

Let's Make Healthy  
Change Happen.



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



3/31/2015

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.

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

## 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).

## Integration and Continuity of Care

In the Northwest LHIN we are further subgrouped into 5 districts. The AGH along with the Fort Frances (Riverside) health care 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 k 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.

## Challenges, Risks and Mitigation Strategies

One challenge is the ability to provide care in our community. We are encouraging the use of CTN to 'bring the speciality services to the patient'. Another challenge is in Human resources. We are short of physicians and specialized administration and clinical skills. We are in conversation with our partners to explore ways to maintain the current services and improve on patient care. We mitigate these risks by working as a team to ensure our protocols and standards, training and equipment are in place ready to perform.

## Information Management

AGH practices evidence-based decision making. Our clinical data is in Meditech. All the hospitals in the NWLHIN are on the one EMR. This increases the quality of care we can offer patients as they need to move throughout the system. We have centralized our information management function with the creation of Chief Information Officer for the whole LHIN. We are already seeing benefits as we now have a LHIN wide inventory of hardware and software and we are building towards one strategic plan for the whole LHIN.

## Engagement of Clinicians and Leadership

Our small hospital have close relationships with all the clinical staff. Through the Medical Advisory Committee, P & T committee, Quality committee of the board and other regular administrative meetings we work together to improve patient safety and health outcomes.

## Patient/Resident/Client Engagement

Patient experience informs our Quality Improvement Plans. Informally we receive feedback from many residents, patients and their families. Formally we administer 4 customized feedback questionnaires so that we can measure engagement. Our previous surveys have indicated near perfect service with our patients and residents.

## Accountability Management

The AGH leadership will be held accountable for the QIP results. We have all participated in developing the measures . We have set stretch yet realistic goals. We are expanding the QIP knowledge competencies into new areas (long Term Care) and new staff in the hospital.

## Performance Based Compensation [As part of Accountability Management]

Executive Compensation is linked to performance as follows:

Chief Executive Officer	2%	Improve Patient Satisfaction
Chief Nursing Officer	1%	Increase proportion of patients receiving med rec 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 underachieved targets, the impact on compensation and allow partial compensation for achieving partial targets.

## Health System Funding Reform (HSFR)

As a small hospital AGH is exempt from HSFR. However, AGH has adopted the Quality Based Procedure clinical guidelines for chronic obstructive pulmonary disease, congestion heart failure, and stroke.

## Sign-off

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

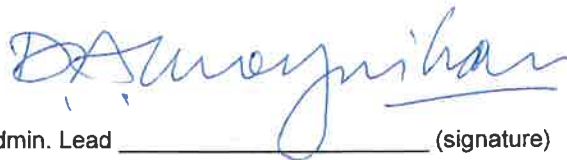
I have reviewed and approved our organization's Quality Improvement Plan

Board Chair Click here to enter text.



Quality Committee Chair Click here to enter text.

Chief Executive Officer



CEO/Executive Director/Admin. Lead \_\_\_\_\_ (signature)

Other leadership as appropriate \_\_\_\_\_ (signature)