

Excellent Care
For All.



2011-12

Quality Improvement Plan

(Short Form)



April 1, 2011

Leamington District Memorial Hospital

We will be a Respected Leader in an Integrated Health System

2011 - 2012

This document is intended to provide public hospitals with guidance as to how they can satisfy the requirements related to quality improvement plans in the *Excellent Care for All Act, 2010* (ECFAA). While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and hospitals should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, hospitals are free to design their own public quality improvement plans using alternative formats and contents, provided that they comply with the relevant requirements in ECFAA, and provided that they submit a version of their quality improvement plan to the OHQC in the format described herein.

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Part A:

Overview of Our Hospital's Quality Improvement Plan

1. Overview of our Quality Improvement Plan (QIP) for 2011-12

Leamington District Memorial Hospital has established Quality as its number one standing goal and has developed a comprehensive QIP for 2011-12.

We engaged the public in defining their expectations for care and service. Our QIP has been developed based on input from the public, our staff, physicians and Board. We have experience in establishing quality indicators, monitoring results and making improvements. We believe we can achieve our vision of becoming **"a respected leader in an integrated health system."** This QIP is our promise and commitment to broad, open communication about how we are measuring up to our stated values: **Accountability, Service, Teamwork, Respect and Innovation.**

2. What we will be focusing on in 2010/2011 and how these objectives will be achieved

Our quality plan for April 1, 2011 to March 31, 2012 defines 4 major goals and 10 objectives. We will continue with public reporting, monitoring and evaluation of patient safety indicators (i.e. infection prevention, falls causing harm, pressure ulcers etc.) and ED wait times for all visits to the department. **However, this year's focus will be on the following:**

1. Safety: Keeping people safe

- by continuing to improve our hand hygiene rates

2. Effectiveness: Providing care that works and is based on scientific information

- reducing the risk of clots in all our services
- reducing readmissions to hospital with a diagnosis of Congestive Heart Failure
- reducing the number of days patients who do not require hospitalization are in hospital
- keeping the hospital healthy financially so we can continue to provide service
- continuing to have lower than expected results in the number of deaths

3. Access: Getting the right care at the right time

- reducing the Emergency Department wait time for admitted patients

4. Patient Centered: Providing care sensitive to a person's needs and preferences

- improving overall patient satisfaction
- improving patient satisfaction in the area of emotional support
- improving the care we provide to the older adult (seniors)

3. How the plan aligns with the other planning processes

This Quality Plan aligns with the 5 corporate goals originating from our 2008 Strategic Plan. The goals identify Quality; People; Partnerships; Information and Finance as the priorities.

The plan is in alignment with provincial and regional directions to improve quality of care in the emergency department; the care of the frail elderly; and to maintain the financial health of the hospital.

The plan is in alignment with Canadian Accreditation requirements to base care on evidence based information, monitoring and measuring results and creating improvement plans on an ongoing basis.

This plan engages our Board; staff and physicians in making changes that will meet the expectations of regulators and the public.

Our success in many areas of this plan will depend upon the support of our regional partners.

4. Challenges, risks and mitigation strategies

A challenge in a small hospital is that we are accountable at the same level as the larger hospitals but we do not have the same resources or supports for quality initiatives. As a result, we must select and focus the organization on a manageable number of quality initiatives. We are striving to continue to provide all existing programs and services and continue to be healthy financially and meet quality expectations. We will continue to integrate with our regional partners when integration results in improvements in safety, efficiency, access and patient satisfaction.

We have restructured our care teams and have focused the work of the care teams on the Quality Plan. Monitoring the quality work of the teams monthly at the Board, Medical staff meetings and staff events will embed quality firmly into our daily operations. We need the continued support of the Local Health Integrated Network (LHIN) and the Community Care Access Centre (CCAC) to assist with the flow of patients and improve our ED wait times and service.

Part B: Our Improvement Targets and Initiatives

Please see the ["Improvement Targets and Initiatives – Part B"](#) spreadsheet (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

LDMH's Executives' Compensation will be directly linked to the 2011-2012 QIP in adherence with Ontario's Regulation 444/10.

The purpose of performance-based compensation related to ECFAA is to drive accountability for the delivery of quality improvement plans. Performance-based compensation can help organizations to achieve both short and long-term goals. By linking achievement of goals to compensation, organizations can increase the motivation to achieve these.

All of LDMH's Executive Team will have a portion of their salary directly linked to achieving the goals set for the 10 corporate objectives under the 2011-2012 QIP. *(See comments column in Part B spreadsheet attached)*

LDMH is confident that this will:

1. drive performance and improve quality care
2. establish clear performance expectations
3. create clarity about expected outcomes
4. ensure consistency in application of the performance incentive
5. drive transparency in the performance incentive process
6. drive accountability of the team to deliver on the QIP
7. enable team work and a shared purpose

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.

John Cervini
Board Chair

Tyler Chadwick
Quality Committee Chair

John Stenger
Chief Executive Officer