

Excellent Care  
For All.



# 2011-2012 Quality Improvement Plan

**March 24, 2011**

## Part A: Overview of Our Hospital's Quality Improvement Plan

### 1. Overview of our Quality Improvement Plan for 2011-12

Kemptville District Hospital (KDH) adopted a comprehensive Quality Management Framework in 2006, into which the Excellent Care for All Act (ECFAA) requirements will be absorbed. This Quality Improvement Plan (QIP) reflects our ongoing quality improvement process in which 1) Quality improvement objectives are chosen based on performance and driven with benchmarks and targets; 2) Actions Plans are set to achieve targets; and 3) Outcomes are measured.

In 2011-2012, KDH will:

- A. Continue to reduce the risk of infection for patients, visitors and staff.
- B. Reduce avoidable falls that cause injury to patients.
- C. Continue to improve patient satisfaction.
- D. Sustain operational cost effectiveness.

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

By March 31, 2012, KDH will

A. Infection	<p>Achieve a Clostridium Difficile (C-Diff) infection rate &lt; 0.77 per 1000 patient days. We will:</p> <ul style="list-style-type: none"> <li>• Advance our hand hygiene rate further beyond industry norms.</li> <li>• Work with our Quality Team and Infection Control Nurse to engage staff and health care providers in a continuous Hand Hygiene campaign.</li> <li>• Conduct an accessibility assessment of Hand Hygiene supports.</li> <li>• Develop and implement a Communication Plan to raise awareness among patients and families.</li> </ul>
B. Falls	<p>Reduce avoidable falls of Complex Continuing Care patients, through improved risk assessment, updated care planning and environmental changes. We will:</p> <ul style="list-style-type: none"> <li>• Review 'A Guide To Preventing Falls'.</li> <li>• Review incident reports.</li> <li>• Provide on-going education to nursing staff regarding Falls Prevention.</li> <li>• Supply non-skid socks for patients who have unsafe or no footwear.</li> </ul>
C. Satisfaction	<p>Continue to improve patient satisfaction. We will:</p> <ul style="list-style-type: none"> <li>• Review Patient Satisfaction Survey reports so that continuous adoption of service quality improvement actions can occur.</li> </ul>
D. Cost Efficiency	<p>Achieve a zero (0) or positive total margin.</p>

### 3. How the plan aligns with the other planning processes

In 2006, Kemptville District Hospital developed and implemented a Quality Management Framework, which included a Quality Management Plan, a Quality Management organizational structure (including the establishment of seven Quality Teams), and a Quality Management Process (including the development of some sixty organizational indicators). As well, since 2006, it has been the practice of Kemptville District Hospital to align its organizational indicators with our Strategic Plan. The QIP requirements (save for the compensation component) are entirely aligned with existing hospital practice.

All the core set of objectives outlined in Part B, where applicable to KDH, are currently tracked within our indicator system and the majority have had quality improvement initiatives in the past five years.

### 4. Challenges, risks and mitigation strategies

The challenge faced by KDH as a small and efficient hospital is regulatory overburden and staff fatigue with redundant, or non-unit producing, reporting. The ECFAA Quality Improvement Plan is one of a multitude of legislated, regulated, LHIN attestations or industry standard (Accreditation) external accountabilities that both interferes with the principle of good governance and diffuses organizational focus.

With limited non-unit producing staff and fully burdened direct care staff, the reality is that engaging the organization in a “prove it to the province” exercise saps engagement. Staff’s commitment to quality and patient-focused services is undermined when limited funds for health are diverted from real need to support compliance costs.

This note is written as a risk mitigation measure with the hope that the Ontario Health Quality Council will 1) embrace the idea that streamlining and integrating the compliance burden is a quality initiative that they have a duty to support, and 2) adopt this as a goal as part of their published and compensable goals.

## Part B: Our Improvement Targets and Initiatives

Attached.

## 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

The Senior Executive staff will be obliged to earn back 2% of their existing salary with the 100% achievement of no less than two of the three targets as set out below:

Indicator	Aim	Measure	Benchmark	Target
Total Margin	Effectiveness	T. Revenue / T. Exp	-2.74 at 2 <sup>nd</sup> Quarter	0
C Difficile Infection	Safety	Rate per 1000 day	Prov. Rate 0.77 per 1000	Less than 0.77 per 1000
Patient Satisfaction	Patient Centered Care	NCR picker Combined ER and IP	Provincial Average	3% above provincial average

## Part D: Accountability Sign-off

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.



---

Alexandra Pontbriand  
*Board Chair*



---

Donovan Arnaud  
*Quality Committee Chair*



---

Colin Goodfellow  
*Chief Executive Officer*