

Let's Make Healthy  
Change Happen.



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



SIOUX LOOKOUT  
**Meno Ya Win**  
HEALTH CENTRE

03/08/2018

This document is intended to provide healthcare organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care have 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

Sioux Lookout Meno Ya Win Health Centre (SLMHC) is a 60-bed accredited acute care hospital with an additional 20-bed ELDCAP facility, the William A. George Extended Care, located off site. Grounded in the cultural values of the Anishnawbe people, SLMHC provides a broad range of acute and specialized services across the continuum of primary health care. These include chronic disease prevention and management services, mental health counselling and addiction services, and surgical services along with various acute and other integral outpatient programs. Serving a population of approximately 30,000 residents across a vast geography in northern Ontario with approximately 85% identifying as Indigenous; our care is based on recognizing the relationship of the physical, emotional, mental, and spiritual aspects of the person. With a vision to be a “Centre of Excellence in First Nations and northern health care by working together to improve the health status of individuals, families, and communities now and for generations to come”, SLMHC is committed to its 2018/19 Quality Improvement Plan(QIP). Leveraging information gathered from various community engagement opportunities, SLMHC developed the QIP in alignment with our organization’s strategic priorities.

### **SLMHC’s Strategic Goals and Strategies:**

The strategic plan serves as a guide for the executive, management, staff, and physicians of SLMHC in all decision-making as well as program or operational planning. In consideration of the constantly changing health care environment, there may be a need to adopt new strategies or alter the current strategies to ensure our services provide the best value to our patients while maintaining optimal performance as an organization. The following strategic goals and strategies will set the direction for SLMHC from 2016-2019:

1. SLMHC will explore New and Expanded Hospital Services.
2. SLMHC will advocate for high-quality health services through Financial Growth and Sustainability.
3. SLMHC is committed to Investing in People.
4. Innovations and Partnerships.

Our 2018-2019 QIP demonstrates our ongoing commitment to doing what we do even better. The QIP reflects our commitment to ‘Excellence Every Time’ and it fits within our strategic pillars of Quality, Service, People, Innovation, Finance, and Efficiency.

## QI Achievements from the Past Year

SLMHC was awarded Accreditation with Exemplary Standing in the fall of 2017. SLMHC provides fully accredited services including specific accreditation in pharmacy and laboratory. Any new or expanded services will meet the expectation of enhancing the patient experience through the provision of high quality, patient-centered care that meets and exceeds accreditation standards.

The William A. George Extended Care facility is undertaking the requirements to become a Registered Nurses’ Association of Ontario (RNAO) Best Practice Spotlight Organization. With this three year process well underway, the intent will be to share best practices from the long-term care setting to the acute care setting where over 36% of patients are designated as Alternate Level of Care awaiting long term care placement.

## SLMHC’s QIP Achievement Examples - Based on the 2017/18 QIP Targets and Results:

QIP Indicator		Target	Current Performance 2017/2018
<b>Timely</b>	<b>Timely access to care/services</b> Total ED length of stay (defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED) where 9 out of 10 complex patients completed their visits.	90%	100% (Average of Q1-Q3)
<b>Equitable</b>	<b>Improve equitable care</b> Percentage of patients responding “the hospital staff took my cultural values and those of my family or caregiver into account”.	80%	82.6% (Average of Q1-Q3)

## Resident, Patient, Client Engagement and Relations

Building upon our strategic priority of “Innovation and Partnerships”, the organization has committed to increasing community engagement and building/fostering of relationships across the population served. Members of the Board of Directors, senior leadership and staff have participated in community engagement sessions both in Sioux Lookout and various Indigenous communities served by the hospital.

In addition to community engagement, SLMHC has patient/family representatives on many committees throughout the facility who provide their perspective on areas for improvement and collaborate on planning around new services.

In 2018/19, the organization has committed to integrate “Leader Rounding on Patients”, an approach introduced to the organization by Studer Group Canada. This method of connecting with patients by leaders will provide for increased communication and opportunity for feedback by the patient, family or resident directly to the organization’s leaders. This information will be leveraged will help to inform this year, and subsequent years QIP.

## Collaboration and Integration

Many opportunities exist for collaboration and integration of services and quality improvement initiatives that involve partners in the northern sub-region. Examples of collaborative partnerships include planning and supporting initiatives with the Sioux Lookout First Nations Health Authority, Health Canada, Non-Insured Health Benefits, the North West Local Health Integration Network, Kenora District Services Board, Ontario Aboriginal Housing and others. Working together across different sectors, projects that involve health care, housing and mental health and addictions support are various examples of work that demonstrates quality improvements in accessing health care for some of our most vulnerable residents.

Numerous initiatives are underway in an effort to ensure the needs of our clients including their cultural values are incorporated into the care and services SLMHC provides. One such initiative is aimed at providing care and support to diabetes clients in remote Indigenous communities; providing care closer to home. Through automated remote patient monitoring, the program will allow 20 patients to be monitored by their diabetes team without having to leave their homes.

Additionally, we have participated in American College of Surgeons – National Surgical Quality Improvement Plan from April 2015. By joining the ACS NSQIP, our hospital is committed to collecting and sharing non-personal health information from randomly assigned surgical patients and entering relevant data into a secure database, for further analysis and understanding the post-surgical complications in patients. With this information, we are able to identify areas for improvement and to track and inform the progress on the quality improvement initiatives. Over the past two years, we have submitted a Surgical Quality Improvement Plan and we have successfully achieved our target for those years, for our selected Surgical QIP indicators (i.e., to reduce rates of postoperative Surgical Site Infection and to prevent Venous Thromboembolism).

## Engagement of Clinicians, Leadership and Staff

Through the strategic priorities of “Investing in People” and “Innovations and Partnership”, SLMHC has committed to enhanced engagement of clinicians, leadership and staff across the organization. Leveraging an existing Shared Planning Framework, professional and support staff, including physician leaders are provided the opportunity to be involved in decision-making and help to inform identified improvements required. Through this forum, progress and achievements of the QIP will be shared widely for further input.

The adoption of numerous Quality Based Procedures is another example of current initiatives intended to impact the indicators for readmission of Congestive Heart Failure and Chronic Obstructive Pulmonary Disease patients.

Daily departmental huddles and leaders rounding regularly on direct reports are other examples of engagement where staff and physicians are specifically asked about quality improvement ideas by SLMHC’s leaders.

## Population Health and Equity Considerations

Meno Ya Win, in the Anishnawbe language, means health, wellness, well-being. It refers to holistic healing and wellness, the whole self-being in a state of complete wellness. Guided by our strategic priorities, SLMHC is moving closer to realizing the vision of being a “Centre of Excellence in First Nations and northern health care by working together to improve the health status of individuals, families, and communities now and for generations to come”. SLMHC has a specific mandate among Ontario’s hospitals to provide a broad set of services to a largely First Nations service population in a way that addresses the health status and cultural needs of that population.

Our 2018/19 QIP will monitor our patients’ perception of whether their cultural values were taken into consideration during their health care experience within the hospital. All staff are required to attend a two-day Anishnawbe Cultural training and a one day Culturally Safe Care training during their orientation to the facility. This training is aimed at enhancing our staffs understanding of the patients they encounter on a daily basis.

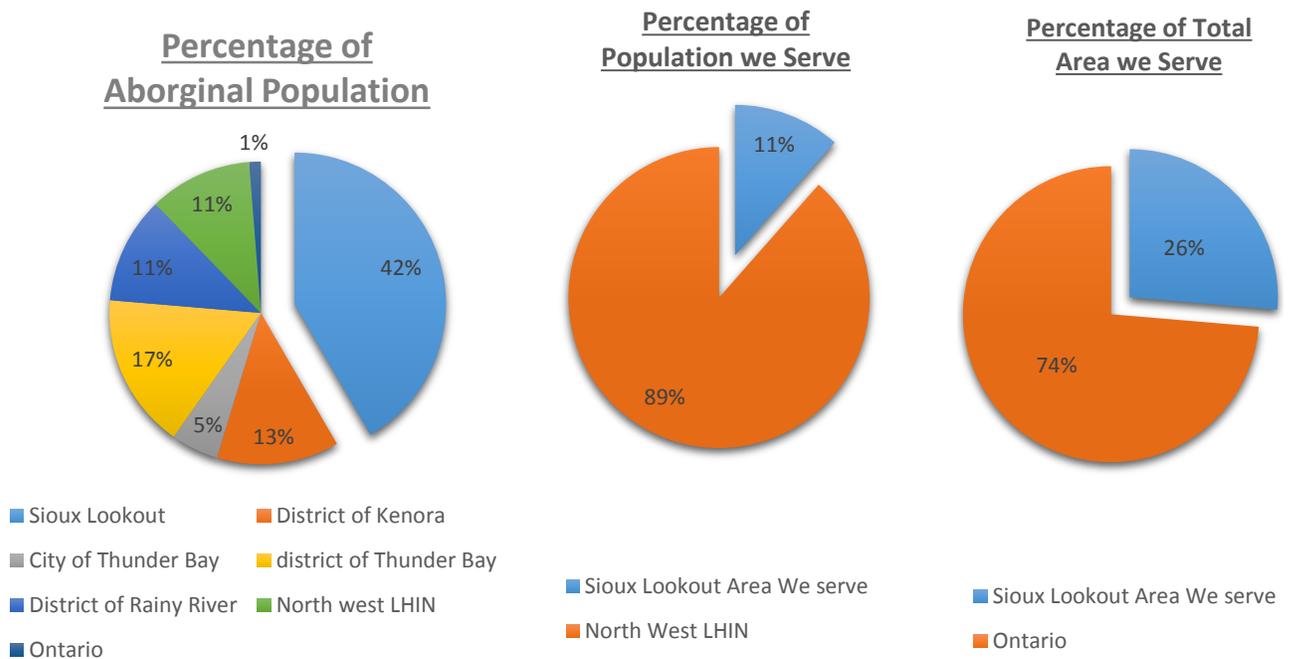
Our Traditional Healing, Medicine Food, and Support (THMFS) program is integrated throughout the daily operations of the organization. It is a new model for integrated First Nations hospital-based services. This program offers support and choice in healing approaches to our patients and clients. It is built on a strong foundation of culturally-responsive values and practices. The five specific components of the program include:

- Weechee’iwewin (Patients & Client Support)
- Odabiidamageg (Elders Council – Governance and leadership)
- Andaaw’iwewin (Traditional Healing)
- Mashkiki (Traditional Medicine)
- Miichim (Traditional Food)

The program is also supported by the Elders in Residence, who visit patients and often sit with palliative patients and their families for both emotional and spiritual support. They bring a calming influence and their role is vital in providing culturally appropriate care to the elderly patients. Another important component of the THMFS program is the involvement of medical interpreters and traditional healers who are available to provide support to staff and patients throughout the hospital.

**Sioux Lookout Population Stat:**

Our Sioux Lookout region represents a unique geography. The key characteristics of the North West LHIN is that we are the largest proportion (81.3%) of Aboriginal people of all Ontario (*North West LHIN by 2011 Statistics Canada Census*). We serve approximately 30,000 people, that is the 26% of total area of the entire province.



**Access to the Right Level of Care – Addressing ALC**

At SLMHC we continue to see ALC rates increasing with minimal options for care in the communities we serve. Two years ago, the MOHLTC provided funding to undertake a Seniors Care and Housing strategy in the northern region. Led by the Northwest Local Health Integration, SLMHC along with partners in the northern region facilitated the project set for completion in March 2018. Before undertaking the project, it was evident that very limited support was available in the local area or Indigenous communities for seniors and elders. SLMHC with 60 acute care beds and 20 ELDCAP beds has been experiencing over-capacity issues over the past year with over 35% of patients designated as ALC awaiting LTC.

In addition to the Seniors Care and Housing strategy recommendations that are forthcoming, in 2014, SLMHC submitted a 96-bed ELCAP proposal to the MOHLTC in hopes of addressing the severe lack of LTC beds for the population served.

While SLMHC continues to work with partners and leadership across the various communities served, we continue to monitor ALC rates through the 2018/19 QIP.

## **Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**

We provide a multi-day outpatient withdrawal program to individuals who are struggling with opiate and/or alcohol addiction. A care team consisting of nurses, counsellors and activation workers are available to assist clients in reaching their goals, including those clients who present to the Emergency Department. Length of treatment is up to a maximum of 14 days. Our services include individualized care planning, medical withdrawal intervention, discharge planning, referrals to other programs and programming including, educational sessions and group work, activation and individual addiction and mental health counselling. The management of pain (including the role of opioids) and the treatment of opioid use disorder are important elements of a broader strategy in Ontario. Given the complexity of these issues and based on the QIP priorities, our organization reviews the current practices related to opioid prescribing and treatment of opioid use disorder. Our organization's MyPractice Reports are accessible to all family physicians and are available to reflect on their opioid prescribing patterns, relative to their peers.

## **Workplace Violence Prevention**

SLMHC is committed to providing a safe and supportive environment for our employees, patients, and stakeholders. Workplace Violence is included as a measure on the 2018/19 QIP. With the support of our Board of Directors and the Senior Executive the organization has undertaken a full review of the Workplace Violence Prevention program and is currently addressing any gaps by leveraging recommendations provided by the Ministry in June 2017. We do not tolerate workplace violence and we endeavor to identify, mitigate and prepare for the risk of violence through training and reporting structures. We conduct regular risk assessments and we deliver training related to workplace violence to all staff (i.e., non-violent crisis intervention). We review/investigate all reports of violence (using utilizing root cause analysis) and take corrective action as appropriate.

## Performance-Based Compensation

Executive compensation is tied to improvement target with a 3% salary at risk for the CEO and 1% salary risk for our executive team. In SLMHC, the senior management takes responsibility for the quality performance.

Indicator	Target for 2017-2018	Current Performance	Target Rationale
<b>Effective:</b> Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital? (% / Survey respondents who responded "Completely")	75%	63.63% (Average of Q1-Q3)	This is a new measure for the organization and so the target was set to show internal progressive improvement. Here in Northwestern Ontario, there are language barriers between staff and patients; hence, there may be a challenge in achieving 100% even with on-site interpreters.
<b>Efficient:</b> Total margin (%)	>-1.75 to <1.75%	x	x
<b>Equitable:</b> Percentage of patients responding "the hospital staff took my cultural values and those of my family or caregiver into account" (% / survey respondents who responded "Strongly agree")	80%	82.60% (Average of Q1-Q3)	80% Internal progressive target
<b>Patient-Centered:</b> Percentage of patients who answered "would you recommend this hospital to family or friends" (% / survey respondents who answered "Definitely yes")	90%	76.31% (Average of Q1-Q3)	90% Internal progressive target
<b>Timely:</b> Total ED length of stay where 9 out of 10 complex patients completed their visits (Hours/Patients with complex conditions)	90%	100% (Average of Q1-Q3)	90% within 8 hours.

### Executive performance compensation calculations

President and Chief Executive Officer– 3%

Performance Assessment Category	Does Not Meet	Almost Fully Achieved	Fully Achieved	Exceeded
Weighted Payment of at Risk Pay as a %	0	50%	90%	100%
Effective (20%)	0	0.30%	0.54%	0.60%
Efficient (20%)	0	0.30%	0.54%	0.60%
Equitable (20%)	0	0.30%	0.54%	0.60%
Patient Centered (20%)	0	0.30%	0.54%	0.60%
Timely (20%)	0	0.30%	0.54%	0.60%

Senior Executives- 1% (VP, COS, ACOS)

Performance Assessment Category	Does Not Meet	Almost Fully Achieved	Fully Achieved	Exceeded
Weighted Payment of At Risk Pay as a %	0	50%	90%	100%
Effective (20%)	0	0.10%	0.18%	0.20%
Efficient (20%)	0	0.10%	0.18%	0.20%
Equitable (20%)	0	0.10%	0.18%	0.20%
Patient Centered (20%)	0	0.10%	0.18%	0.20%
Timely (20%)	0	0.10%	0.185	0.20%

## Contact Information

## Other

## Sign-off

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

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



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Board Chair (signature)



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Quality Committee Chair (signature)



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Chief Executive Officer (signature)

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Other Leadership as appropriate (signature)