

Excellent Care  
For All.



2011-12

# Quality Improvement Plan

(Short Form)



April 1, 2011

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## Part A:

# Overview of Our Hospital's Quality Improvement Plan

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

The Norfolk General Hospital will strive to improve the quality of care and safety for our patients on an ongoing basis including core processes and outcomes. Our organization will enhance a culture which promotes the implementation of evidence based best practice among all members of the healthcare team. All staff will respect the preferences of patients in the provision of patient partnered care. Our patients will receive the right service in the right place at the right time. The Norfolk General Hospital will identify specific areas for improvement with targets to measure performance. All staff and physicians will embrace the organizational values.

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

The Norfolk General Hospital will strive by March 31, 2012:

- Achieve a hand hygiene compliance before patient contact of 66.01%
- Attain a surgical checklist compliance rate of 97.88%
- Achieve a compliance rate of 65% for prophylaxis for venous thromboembolism
- Reduce the 30 day re-admission rate to any facility to 16.4% for selected conditions
- Reduce the percentage of total patient days that are designated as alternate level of care to 25%
- Have a balanced operating budget in fiscal year 2011/2012
- Have 80% of admitted patients with a length of stay in the Emergency Department within 8 hours
- Have 54.5% of our Emergency Department patients state that they would definitely recommend our Emergency Department service

From April 2011 to March 2012, the Norfolk General Hospital will:

- Continue to monitor adherence to hand hygiene compliance before patient contact
- Encourage patients to ask their healthcare providers if they washed their hands
- Select a Physician and Registered Nurse to champion the Surgical checklist and undertake a monthly audit to monitor compliance
- Implement a Risk Assessment Tool for Venous Thromboembolism and undertake monthly audits to monitor compliance
- Further implementation of the medication reconciliation process on discharge and ensure all discharged patients understand the purpose of each drug, the dosage and medication changes while in hospital
- Review bed utilization management on a daily basis during weekdays
- Monitor monthly actual versus budget operating expenditures on a monthly basis to ensure appropriate resource utilization
- Promote daily in-patient discharges by 1100 hours
- Implement the Registered Nurses' Association of Ontario Best Practice Guidelines on Pain Control in the Emergency Department

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

The achievement of the Emergency Department length of stay and percentage of alternate level of care days to total patient days targets will contribute to the success of the HNHBLHIN's targets for these two performance indicators. The Home First Initiative of the HNHBCAC including the expansion of home support services is consistent with the efforts of the Norfolk General Hospital to reduce the percentage of alternate level of care patient days to total patient days and the thirty day re-admission rate for selected conditions. The Hospital Services Accountability Agreement between the Norfolk General Hospital and HNHBLHIN for fiscal year 2011/2012 requires the hospital to have a balanced operating budget. The Surgical Checklist and the Prophylaxis for Venous Thromboembolism are Required Organizational Practices for Accreditation Canada.

### 4. Challenges, risks and mitigation strategies

- Availability of home care services required by discharged patients
- High occupancy rate of the nursing homes in Norfolk County
- High percentage of residents over the age of 65 in Norfolk County (16.5%)
- Ability to close eight complex care beds by April 1, 2012 as per the report entitled 'An Integrated Program for Complex Care in the HNHBLHIN'
- Unknown global budget funding levels in 2011/2012
- Shortage of Family Physicians in Norfolk County which will require additional residents to rely on the Emergency Department for primary care services
- Current regulations allows limited choice by patients/families in selecting a long term care home

#### MITIGATING STRATEGIES

- Continued monitoring of the percentage of alternate level of care patient days to total patient days with staff of the HNHBLHIN
- Ongoing efforts to recruit additional Family Physicians to Norfolk County
- Ongoing monitoring of actual versus operating budget expenditures

## **Part B: Our Improvement Targets and Initiatives**

*See attached*

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

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

The Executive Committee of the Board of Directors has approved that 5% of the compensation for the senior administrative staff (Chief Executive Officer, Vice President of Patient Care, and the Vice President of Finance) and 5% of the stipend for the Chief of Staff be tied to the achievement of the performance indicators as indicated below:

Performance Indicator	Current Performance	Target Performance	Weighting	Percentage of Available Incentive				
				0%	25%	50%	75%	100%
Hand Hygiene compliance before Patient Contact	63.97%	66.01%	1.67%	63.97%	64.48%	64.99%	65.5%	66.01%
Surgical Checklist	96.82%	97.88%	1.67%	96.82%	97.09%	97.36%	97.63%	97.88%
Prophylaxis for Venous Thrombo-embolism	40%	65%	1.67%	40%	46%	52%	58%	65%