

Let's Make Healthy
Change Happen.



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



HÔPITAL NOTRE-DAME HOSPITAL (HEARST)

3/30/2016

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.

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Overview

Hôpital Notre-Dame Hospital (Hearst) is committed to providing a safe environment for our patients and our employees. It is also our intent to continue to deliver evidence-based care of the utmost quality to our patients. The effective use of our resources will help ensure that services, interventions or actions achieve the optimal results. Partnerships with the community, the families and our patients will play an important role in allowing us to achieve our objectives. The 2016-17 Quality Improvement Plan has been developed to align our efforts to the necessary quality objectives.

In order to continuously improve the quality of patient care in our organization, we will strive to achieve the following objectives by March 31st, 2017:

EFFECTIVENESS: Our objective is to ensure that services, interventions, or actions achieve optimal results.

- Reduce readmission rates for select HIGs (no benchmarks available yet)
- Reduce readmission rates for patients with COPD (no benchmarks available yet)
- Reduce readmission rates for stroke patients(no benchmarks available yet)

EFFICIENT:

- Reduce unnecessary time spent in acute care by decreasing the percentage of ALC days to the NE LHIN target of 17%

PATIENT-CENTRED: We strive to ensure that patients appreciate their experience at Hôpital Notre-Dame Hospital (Hearst) and feel that they are treated with dignity and respect.

- Maintain the percentage of patients that would recommend the institution to family and friends to the actual level of 100% by working closely with the our communities

SAFETY: Our objective is to improve the overall safety of care delivered to our patients.

- Avoid patient falls for CCC -Increase proportion of patients receiving medication reconciliation upon admission to 100%
- Maintain exceptional rate for CDI associated diseases to 0%
- Maintain level of hand hygiene to 89%
- Reduce incidence of new pressure ulcers for CCC residents
- Minimize complications associated with surgical care by increasing the compliance with respect to the surgical safety checklist

ACCESS: Our aim is to ensure patients have timely access to the required services.

- Reduce wait times in ED for admitted patients to 18.5 hrs.

Integration & Continuity of Care

Hôpital Notre-Dame Hospital (Hearst) has developed its quality improvement plan with the objective of improving the continuity of care. By better integrating some of our services and expanding on key external partnerships, we plan to improve efficiency as well as the overall patient experience.

The 2016-17 QIP is an integral part of the strategic and operation plan. It is also aligned with the H-SAA agreement as well as the accreditation process. All of these elements will help the organization meet its objective of delivering quality care in a safe environment for staff and patients.

Engagement of Leadership, Clinicians and Staff

At Hôpital Notre-Dame Hospital (Hearst) we have adopted a multi-disciplinary philosophy of care. Regular multi-disciplinary rounds involving internal and external stakeholders assist us in the coordination of care and planning of post-hospital care. Our Quality Committee engages multiple stakeholders. We foster an environment of safety, improvement and quality.

The 2016-17 QIP was developed through a consultative process with organizational and physician leaders.

Our CCAC partners are also part of the consultative and monitoring process through their involvement in our multi-disciplinary team.

Program performance dashboards have been created to reflect key metrics, including those contained in the QIP to promote organization-wide engagement. This continues to promote a culture that is focused on quality and performance improvement at all levels.

Patient/Resident/Client Engagement

Our organization actively engages with our patients, residents, clients as well as with and their families and caregivers through a variety of mechanisms:

- 1) Patients survey process
- 2) Inpatients discharge phone call process
- 3) Surgery patients discharge phone call process
- 4) Hospital Ombudsmen Visit process
- 5) Participation of various stakeholders in committees (e.g. Public Relations, Ethics, Accessibility, Board, etc...)

It is imperative for our organization to understand the perspective of our stakeholders in order to develop programs and services which address their needs.

Performance Based Compensation [part of Accountability Mgmt]

The purpose of performance-based compensation is the following:

- To drive performance and improve quality of care
- To establish clear performance expectations
- To create clarity about expected outcomes
- To ensure consistency in application of the performance incentive process
- To drive accountability of the team to deliver on the Quality Improvement Plan
- To enable team work and a shared purpose

The Executives who will participate in the plan and be subject to the compensation-at-risk include:

- Chief Executive Office
- Patient Care Services and Chief Nursing Officer
- Chief Auxiliary Officer
- Chief Financial Officer


Compensation of our executives is tied to the achievement of the quality improvement performance targets. Our executives' compensation is linked to performance through a performance pay plan. Overall, there is 5% total at-risk compensation for those listed above.

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 - Suzanne Rheault 

Quality Committee Chair - Louise Gauthier-Brisson 

Chief Executive Officer - France Dallaire 