

Let's Make Healthy
Change Happen.



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



3/30/2017

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.

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Overview

The Atikokan General Hospital is dedicated to excellence in compassionate and supportive health care for those we serve. Delivering quality patient care is everyone's focus. Every function has a goal to demonstrate Continuous Quality Improvement (CQI).

QI Achievements From the Past Year

Atikokan General Hospital was recently able to recruit members of the community to form a Family and Patient Advisory Committee. The Committee members provide input regarding on 'what works well in our organization' and 'what do we need to improve on' from a patient perspective. Member engagement currently involves review and redesign of patient experience surveys. This will ensure feedback received includes information about what patients feel is important. Input from member's ideas and suggestions for change will become part of the quality improvement process.

Population Health

The town of Atikokan has a high population of seniors and patients living with many chronic diseases such as COPD and diabetes. We have a high percentage of patients who smoke. We also have many patients who lack a primary care physician to help them manage their health care on a continuous basis. Due to these health issues we have many patients who are considered high users of our health care system. The Atikokan General Hospital is part of the Health Links initiative in our community and we partner with our local Family Health Team to provide comprehensive discharge planning, smoking cessation education and support, and palliative care supports for our community as a whole.

Equity

We work with the Atikokan Family Health Team to try to provide equity in access to a primary care physician for patients so that they are able to obtain the right care in the right place. We have offered some cultural sensitivity training to our front line staff and we are looking at having our pamphlets translated into French and Ojibway.

Integration and Continuity of Care

In the Northwest LHIN we are further sub-grouped into 5 districts. The Atikokan General Hospital along with the Riverside Healthcare (Fort Frances) organization is part of the Rainy River Integrated District Network. As such we meet regularly to look for opportunities to integrate at the governance and administration levels so that patient care can improve. As well, in our LHIN we are in discussions to seek opportunities to integrate/consolidate at a regional level for functions like governance and administration for the betterment of patient care.

Continuity of care is important and challenging in a small hospital. We have many transfers and repatriations 200 km east to Thunder Bay. As well, we have many locums. Thirdly we have the importance of continuity of care at discharge. These three aspects of continuity are part of our mindset as we look for CQI in patient care. We have the weekly discharge planning meetings with the various health services in the community to ensure continuity and we have regular palliative care training from community palliative care educators so patients receive continuity in their end of life stage.

Access to the Right Level of Care - Addressing ALC Issues

Our hospital has a utilization coordinator who works with the physicians, service providers, family members and clients to try to ensure all their health care needs are being met in the best place for each client. Before a patient is designated ALC, our utilization coordinator has worked to ensure all other services available to the client have been utilized and maxed out so that their next option is only long term care. She also works with them to have as many options for long term care as possible so they can go to the appropriate facility as quickly as possible where their social and health needs will be fully addressed.

Engagement of Clinicians, Leadership & Staff

Through the Medical Advisory Committee, Pharmacy & Therapeutics committee, Quality Committee of the Board and other regular administrative meetings, we work together to improve patient safety and health outcomes. We have engaged our staff in looking at concerns they may have about our work culture and have implemented many working groups made up of different representatives from various hospital departments to work together to solve issues that have arisen.

Resident, Patient, Client Engagement

Patient experience informs our Quality Improvement Plans. Currently this information mainly comes from four customized feedback questionnaires so that we can measure engagement. Our organization has recruited members of the community to become involved as patient advocates and be part of our Patient Advisory Committee. This committee will review the Quality Improvement surveys for input or suggestions before we distribute them and will also look at other areas that may be of a concern to patients such as our visiting hours and how we manage our patient concerns. Informally, we receive feedback from many residents, patients and their families. A Resident Council as well as a Family Council has been established for long term care residents.

Staff Safety & Workplace Violence

Recently we had a staff member trained in Non-violent Crisis Intervention training so they can provide this training to all the staff. Many of our staff have had Non-violent crisis intervention training in the past but now we can offer it regularly and keep everyone up to date with the latest training. Our violence prevention policy is reviewed annually by the Health and Safety Committee and we are looking at ways to identify patients who may become violent so everyone who comes in contact with them is aware of the potential for violence.

Performance Based Compensation

Executive Compensation is linked to performance as follows:

Chief Executive Officer	2%	Improve Patient Satisfaction
Chief Nursing Officer	1%	Increase proportion of patients receiving medication reconciliation upon discharge
Chief of Staff	1%	Reduce wait times in ED
Chief Financial Officer	1%	Improve organizational financial health

The Board may use discretion in reviewing the cause of under achieved targets, the impact on compensation and allow partial compensation for achieving partial targets.

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
Quality Committee Chair
Chief Executive Officer