

Excellent Care
For All.



2011-12

Quality Improvement Plan

(Short Form)



H S R F H

HÔPITAL DE SMOOTH ROCK FALLS HOSPITAL

April 1 2011

ontario.ca/excellentcare

Part A:

Overview of Our Hospital's Quality Improvement Plan

1. Overview of our quality improvement plan for 2011-12

The Smooth Rock Falls has inspired itself of its community oriented mission and vision to develop its first Quality Improvement Plan. It is the overwhelming feeling of the Hospital Board and its Senior Management team that the services offered at the Hopital de Smooth Rock Falls Hospital are some of the best services offered in a Small Rural Hospital, and the constant feedback received from patients and family reflect this statement to its fullest.

Strategic Objectives – Smooth Rock Falls Hospital

Mission

To promote and ensure optimal health care services adapted to our needs.

Vision

By encouraging well-being and the undertaking of personal responsibility in one's health, the HSRFH, through its leadership and holistic approach, commits to offering personalized, bilingual services, while taking into account the social and geographical realities of both the community and region.

You, your family, your friends, us, our hospital, our region...healthy together.

Value Statement

Every effort is made to ensure the values and principles of the organization are realized on a day-to-day basis.

These values are:

- Respect
- Integrity
- Professionalism
- Excellence
- Accountability
- Dignity
- Equity
- Diversity
- Inclusiveness
- Promotion of Independence and Autonomy
- Personal Responsibility
- Confidentiality
- Ethics
- Innovation
- Transparency
- Safety first

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

The first Quality improvement plan for the Smooth Rock Falls will focus primarily on the required reportable objectives set by the Ontario health Quality Council as well as patient safety and client satisfaction who are two areas for which the board and the senior management team are extremely committed to and will be the focus for this years Quality Improvement Plan. The Hospital environment is unstable and in a constant state of evolution, therefore prior to set ourselves up for failure the hospital board and its senior management team have decided to proceed careful in this endeavor.

We have, as we have been mandated by the MOHLTC to develop reporting mechanisms and goals for at least one specific objective per Quality Dimension, our goals for the fiscal year 2011-12 are as follow:

Safety Indicators

As a LHIN and as a region we have collectively decided to report and work on the hand hygiene compliance before patient contact. We have achieved last year one of the highest level of compliance in our LHIN and for that reason our goal is to maintain that level for the upcoming year.

We have also chosen to report on Pressures ulcers, we have no reported pressure ulcers for 2009/10 and we want to maintain this level of performance for this indicator.

We also have chosen to report on the R.O.P. for disclosure of Potential and / or Adverse Events. The Hospital has implemented a full disclosure policy in January 2011, we want to ensure that patients and / or families are aware of the potential or adverse events that took place. We are looking to achieve a score of 100 % - meaning - all events are disclosed as per the policy guidelines. We conducted a retrospective analysis that demonstrated that for the past year (2010) out of 73 reportable incidents only 19 where reported. .We are in the process of implementing an educational blitz to ensure full compliance.

Effectiveness Indicators

In the Readmission within 30 days for selected CMG's, we have reported less than 5 in our Q1 report and will endeavor to maintain this low level. Being a very small hospital does provide some challenges in reporting and tracking some of these indicators, as well being the only provider of healthcare services in our community, readmissions are not always avoidable.

The percentage of ALC days is an area of concern for our Hospital, we have registered a 68% of ALC days out of all our patient days activities. We have set a target of 63% for our organization, that is a 5% reduction. Realizing this objectives will be difficult to achieve as we are the only health care provider in the community with hardly any support services provided buy the CCAC and no supportive housing complex. The community has been struggling after the closing of the only industry in the community. The lack of informal care givers also impacts

this indicator in a community where the average age is way above the provincial average. For those reasons we remains skeptical in our ability to effectively control the level of ALC patient Days

The Total Margin indicator is also a difficult for our Hospital, as we have been struggling with our financial situation for the past five years, essentially since the closure of the Mill and the negative impact it had on our revenue generation capability and increased pressures on the cost of benefits for our Employees. The Mill closure has also affected our Health Human Resources by creating an exodus of professionals employed at the mill with a spouse working at the hospital. Without these attracting jobs at the mill to attract professionals, this has greatly reduced our recruitment possibilities and has resulted in the use of agency nursing staff to fill vacant positions. Regardless of this situation we have put forward various strategies to mitigate our losses and we hope to maintain our Total Margin at a stable level.

Access Indicators

ER wait Times are not an issue at our hospital. We have approximately 3000 Emergency room visit per year and our wait times are non-existent. We are not reported on the provincial web-site and i believe that as a facility of less than 50 beds we have a different reporting obligations that larger facilities.

We have therefore decided to include in this section the three indicators developed buy the Chief of Staff and the group of emergency physicians as part of their responsibility under the MRP program. The group has but forward 3 potential indicators. These will be implemented in sequence rather than simultaneously.

Patient-Centered Indicators

We have been conducting in house satisfactions for both in-patient and out-patient services. However the question pertaining to the willingness of patients to recommend the hospital to friends or family was not monitored. We will make the necessary changes to our client satisfaction survey and establish a benchmark. We are hopeful that we can achieve a 75% or better mark on a definitely would recommend this hospital to family and friends.

The question will be - after your overall experience with our Hospital, how likely are you to recommend this hospital to your family and friends for future healthcare needs.

not applicable - strongly disagree - disagree - agree - strongly agree

3. How the plan aligns with the other planning processes

The Hopital de Smooth Rock Falls Hospital is a very small northern rural hospital, the integration of our Quality Improvement Plan is very simple, as most of the management team members are involved in one or more of the quality imitative, the Quality improvement plan will be at the forefront of all the planning process within our organization.

From the viewpoint of other stakeholders, The Quality Improvement plan reflect the reality of what is already contained or expressed in the H-SAA and other protocols or contract that we have in place. We will therefore continue to promote our quality initiative throughout any other relationship we embark on .

4. Challenges, risks and mitigation strategies

The Hopital de Smooth Rock Falls Hospital is in a very precarious financial situation as well as in a fragile state in regards to Health Human Resources. As we know these are the two main factors affecting outcomes in healthcare.

We will endeavor to meet all the set criterias, but any change in our situation, either financially or on the human resources front could result in difficult situations for our organization.

Our organization has been struggling financially for the past 5 years and we have not been able to find a solution that would allow us to continue to offer the basic services we provide right now without compromising access to that service. Having only 14 acute care beds and 23 long term care beds, a 24 hr emergency department, and limited outpatient services such as, laboratory, diagnostic imaging and physiotherapy, we do not have the luxury of contemplating service reductions as a means of balancing our budget.

We have for the past 3 years submitted an improvement plan to the North-East LHIN without ever finding the right mitigating strategies that would allow us to prevent the predicted deficit. We have had to include in our H-SAA a waiver document allowing our Hospital to enter into a deficit situation. We actually interpret this waiver as the fact that the NE-LHIN understands our impasse and lack of feasible mitigating strategies !!!

Part B: Our Improvement Targets and Initiatives

The Improvement and target Spreadsheet is attached as appendix A

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

Manner in and extent to which compensation of our executives is tied to achievement of targets

Our executives' compensation is linked to performance in the following way

The board of Governors of the Hopital de Smooth Rock Falls Hospital feels that they do not have all of the information required in order to properly implement a pay-for-performance and at-risk-pay model of remuneration for its senior management team and its other management staff, in light of this, the following motion is the formal position the HSRFH is taking for the present fiscal period

The board of Governors has passed the following motion at its board meeting of March 2011

Whereas every health care organization shall in accordance with ECFAA ensure that the payment of compensation plan is linked to the achievement of the performance improvement targets set out in the annual quality improvement plan;

Where as compensation plan of the executive is subject to the Public Sector Compensation Restraint to Protect Public Services Act 2010;

Whereas there is currently a legislative wage freeze; and

Whereas the process for Pay for Performance is new with many unknown variables and uncontrollable indicators;

Let it be resolved that the senior management team and the other managers of the HSRFH will have no at-risk-pay for their 2011 salary. The Board of Governors and the senior management team will introduce the concept of pay for performance and at-risk-pay in the fiscal year 2012-2013. At that time an amount or percentage will be set for at-risk-pay and pay for performance as per the indicators outlined in the 2012 Quality Improvement Plan.

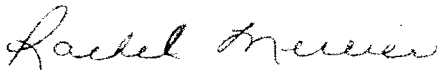
Let the senior management team be defined as the CEO, CFO, CNO and Chief of Staff.

Part D: Accountability Sign-off

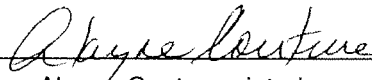
[Please see the QIP Guidance Document for more information on completing this section.]

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/provider surveys, aggregated critical incident data, and patient safety indicators;
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.



Rachel Mercier
Board Chair



Alayne Couture - interim
Quality Committee Chair



Fabien L Hebert
Chief Executive Officer