Excellent Care
For All.

2012/13
Quality Improvement Plan
(Short Form)

DRHC
Dryden Regional Health Centre
hospital and community care

Part A:
Overview of Our Hospital's Quality Improvement Plan

Our Mission

The Dryden Regional Health Centre, as a partner in the health system, is committed to delivering comprehensive patient and family-centred care through the provision of quality services.

Our Vision

Improving quality of life through excellence in rural health care delivery.

Our Core Values

Respect, Integrity, Humility, Compassion, Accountability

1. Overview of our Quality Improvement Plan for 2012 -2013

"The patients of Dryden Regional Health Centre will be cared for, feel better and go home. While in hospital they will be heard, involved in their care, respected, feel important, valued and understood. When ready to leave, they will understand the information they need and get. They will go home knowing they can look after themselves with the support and follow-up they need."

DRHC Flo Collaborative Aim Statement

The Dryden Regional Health Centre (DRHC) is fully committed to continuous quality improvement and focussed on improving the overall patient experience. An evidence-based culture and environment that puts patient safety first is fully promoted and supported. Individuals accessing service will receive safe and timely care consistent with the organizationôs mission, vision and values and our declaration of patient values. We are committed to providing patients with a seamless transition from hospital to community. Patients leaving hospital will have the information that they need to understand and manage their health issues.

The 2012/13 Quality Improvement Plan has been developed with a focus on safety, access, patient-centered care, integration, financial health and efficiencies and will be used as a guiding document for implementation of organizational and clinical best practices.

Improvement goals for 2012/2013 have been derived and prioritized from our strategic focus and commitment to quality patient care and will continue to build on previous quality initiatives and outcomes:

Safety:

The DRHC will:

- maintain current excellent performance in *Clostridium Difficile* [CDI] Infections rates, Ventilator Associated Pneumonia [VAP], Central Line Bloodstream Infections [CLI] and Safe Surgical Checklist compliance
- continue to improve on gains seen over the past year in Hand Hygiene
- implement new change ideas to improve our Medication Reconciliation at Discharge with an overall stretch goal of 100% compliance

Effectiveness:

- The DRHC will maintain a positive total margin

Access:

- Specific and targeted initiatives will:
  - reduce the ER Expected Length of Stay for 90% of admitted patients by 2 hours.
  - reduce repeat visits to the Emergency Room for mental health and/or addictions concerns within North West LHIN accountability agreement performance targets.

Patient Satisfaction:

- Improvement is focused on patient experience indicators, currently below the provincial small hospital average. Change ideas will be implemented to support improved rates for:
  - ñDefinitely recommendingò our Emergency Room, ñexplaining the reason for ED waitò, ñexplaining danger signs to watch forò, and ñknowing who to call with questions after leaving the EDò

- Entrenchment of current demonstrated best practices will:
  - sustain the organizationôs excellent score for ñOverall, how would you rate the care and services you received at the hospital?ò and ñWillingness of patients to recommend hospital to friends or familyò, based on our survey of hospital inpatients

Integrated:

- The DRHC will continue to collaborate with the North West LHIN and community partners to decrease utilization of hospital inpatient beds for patients designated as Alternate Level of Care.

- Focusing change initiatives on improved integration and transition from hospital care to community care will reduce unnecessary hospital readmissions within 30 days for patients living with COPD and CHF.

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

The 2012/13 Annual Quality Improvement Plan is aligned with the Dryden Regional Health Centreôs strategic plan and the organizationôs vision, mission and values. This plan was developed in collaboration with the DRHCôs patient care teams including front-line staff, clinical service leaders, and Medical Staff, under the direction of Board Quality Committee.

Safety:

The Infection Control/Reprocessing, Hand Hygiene and Professional Practice teams at DRHC have been working on many improvement initiatives over the last few years including the institution of Institute for Safe Medication Practices (ISMP) bundles for Ventilator Associated Pneumonia and Central Line Infection Prevention. Project leads will continue to closely monitor these indicators in order to maintain current excellent performance.

The Hand Hygiene team will continue to build on the gains made in 2011/2012. Current Safe Surgical Checklist Compliance is at 97% and we are confident that with additional process changes we will be nearing 100% percent compliance.

Currently, compliance for medication reconciliation at admission is at 96%. Somewhat less satisfactory, discharge compliance for both physician and nurse sign-off is at 55%. As a result, this has been identified as a priority area of focus in 2012 -2013.

There are three specific change ideas that will improve compliance at discharge to our goal of 100%; the medication reconciliation form will be placed in a clearly designated area in the patient chart, the clinical facilitator will check all charts for compliance on a daily basis, and all nursing staff will complete a yearly competency check on the medication reconciliation process.

Effectiveness:

The Hospital will continue to manage its operations based on available resources. Total margin will be at or greater than 0%.

Patient Satisfaction:

The patient experience in the Emergency Department is a major focus for quality improvement work in 2012/13

The results of NRC Picker Canada survey show that ñExplained reason for ED waitò, ED explained danger signs to watch forò and ñknew who to call with questionò are areas where there is significant opportunity for improvement. This year our goal is to reach the Ontario small hospital average. Change ideas will be implemented to further the stretch goal to attaining high performer status.

Change ideas include the implementation of a more timely in-house survey that will give us immediate feedback on patient satisfaction, development and use of specific educational discharge instruction and information sheets for patients accessing the emergency services, and the redesign of the ED outpatient form to include documentation of discharge teachings and follow-up instruction, ensuring all required information is given to patients.

It is expected that improvements in these areas will result in an increase in favourable patient response to ñWould you recommend this hospital to your friends and familyò as well as favourable response to ñOverall, how would you rate the care and services you received at the hospitalò

Integrated:

A 2012/13 priority for DRHC will be to reduce hospital readmissions for patients living with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD). The utilization of standard, up-to-date patient order sets for both CHF and COPD will ensure that patients receive best practise, evidence-based and comprehensive care.

Furthermore, the development of a survey on access and integration will assist the organization in determining patient awareness of the full scope of community services available. It should also give us a better picture on the access and utilization rates of these services prior to hospital admission.

A seamless transition from hospital to home will be made for inpatients and/or patients accessing emergency services with the implementation of a follow-up home visiting program. Collaborative efforts between the DRHC and the Dryden Area Family Health Team (DAFHT) nursing staff will focus on continuity of care for patients living COPD or CHF and work to ensure a successful discharge to the home.

As well, referral processes for follow-up primary care provided by the DAFHT will be reviewed and redesigned to ensure that all patients requiring and/or requesting referral to these services have timely access to assist them with improved self-managed care at home.

Other integrated initiatives, such as the Flo Collaborative, continue to be supported at DRHC with many changes and improvement initiatives being implemented over the past two years. This team continues its work to improve patient flow and transitions of care.

3. How the plan aligns with the other planning processes.

The Quality Improvement Plan of the Dryden Regional Health Centre is aligned with strategic and operational planning set in the context of accountability agreement performance management and legislative compliance.

The performance goals and targets identified in the plan support the targets identified by the Hospital Service Accountability Agreement, the requirements of Accreditation Canada, the strategic goals of the organization, the Canadian Patient Safety Institute and philosophies of Patient and Family-Centred Care.

The Senior Management Team at DRHC and the governing Board of Directors completed an internal and external environmental scan to guide the organization.

Physicians were encouraged to provide input and direction on the identified quality improvement projects through use of a survey and in consultation sessions at both Medical Advisory Committee and Medical Staff meetings. As well, the MRP Quality Improvement Project Plan aligns with the hospitalÕs goals of improving patient safety and satisfaction.

Recently, members of the DRHC Senior Management Team participated in a NW LHIN-wide QIP planning session involving all hospitals in the North West. Discussions were held regarding opportunities to develop a collaborative planning framework for on-going quality improvement efforts across the region, as required under the ***Excellent Care for All Act***.

4. Challenges, risks and mitigation strategies.

The patients, staff, management, Board and volunteers at DRHC work under a service quality structure that provides a firm basis for quality improvement and performance management to ensure that goals and objectives are practical and attainable. The Chief Executive Officer (CEO) executes and, together with the Board of Directors, monitors the progress and effectiveness of the Quality Improvement Plan.

The Quality Committee of the Board receives a quarterly scorecard report that clearly illustrates the measured progress and status of each project initiative.

An accountability structure has been developed ensuring effective and timely review and assessment of highlighted projects and allowing opportunity for focussed intervention and mitigation.

The CEO delegates accountability for each project to a senior manager who acts as the executive sponsor responsible for actions necessary to successfully achieve the objective. The hospital Quality Improvement Steering Committee reviews the objectives on a monthly basis and challenges, risks and mitigation strategies are discussed for each objective using a structured report card format. Plans and project progress reports are shared at the department level and are posted within the departments. The Medical Advisory Committee is also updated on planned progress and engaged on a regular basis to ensure medical staff leadership are involved in risk mitigation as required.

Part B:
Our Improvement Targets and Initiatives

Please see ñPart B- Improvement Target and Initiativesò

Part C:
The Link to Performance-based Compensation of Our Executives

Performance Allocation Plan

Quality Dimension	Objective	Outcome Measure/ Indicator	Current Performance	Target for 2012-13
Safety	*Improve medication reconciliation at discharge*	The number of discharges with complete documented medication reconciliations divided by the total discharges X 100%.	55.1	75.0 **(Q4)**
Effectiveness	*Operating within our financial means*	Total margin: % by which total revenues exceed or fall short of total expenses, excluding the impact of facility amortization.	Not yet Available	=+0% **(Full Year)**
Access	*Improve delivery of mental health and addictions care in the most appropriate setting.*	% of repeat emergency department visits for patients presenting with mental health issues. % of repeat emergency department visits for patients presenting with substance issues	38.5 30.8	11.9 **(YTD)** 18.1 **(YTD)**
Patient Satisfaction	*Improve ER satisfaction*	NCR Picker Survey %: "The Hospital explained the reason for ED wait" "The ED explained danger signals to watch for" " The patient knew who to call with questions when leaving the ED"	 25.1 43.6 54.1	**Oct 1 2011 – Sept 30 2012** 37.6 57.9 70.1
Integrated	*Reduce unnecessary hospital readmissions*	% of admitted patients with diagnosis of COPD and CHF will be visited by DAFHT RN prior to discharge % follow-up with home DAFHT RN visit within 48 hours.	0.0 0.0	75.0 **(Q4)** 75.0 **(Q4)**

Pay for Performance Allocation as follows:

# of Targets Achieved	% Pay –for- Performance Earned
>= 6	100%
5	75%
4	50%
3	25%
< 3	0%

Position	% of Base Salary as Pay-for-Performance
Chief Executive Officer	5%
Chief of Staff	1%
Senior VP ï Patient Services (CNE)	1%
VP ï Corporate Services	1%
Admin. Director ï Workplace Culture & Org. Health	1%
Admin. Director ï Service Quality	1%

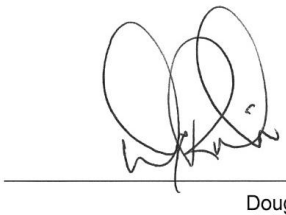
Distribution:
Northwest LHIN
Ontario Health Quality Council

Part D:
Accountability Sign-off

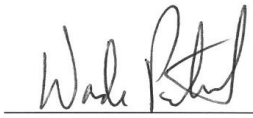
[Please see the QIP Guidance Document for more information on completing this section.]

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:

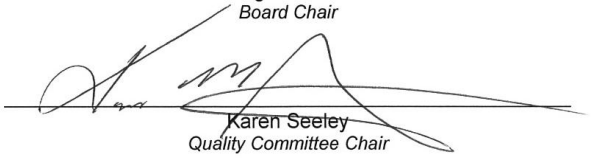
1. Was developed with consideration of data from the patient relations process, patient and employee/service provider surveys, and aggregated critical incident data
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in and extent to which, 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 processes and considers other organizational and provincial priorities *(refer to the guidance document for more information)*.



Doug Robinson
Board Chair



Wade Petranik
Chief Executive Officer



Karen Seeley
Quality Committee Chair