
- fostering a culture of employee empowerment, involvement & accountability.

Healthy Community:

- developing our Hospital as the local Hub for health services;
- supporting development of an integrated health system in Nipissing;
- partnering for prevention and health promotion.

Accountable and Transparent Organization:

- reporting regularly and accurately to our funders and our community;
- being accountable to patients, staff, the community and the provincial government;
- aligning and adjusting our organization to better serve our communities and our district.

Our 2015-16 QIP has been designed by building on the achievements of our 2014-15 QIP while at the same time initiating actions to adapt our processes based on the 2014-15 QIP results, community feedback, the health care needs of the population in our district as well as our community partners.

The Hospital has identified the following objectives:

- Strengthen recruitment strategies for healthcare professionals to position Mattawa as a destination of choice in order to ensure full resource complement;
- Foster a culture of safety for both our patients and staff;
- Embed quality in everything we do;
- Continue to monitor and report on required patient safety and quality indicators.
- Complete implementation of a comprehensive risk management framework;
- Sustain a culture of a learning organization;
- Participate actively in integration strategies and strengthen key partnerships.

Integration & Continuity of Care

The Hospital has been focusing on community-based integration strategies that are intended to leverage efficiencies in health human resources, support services and back office functions while improving cross-sectorial linkages in the delivery of quality care.

Mattawa Seniors Living (and the Algonquin Nursing Home, the Home) and the Hospital have been collaborating to transition and integrate services with the goal of redeveloping the Home on the Hospital's site. Shared and integrated leadership and management staff for both entities has been instrumental in setting the foundation for an integrated sustainable local health hub.

The Hospital has completed a major renovation project to bring primary care under a common "campus", as part of the Health Hub vision for our local health care delivery model. The physicians that provide care to residents of our catchment area cover a broad scope of services including hospital inpatient, outpatient, and emergency care, long term care, and primary care in the community. This project has been a cost-neutral endeavour to maximize and leverage our resources allowing integrated health care and health promotion. Co-location between primary care and laboratory and diagnostic services has been very well received. We now are well poised to consider expanding our role in primary care through the development of a Family Health Team when new projects are announced.

IT Consolidation initiatives continue with Health Sciences North to improve electronic information management. Ongoing technology investments will ensure that the right information is available to health care providers, at the right time, and in the right location and thus avoid duplication of tests while improving patient safety. However, while this initiative was positive it also developed challenges with our Hub Hospital given it does not operate on the same IT platform.

A Health Link has not yet been created for our Nipissing District, however, the readiness planning is underway. The systems being developed and integrated in Mattawa are well-aligned with the integrated service delivery model of a Health Link where linkages across the various sectors of the health system will allow for improved patient access and the focus can be at providing coordinated care plans at the patient level.

In addition to the core rural health services to the surrounding communities, the Hospital supports the referral facilities in the district and the region by accepting transfers of patients from the district for convalescent care or to transition from home or secondary and tertiary hospitals to Rehabilitation, Complex Continuing Care, Supported Living or Long Term Care. By making these patients one of our priorities we are helping reduce bed occupancy pressures for the district secondary and tertiary hospitals. We continuously encourage our partners to leverage the capacity in our inpatient and diagnostic imaging (Ultrasound) services to reduce wait-times in other communities. Our goal is to explore other opportunities to strengthen our supportive role for the larger facilities and help provide systemic improvements in the district and region.

New program and service initiatives over the last year include:

- Physiotherapy services: Episodes of Care Model;
- Partnership for Mental Health and Addiction services in Mattawa;
- Information Technology advancements (service delivery);
- Administrative and support shared services between the Home and the Hospital.

While many of the MLPA indicators are not directly influenced by small rural hospitals, we have been working closely with our district partners to develop strategies to be a viable partner in the regional solutions to ALC, ER overcrowding as well as wait times, average length of stay and readmission reductions. With the implementation of primary care co-location and LTC integration, we are better positioned to target efficiencies, linkages, and improved coordination across the local continuum of care. This is well aligned with NE LHIN priorities, such as,

access, information technology aligned with e-Health strategies, and integrated service framework and delivery.

The prevalence of mental health and addiction cases presenting in ER, is identified as a significant challenge and a strong need in our community. By partnering with the North Bay Regional Health Science Centre, the Community Counselling Centre, and the Nipissing Mental Health Housing and Support Services, the NE LHIN approved the expansion of mental health services in Mattawa with funding for Case Management and Peer Support. This remains a priority in the community and we look forward to the implementation of this program in 2015-16.

Consideration for future services should also include an expansion of diabetes education in the community. There is currently insufficient funding to deliver the level of service required for that demographic population in our catchment area.

The lack of access to primary care is not unique to the Mattawa Hospital, but is certainly challenging in meeting the needs of our population where socio-economic status and distance to alternative health care resources creates an additional access barrier. We are currently actively recruiting for at least one more FT Physician. Furthermore, we would welcome the opportunity to develop a FHT that would certainly go a long way in expanding our capacity to serve the larger than average number of complex cases such as the frail elderly, diabetic patients, mental health and addiction cases, etc. Also, we are seeking the presence of at least one French speaking General Practitioner to better meet the needs of the 27% of French speaking people in our catchment area.

To meet the changing needs of the populations we serve with the limited resources available, we look to diversify the services and develop stronger linkages and strategic partnerships with other facilities and organizations.

Challenges, Risks & Mitigation Strategies

The community integration strategy that was initiated through the Mattawa Seniors Living purchase of the Algonquin Nursing Home needs to evolve into a true integration. This however may present financial risks both from a capital redevelopment project perspective as well as from a health human resources aspect given the temptation from staff to revisit working conditions in both facilities.

The last (2013) Accreditation Canada survey has identified areas of risk related to patient safety and quality of care in terms of medication management. The 2015-16 budget includes plans for full implementation of comprehensive consultative pharmacist support to address this challenge. Currently, as in other small rural hospitals, we only have one FT Pharmacy Assistant and, through a contractual arrangement, the service of a clinical consultant Pharmacist for 360 hours per year has been implemented. While there is no regular Pharmacy coverage after hours, the clinical consultant is available for consultation 24 hours a day, 7 days a week via telephone or email.

Influenza vaccination and Ebola crisis management have highlighted the frailty of our Hospital if faced with managing a major infection risk in the population. We have dedicated resources to ensure that proactive and responsive infection prevention and control plans are in place.

Our aging Medical Staff workforce remains a challenge and a priority that needs to be addressed in the near future; the current Medical Staff shortage is starting to affect our ER coverage. By developing space to bring primary care under the same roof as acute care, we are better able to leverage the limited resources available

to us. We are increasing our recruitment efforts to attract professionals through participation in promotional activities such as medical residents' career fairs and increased collaboration with Health Force Ontario.

Funding continues to be a significant challenge given the economic pressures of employment agreements and inflation. Furthermore, while the growing reliance on Information Technologies contributes significantly to the improvement of care coordination, patient safety and quality of care, sustaining the developments requires a greater investment of operating funds than was historically allocated to IS/IT services in our small rural facility. During the implementation and settling phases, it is difficult to estimate the ongoing impact of said technologies on the operating budget.

We continue to communicate and collaborate with our partners to develop innovative strategies through strong relationships and community confidence.

Information Management

With the support of the NE LHIN, the Hospital has made significant recent investments in information technology. We have partnered with Health Sciences North and Northeastern Ontario Network (NEON) to access infrastructure and IT services to improve our office productivity and the ability to collect, report, and evaluate data. We have been working actively on improving electronic linkages between the health service providers in the community (hospital, long-term care, and primary care), as well as records integration in the district and region. The goal is to use a regional integrated system to improve the efficiency, effectiveness, and quality of patient care.

Engagement of Clinicians & Leadership

We have been working with many internal and external partners to develop our plans, goals, and objectives in delivering quality health care services.

Staff and medical practitioners are regularly engaged to evaluate services and develop improvements in care quality, safety, and delivery. Local Physicians have partnered with the Hospital in strategies to effectively deliver quality services with limited health human resources. The Hospital is working with the Home to develop broader quality improvements for resident services across the continuum of care between acute and long-term care services. In addition, surrounding municipality representatives meet regularly to develop strategies for Physician recruitment and an integrated health system, and are significant partners in planning for future Home redevelopment to allow for an efficient and effective single-site primary care, hospital care, and long-term care delivery model.

Patient/Resident/Client Engagement

Mattawa Hospital collaborates regularly with our community, our patients and their families. Examples of engagement activities include:

- Encourage patients and family members to participate in annual satisfaction surveys
- Encourage feedback regularly, between surveys
- Promote communication among patients, family members, and health care professionals
- Keep our community informed through various forms of advertising

Accountability Management

Our Hospital Accountability Planning Submission (HAPS) informs our Accountability Agreement with the Northeast Local Health Integration Network (NE LHIN) and reflects our quality improvement initiatives and targets included in this QIP by developing adequate planning and allocating resources, such as:

- Fiscal accountability expressed through a balanced budget;
- Increased allocated resources to pharmacy services;
- Increased allocated resources to occupational health & safety, and infection prevention & control;
- IT consolidation and integration;
- Increased linkages to primary care and long-term care.

Mattawa Hospital used performance-based compensation in its accountability framework to establish performance goals and expectations and assess performance results.

Performance Based Compensation [As part of Accountability Management]

The Senior Management Team including the President & CEO, VP Corporate Services & CFO, and VP Clinical Services & CNO have an executive compensation plan where 5 % of base salary is linked to the achievement of the targets set out in our QIP on the indicators listed below.

Objective	Current Performance	Target	Reach 100% of Target	Reach 75% of Target	Reach 50% of Target
Operating Margin	1%	0%	Full 1%	* 0.75%	^.50%
Patient Satisfaction: Would you recommend this hospital to your friends and neighbours	93%	94%	Full 0.5%	0.75%	0.50%
Patient Satisfaction: Would you recommend this ER to your friends and family	93%	94%	Full 0.5%	0.75%	0.50%
Medication Reconciliation at Admission	94%	95%	Full 1%	0.75%	0.50%
Medication reconciliation at Discharge	98%	98%	Full 1%	0.75%	0.50%
Completion of Entry Point (computerized order set) Implementation	50%	100%	Full 1%	0.75%	0.5%

** -0.05% > 0% ^-1%>-0.05%*

Health System Funding Reform (HSFR)

As a small hospital, we are funded globally. However, consistent with the principles of the Health System Funding Reform, our focus is patient-centred care with continuous efforts to improve accountability and effectively utilize allocated funding to improve the quality and safety of care and drive system sustainability. Investments in information technology will be a change enabler to increase the ability to use evidence-based best practices and support quality improvements consistent with the intent of ECFAA and other relevant legislation and policies within the Ontario health framework.

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

We have reviewed and approved our organization's Quality Improvement Plan,

Board Chair _____ (signature)
Quality Committee Chair _____ (signature)
Chief Executive Officer _____ (signature)

2015/16 Quality Improvement Plan for Ontario Hospitals
"Improvement Targets and Initiatives"

Mattawa General Hospital 217 Turcotte Park Road P.O. Box 70

	Measure						
Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Improve organizational financial health	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year.	% / N/a	OHRS, MOH / Q3 FY 2014/15 (cumulative from April 1, 2014 to December 31, 2014)	724*		0	To stay in compliance with HAPS, will use regualr monthly reporting and opportunity analysis to stay on target for 0% year end margin.

Integrated	**Reduce unnecessary time spent in acute care**	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. *100	% / All acute patients	Ministry of Health Portal / Oct 1, 2013 - Sept 30, 2014	724*	37.22	40	Be a part of the solution in reducing ALC patients at NBRHC by accepting ALC transfers into our underutilized acute care beds.

Patient-centred	**Improve patient satisfaction**	In-house survey (if available): provide the % response to a summary question such as the "Willingness of patients to recommend the hospital to friends or family" (Please list the question and the range of possible responses when you return the QIP).	% / Other	In-house survey / October 2013 - September 2014	724*	93.6	94	Question asked: Would you recommend this Emergency Department to your friends and family? To reach 90th percentile among peer hospitals.
		In-house survey: Provided the response to the following question. Would you recommend this hospital for in-patient care to your friends and family?	% / Residents of the Community	In-house survey / October 2013 - September 2014	724*	93.17	94	90th percentile among peers
Safety	**Increase proportion of patients receiving medication reconciliation upon admission**	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital.	% / All patients	Hospital collected data / most recent quarter available	724*	93	94	Best Practice Accreditation Requirement

Increase proportion of patients receiving medication reconciliation upon discharge	Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	% / All patients	Hospital collected data / Most recent quarter available	724*	98	98	Maintain best performance
Reduce hospital acquired infection rates	Hand hygiene compliance before patient contact: The number of times that hand hygiene was performed before initial patient contact divided by the number of observed hand hygiene indications for before initial patient contact multiplied by 100 - consistent with publicly reportable patient safety data.	% / Health providers in the entire facility	Publicly Reported, MOH / Jan 1, 2014 - Dec, 31, 2014	724*	88	88	Maintain or improve our current performance

		Hand hygiene compliaence after patient contact: The number of times hand hygiene was performed after patient contact divided by the number of observed hand hygiene indications for after patient contact multiplied by 100- consisten publicly reportable patient safety data.	% / Health providers in the entire facility	Publicly Reported, MOH / April 2014 to March 2015	724*	85	85	Maintain or improve current practice.
	Avoid Patient Falls	Percent of in-patients who fell in the past year.	% / All patients	In-house survey / Annual number of falls	724*	1.2	1.2	Maintain well below provincial average benchmark (last year 9.7).
	Improve patient safety through implementation of electronic order sets (Entry Point)	% project completion	% / All acute patients	Internal project progress report / January 2015 - December 2015	724*	50	100	Full implementation of NE LHIN strategy to have all hospitals within the LHIN utilizing order sets via Entry Point.

Change				
Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
1)1)Implement operational efficiencies in support and administration to offset uncontrollable cost pressures (collective agreement impacts, drugs, utilities, etc)	Assess additional integration opportunities with the local nursing home, realign internal processes, leverage resources for tennant cost recovery.	Total margin	Balanced position by March 31, 2016	Will use regular monthly reporting and opportunity analysis to stay on target for 0% year end margin.
2)Reduce sick time and disability claims.	Implementation of Attendance Management Program Contract Cowan Insurance Group Ltd to help with sick time management and disability management. Review results at the end of every fiscal year with Cowan Insurance Group to determine effectiveness of progam.	Track number of sick days and disability claims	% difference in sick time and disability claims moving forward.	Will monitor quarterly to track changes in sick time to ensure we are seeing cost savings with introduction of contract.
3)Reduce cost of Benefit Plan while not reducing benefits to employees	Review of current Benefits and RFC for new provider	Track cost improvement	Improve or maintain current benefits while decreasing or maintaining cost of	

1)Work with NBRHC by accepting transfers into our acute care beds when our cencus is low. This will not reduce our ALC numbers but will help by ensuring acute care beds are free at NBRHC to service acute care patient within the district	Work with NBRHC Discharge planning to determine patients that would be best suited to transfer.	Calculate the number of patients transfered to Mattawa annually from other hospitals who are designated ALC.	Communicate with NBRHC on a regular basis	Our target is higher than the provicial average as we are trying to be part of the solution within the district by keeping the tertiary care centre ALC numbers low in order to service the community and district in a more efficient manner.
2)Engage patients and family in discharge planning process to ensure they are aware of all options and support for patient upon discharge home.	Family conference on all patients who no longer require acute care and there is a potential for difficult transition back home.	All patients that fit this criteria will have a family conference.	Successful transition to home with CCAC support.	
3)Continue to educate staff on discharge planning process and options available to reduce LOS.	Education done verbally following report and during staff meetings. Success's will be shared with staff.	Improve Staff knowledge	Reduce LOS for patient waiting to go home.	

1)Educate public on the role of the On-Call ER physician. Manage complaints as they occur in order to ensure proper understanding and provide education.	Infomation uploaded onto our website regarding the role of the ER physician and that they are only on-call and do not need to be in the building 24/4. Add a question into next patient satisfaction survey asking if the infomation provided to the public helps to inform them of role of physician. Educate the pateint on the purpose and limits of the physicians' availability in ER as complaints or concerns arise.	Monitor number of complaints related to physician wait time and not being seen by a physician	Reduction in number of complaints.	
2)Provide public educate public on 5 level Triage and how this may affect wait times.	Maintain signage in ER. Post explanation on Mattawa Hospital Website. Staff to continue to educate clients during triage and assessment	Monitor number of complaints regarding wait times in ER	Reduction in number of complaints.	
3)Promote a positive patient centred enviornments.	Provide education to staff on customer, client service and being courteous.	Maintain a high standard of patient satifsfaction.	Maintain or improve current satisfaction level.	
1)Promote a positive patient centred enviornments.	Provide education to staff on customer, client service and being courteous.	Maintain a high standard of patient satifsfaction.	Maintain or improve current satisfaction level.	
1)Remind the physicians about the importance of signing off and reviewing this document.	Take audits to P&T for discussion	Add to P&T agenda as standing item	Audits presented at every P&T Committee meeting	Mattawa Hospital uses total number of patients reconciled as a proportion of the
2)Pharmacy do monthly audits on Admission Medciation Reconciliation	Review all admission charts	Identify all admission charts that have had medication reconciliation verified by pharmacy.	All admissions that have been in hospital greater than 72 hours to have a pharmacy	

3)Audit all admission charts for completion of Best Possible Medication History at time of admission by nursing staff.	Pull discharged charts for a three month period annually.	Number of charts that had BPMH completed	100 % of admitted patients should have the nursing BPMH completed.	
1)Audit discharge charts for completion of Best Possible Medication History at time of discharge.	Pull discharged charts for a three month period annually (Quarter 3).	Number of charts that have a copy of Discharge BPMH.	100 % of discharged patients should have a discharge BPMH completed.	
1)Annual completion of Hand Hygiene, Chain of Transmission and Routine Practice education tools by all staff.	Desigante month of April for infection control training.	100 % off staff trained annually in all three modules	All staff trained by April 2015.	
2)Perform regular hand hygiene audits (4 moments of hand hygiene)	ICP performs weekly audits in different locations throughout the facility. Use this as a teaching moment for staff.	Perform up to 50 audits per month	Maintain or improve current compliance with hand washing.	

1)Annual traininf for all staff on Hand Hygiene, Chain of Transmission and Routine Practices	Designate month of April for infecton control training	100 % staff trainind in all three modules	Compled by May 2015	
2)Perform audits on hand hygien (4 moments of hand hygiene)	ICP perforsm audits in all areas of the hospital on hand hygiene on a regular basis and uses the opportunity as a teaching tool.	Perform approximately 50 audits per month	Continue to see improvement in compliance of hand hygiene after patient contact.	
1)Fall risk assessment completed on all admitted patients.	Audit patient charts for compliance	Discharged patient charts reviewed for 3 month period annually for completion of Fall risk assessment Intervention	100 % Compliance	
2)Utilizaton of assistive devices	Review annually all available resources with staff to help prevent falls.	100 % staff completed review.	Completed by December 2015	
1)Completion of Entry Point implementation to improve patient safety	Ensure all current order sets are reformatted for electronic module. Order set committee working with a third party to track progress and ensure completion.	percentage of implementation project completed	100% completion by December 31, 2015	