

Excellent Care  
For All.



2012/13

# Quality Improvement Plan

(Short Form)



SIOUX LOOKOUT  
**Meno Ya Win**  
HEALTH CENTRE

April 2012

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## Part A:

# Overview of Our Hospital's Quality Improvement Plan

### 1. Overview of our quality improvement plan for 2012-2013

The Sioux Lookout Meno Ya Win Health Centre has a vision to be a "Centre of Excellence" in First Nations Health Care through Care that is:

- Patient Centered
- Service Oriented
- Performance Focused

Sioux Lookout Meno Ya Win works diligently to develop and implement new health services and improve existing services to meet the needs of all the people in Sioux Lookout, the surrounding area, and the northern First Nation communities.

Over the last year, we have:

- Added five new beds in the acute care patient area, raising the total number of beds to fifty one
- Opened our Medical Withdrawal support unit with five new beds
- Implemented a new Medication Distribution System which includes automated medicine carts for each nurse on shift
- Expanded the Diagnostic Imaging program with a new radiology team to provide CT, mammography and other radiology services
- Opened a state of the art simulation lab

We plan to continue expanding our services as necessary over the next year to best meet the changing needs of the patients in our catchment area to continue us on our journey of being a Centre of Excellence for Northern and First Nations Health Care.

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

Our facility has decided to follow the recommended guidelines as put forth by Health Quality Ontario while ensuring that all dimensions are directly applicable to hospital operations. The guidelines focus on five of the nine attributes of a high-performing health system. These five attributes include Safety, Effectiveness, Access, Patient-centered, and Integrated.

For the 2012-2013 Quality Improvement plan, Meno Ya Win plan to focus primarily on the following priority dimensions:

### Patient Safety

Patient Safety continues to take a priority position within our organization as we recognize that our region has high rates of specific infectious diseases including TB, CA-MRSA, C. Diff, and others. Although there are many environmental and social factors contributing towards this, proper **Hand Hygiene** in our facility is still the best preventative measure and as such, it is very important to us to continue improving our hand hygiene compliance rates. Some of the planned initiatives are:

- Development of the “Shining Star” Program – providing recognition to staff that practice good hand hygiene
- Further developing the Infection Control Bulletin – providing staff with up-to-date hand hygiene compliance reports, as well as recognizing current champions.
- Development of promotional/advertising materials to better educate staff about the needs for good hand hygiene
- Continued diligent auditing initiatives

We are also committed to improving patient safety by ensuring that complete details regarding patient’s medication routines are clearly communicated at the time of admission at Meno Ya Win and when a patient is transferred to either a new department or facility. With the current **Medication Reconciliation** process, implemented in the fall of 2010, we have determined that complete medication reconciliations have been completed with 75% of all patients, which significantly exceeded our 2011/12 target of 60%. We plan to further improve our performance in this vital area through:

- Recognizing high-performing staff as medication reconciliation champions among partners
- Continued education sessions to increase awareness among current and new staff of the importance of the medication reconciliation and it's impact on patient safety
- Improved communication / feedback to front line staff through the dissemination of compliance stats with regard to medication reconciliation
- Expansion of this service to Emergency and Out-patient areas

## Patient Centered

The Sioux Lookout Meno Ya Win Health Centre defines cross-cultural patient safety as the safe and successful delivery of healthcare services across cultural, linguistic, and related barriers to the understanding and identification of patient/client needs. SLMHC recognized the need for development in this area after realizing that roughly 85% of its patients are predominantly First Nations. From that group, many come from the remote northern communities, and many speak one of the native languages primarily instead of English. Furthermore, we realized that approximately 50% of the patients arriving for services did not know why they were here.

To address the above-mentioned concerns, the Traditional Healing, Medicines, Foods, and Supports Program was created. It was designed as a model for integrated First Nations hospital based services. Our Wiichi'iwewin (patient, resident and client supports) workers are available 24 hours a day, seven days a week, and are there to communicate with/for the patient in one of the native languages, to understand the patient's needs, to provide feedback to the patient related to their care, and act as liaisons between the patients and the health care providers.

The **"Patient Focus Communication Tool"** is intended to ensure that our patients understand why they are in the hospital, and that they understand their treatment plan. This tool allows us to get first hand feedback about areas needed for immediate improvement to the patient experience. It is also our hope that the feedback gathered could be transferred to external agencies so they too could improve the quality of care to patients. We are currently entering the third year of the tools utilization and have received feedback from approximately 41% of all admitted patients to date. We will work diligently over the next year to ensure that this valuable tool is offered to no less than 80% of our future inpatient admissions.

## Integrated

SLMHC currently works with Federal and Provincial Governments, as well as a number of other agencies – Health Canada, Non-Insured Health Benefit, Sioux Lookout First Nations Health Authority, Ontario Telemedicine Network, and KO Telemedicine to name but a few – on a daily basis to deliver services to its patients. SLMHC recognizes how important these collaborations are in delivering quality care to patients, while also recognizing how these same interactions create their own set of unique difficulties.

To that end, we have decided to target quality improvement initiatives towards two current programs that are experiencing very high cancellation rates: surgical services and telemedicine. Both programs rely heavily on third party agencies to get the patient to the consult. For surgical services, roughly 70% of all surgical days experience at least one cancellation. For telemedicine, one cancellation happens for every three booked consults. For 2012-2013, our goal is to reduce the prevalence of cancellations by 5% per program.

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

The 2012-2013 Quality Improvement plan directly aligns with the priorities set out through:

- The Sioux Lookout Meno Ya Win Health Centre Strategic Plan
  - Continuous Quality Improvement is a priority in the strategic plan
- LHIN 14
  - Regional Collaboration with other northwestern Ontario hospitals
  - Reducing ER Wait times
  - Reducing ALC days
  - Working collaboratively with the Aboriginal community and the Federal and Provincial Governments in addressing issues of access to culturally sensitive and culturally appropriate health care programs and services.
  - Further implementing eHealth Information Communication Technologies
  - Integrated Health Service Plan 2010-2013
- Ministry of Health and Long Term Care
  - Reducing ER Wait Times
  - Reducing ALC days
  - Creating an environment that is both transparent and committed to change

#### 4. How the plan considers integration and continuity of care.

The Sioux Lookout Meno Ya Win Health Centre has two specific operational areas that heavily rely on third-party organizations to deliver services. The first is our surgical services where we must rely on processes from Health Canada, Non-Insured Health Benefit, and the Sioux Lookout First Nations Health Authority to offer surgical services to most of our northern First Nations patients. The complexity of this process can be realized when one sees that there are 15 separate steps currently happening over a period of several weeks just to get one patient from a northern community to the Meno Ya Win Health Centre for a surgical procedure. As a result of the complexity of the current system, as well as the difficulties inherent in having multiple agencies involved in delivering one service, we experience a situation where 70% of all surgery days have at least one preventable cancellation.

The second operational area that SLMHC delivers to its patient population is Telemedicine. This area relies heavily on partnerships with the Ontario Telemedicine Network (OTN), KO Telemedicine (KOTM), as well as links to each of the 26 First Nations communities that have Telemedicine suites in the remote north. This service provides a valuable resource to many patients for several different specialties, but it has its own set of unique challenges. When one reviews the process involved in booking a surgical telemedicine post-op procedure, for example, individuals located at SLMHC, KOTM, and the community must be involved, resulting in a 16 step booking process that can span weeks of time. To date, the leadership of SLMHC, OTN, and KOTM have been actively involved in reducing the extensive failure rates that plagues this program. Currently, one in three telemedicine appointments fails for one reason or another.

The reality is that there are many reasons why a consult booked with one of the above services is cancelled – many reasons fall beyond our direct control. However, by working with our partners, and by analyzing our currently internal processes, it is our commitment to improve the cancellation rates by 5% over the next year.

Medication Reconciliation also plays a part regarding integration. The fact is that this process improves the care that the patient receives. All too often, patients are not as knowledgeable about their prescriptions as they should be. As a result, SLMHC liaises with local pharmacies/pharmacists to ensure we collect a best-possible medication picture to aide practitioners in delivering a patients care plan. Currently, medication reconciliations are only being done with our inpatient populations, but we will be expanding this over 2012-2013 to include the emergency department, as well as other outpatient areas.

## 5. Challenges, risks, and mitigation strategies

The major problem we face as an organization is our relative size and isolation from other facilities and the need to be all things to our patients. We have many programs for a small facility and are faced with the need to balance all of them for our patient population. Through effective governance and management we balance all these priorities with supported program funding.

Another major challenge we face as an organization is the need to provide culturally competent care to our First Nations patients.

“Around 85% of our patients are predominantly First Nations, many of whom primarily speak one of the three Anishiniimowin languages – Ojibway, Oji-Cree, or Swampy-Cree. There are 19 dialects within these languages. The majority of the 28 northern First Nations communities are remote and accessed by air transportation only. Patients who travel to Sioux Lookout for services are often far from family and community supports. They face navigation of an unfamiliar healthcare system in the midst of an environment and culture that are foreign to them.” (Walker R, Cromarty H, Kelly L, St. Pierre-Hansen N (2009) *Achieving Cultural Safety in Aboriginal Health Services*, Diversity in Health Care 2009)

To deal with the difficulties that the majority of our patients go through, we have adopted a culturally appropriate model of care that is competently, safely, and successfully provided. One way this is done is by providing extensive cultural training and skill development for new staff. Another is providing extensive interpretive services for our patients. Further, modified patient communication tools (delivered in English, Ojibway, Oji-Cree, or Swampy Cree) give a voice to patients who may feel intimidated to voice concerns or ask questions.

## Part B: Our Improvement Targets and Initiatives

See attached spreadsheet

## **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 executive's compensation is linked to performance in the following way:

- 3% for the Chief Executive Officer
- 1% for the Senior Administrative Staff

The above-mentioned compensation will be based on meeting the following goals from our quality agenda:

- 1) Enhance hand hygiene compliance to 75%
- 2) Offering the Patient Focused Communication Tool to 60% of all Inpatient population
- 3) 75% completion of medication reconciliation tools

## 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/service provider surveys, and aggregated critical incident data
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 processes and considers other organizational and provincial priorities (*refer to the guidance document for more information*).



Sol Mamakwa  
Board Co-Chair



Kai Koivukoski  
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Marnie Hoey  
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