

Let's Make Healthy
Change Happen.



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

St. Joseph's Continuing Care CCC 2017-2018



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

Our organization has focused its efforts in the dimensions of Efficiency, Equitable and Safety.

The priority focus in the dimension of patient safety will be the continued implementation of medication reconciliation at time of discharge for all patients being discharged to community. Conversely, we will now also focus on the medication reconciliation at time of admission. We continue to see an increase in number of transitional and restorative care patients which increases the volume of admissions and discharges.

In the equitable dimension our focus will be on sustaining the success achieved in 2016 on the percentage of patients who always receive service in the official language of choice.

We have identified one area of focus in the efficiency dimension, namely to increase our patients access to the right level of care.

QI Achievements from the Past Year

For the fiscal year 2016-2017 we identified the following aims:

- 1)Patient-centred: to increase the proportion of patients that answer positively to recommending our hospital. Our target was 90% and we achieved 97%.
- 2)Equitable: To increase the proportion of patients that answer positively to always receiving services in the official language of their choice. Our target was 90% and we achieved 94%.
- 3)Effectiveness: To decrease the percentage of patients experiencing pain. Our target was 25% and we achieved 20.70%.
- 4)Effectiveness: To increase the percentage of patients in special rehab. Our target was 35% and we achieved 43%.
- 5)Safety: To complete a medication reconciliation at time of discharge for all patients. Our target was 100% and we achieved 100%.

Equity

We strive to offer services in both official languages including having an increased awareness of our staff's capacity to deliver these services. We ensure that all documentation directed to our patients is bilingual.

Integration and Continuity of Care

Our facility includes 58 complex continuing care beds along with 150 long-term care beds. In the hospital environment we are currently studying the availability within our community to offer assisted living alternatives which would service a group of our patients. We are also participating on the Sub-Acute Capacity Planning Executive Steering Committee to share our experience and develop solutions to the overall good functioning of patient flow in our sub-region. A challenging area is the ALC-LTC patient population currently in our hospital beds. We have revisited each patient and encouraged each to increase their LTC choices, helping the odds of transitioning them to our community.

Engagement of Clinicians, Leadership & Staff

Our Quality Improvement Plan (QIP) is presented and monitored by the QI Committee of the Board, the Board of Directors and the Professional Advisory Committee and representative membership includes Physicians, NP, RN, Pharmacy and Therapy Service Group.

Resident, Patient, Client Engagement

The QIP will be presented at the Patient Council to provide an opportunity for feedback. With the increase in patients with an Average Length of Stay (ALOS) that is less than 90 days, our care service ratio is changing. We have developed an interview which is conducted at discharge to keep a pulse on our patient satisfaction and client engagement.

Performance Based Compensation

The hospital has only one executive position; namely the Executive Director. The Executive Director is the chief administrator of both the hospital operation and the long-term care operation. For fiscal year 2017-2018 a percentage of annual base salary of the Executive Director (3%) as determined by the Board of Directors, will be linked to the achievement of targets set out in the QIP.

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

2017/18 Quality Improvement Plan "Improvement Targets and Initiatives"



Hotel Dieu Hospital Of Cornwall 14 York Street

AIM		Measure							Change				
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Efficient	Access to right level of care	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data	Rate per 100 inpatient days / All inpatients	WTIS, CCO, BCS, MOHLTC / July – September 2016 (Q2 FY 2016/17 report)	644*	36	33.00	ALC rate reduction is an ongoing effort in our hospital. We acknowledge that there is no new capacity available in our community and maintaining our current level will be a challenge.	1)1) Development of a tracking tool to measure changes in functional status for our rehabilitation patients	1) Have the patient flow coordinating team develop the tool 2) Measure number of patients measured by the tracking tool	% patient who are assessed	85%	The tracking tool will be our first attempt at identifying early in the process when the rehabilitation status of our patient has changed. In turn, this will improve the early communication with the patients/families regarding the change in status.
Equitable	Other	Number of patients served in the official language of choice	Rate per 100 / All patients	In-house survey / 2017	644*	97	97.00	Our new target is to maintain our 2016 performance of 97%.	1)Update the employee recruiting process	Review candidate pool and measure the linguistic capabilities	Measure the % of candidates that are unilingual English, unilingual French and Bilingual	Improve by 15% the bilingual candidate pool	Continue our relationship with our third party language testing supplier.
Safe	Medication safety	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	Rate per total number of admitted patients / Hospital admitted patients	Hospital collected data / Most recent 3 month period	644*	100	100.00	To maintain current performance	1)To maintain current process and focus on quality of information	Tracking will be done through admission checklist	# of patients admitted with medication plan/total # patients admitted	100%	

		Medication reconciliation at 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.	Rate per total number of discharged patients / Discharged patients	Hospital collected data / Most recent quarter available	644*	100	100.00	Maintain current performance	1)To maintain current process and focus on quality of information	Tracking to be done through discharge checklist	# patients discharged to community with medication discharge plan/total # patients discharged to community	100%	
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