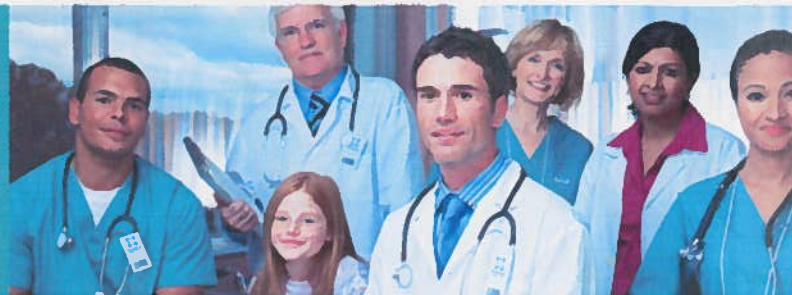


Excellent Care
For All.



2011-12

Quality Improvement Plan

(Short Form)

St. Joseph's General Hospital Elliot Lake
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Elliot Lake, ON P5A 1X2
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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.

ontario.ca/excellentcare

Part A:

Overview of Our Hospital's Quality Improvement Plan

Purpose of this section: Quality Improvement Plans (QIPs) are, as the name suggests, all about improvement. They are an opportunity for organizations to focus on how and what to improve, in the name of better patient-focused care. As such, they will be unique documents, designed by, and for, each individual organization. Overall, a QIP should be seen as a tool, providing a structured format and common language that focuses an organization on change. The QIP will drive change by formalizing a plan and facilitating shared dialogue to support continuous quality improvement processes. This introductory section should highlight the main points of your hospital's plan and describe how it aligns overall with other planning processes within your organization. In addition, this section provides you with an opportunity to describe your priorities and change plan for the next year.

Please refer to **Appendix D** in the [QIP Guidance Document](#) for more information on completing this section.

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

[A general statement (100 words maximum) that is inspiring and situates the objectives within the Vision, Mission and Values of your organization]

St. Joseph's General Hospital Elliot Lake (SJGHEL) is a Catholic healthcare organization committed to continuing the healing ministry of Jesus by caring for the Body, Mind and Spirit of the people in our community. The care we provide is founded on the Judeo-Christian tradition and a belief in the dignity of each person. SJGH EL recognizes the need to improve the quality of care and service provided to its customers. To this end the Organization utilizes a Quality Improvement Process (QIP) based on identifying quality improvement initiatives that are focused on patient safety, customer satisfaction and efficiency.

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

[A description of the objectives that have been identified to improve quality of services and care in your hospital. This section describes the specific aims, measures and change ideas that form the core of the plan. You should also indicate how resources will be used to ensure that the correct financial levers are in place to execute the activities listed in your QIP]

SJGH EL will implement quality improvement initiatives that are evidence-based best practices and will, through time, improve the quality of care and service. The Organization's fifteen (15) QIP initiatives for 2011/12 are:

1. Maintain 0% Ventilator Associated Pneumonia (VAP) rate
2. Improve employee hand hygiene compliance above the current 57% rate
3. Maintain 0% central line blood stream infections (CLI) rate
4. Avoid new pressure ulcers in Complex Continuing Care patients
5. Reduce falls in Hospital per 1000 inpatients days to 3.9
6. Maintain low Hospital Standard Mortality Ratio (HSMR), subject to limitations of statistical anomalies caused by small sample
7. Reduce unnecessary hospital readmissions, awaiting information from CIHI
8. Reduce non Long Term Care Home Alternate Level of Care categories of ALC days in acute care beds
9. Achieve 2011/12 budgeted Total Margin ratio
10. Reduce number of errors in patient identification
11. Reduce the error factor in the Surgical Checklist process (SCL)
12. Improve incontinent control of Long Term Care Home residents
13. Reduce repeat Emergency Department addiction visits within 30 days to 19% or less
14. Admit inpatients admitted through the Emergency Department at or better than the rate of the top 10% of Ontario hospitals
15. Complete patient satisfaction survey by September 30, 2011

Executive Pay-for-Performance plan is tied to the initiatives highlighted in yellow.

For details see attached spreadsheet QIP SJGHEL Mar 11 2011.xls

3. How the plan aligns with the other planning processes

[An explanation of how this document links to the other planning documents developed by your organization (such as H-SAA) and key external partners such as the LHIN and CCACs.]

The Organization's 2011/12 QIP initiatives are consistent with our Vision, Mission, Values, Strategic Plan, our three Service Accountability Agreements, and the Required Organization Practice improvements identified during our 2010 Accreditation survey.

4. Challenges, risks and mitigation strategies

[This section describes the relative risks that may inhibit the accomplishment of the objectives and the mitigating strategies that have been identified to lower those risks.]

There is a risk that some performance initiatives, to which the Executive pay-for-performance compensation plan are tied, will not be achieved because there are factors that influence the achievement of the initiatives that are beyond the control of management.

The organization relies on other health service providers to deliver the services that are within their mandate to enable the hospital to achieve some of its QIP initiatives. In particular home-care-services must be provided by the NE CCAC to enable the hospital to reduce the number of ALC patients requiring rehabilitation services. The NE LHIN must fund the hospital equitably to enable it to achieve a zero total margin.

St. Joseph's General Hospital will be in its 54th year of service during the 2011/12 fiscal year and its infrastructure is beginning to fail. This is increasing the demands on the hospital's limited financial resources. There is a risk that one or more of the hospital building systems will fail and require part of the facility to be taken out of service while repairs are completed. This will disrupt services that may need to be transferred to other facilities in neighbouring communities. A Facility Condition Assessment (FCA) of the building will be completed in April 2011. The results of this report will be shared with the Minister of Health and the local MPP as a follow-up to a request that was made of them by the Chief Executive Officer in February 2011 that they assist him in planning the orderly replacement of the facility in the near future.

Part B: Our Improvement Targets and Initiatives

Please complete the "Improvement Targets and Initiatives – Part B" spreadsheet (Excel file). Please remember to include the spreadsheet (Excel file) as part of the QIP Short Form package for submission to the OHQC (QIP@ohqc.ca), and to include a link to this material on your hospital's website.

[See attached spreadsheet QIP SJGHEL Mar 11 2011.xls]

Part C:

The Link to Performance-based Compensation of Our Executives

Purpose of Performance-based compensation:

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

Please refer to Appendix E in the [QIP Guidance Document](#) for more information on completing this section of the QIP Short Form.

Manner in and extent to which compensation of our executives is tied to achievement of targets

[Compensation should be linked to targets for those members of the senior management group who report directly to the CEO, including the chief of staff (where there is one) and the chief nursing executive. Please refer to the [regulation](#) (Ontario Regulation 444/10)]

The following is a summary of the Organization's Executives Pay-for-Performance Compensation Plan:

SJGH EL has never had a pay-for-performance system (bonus system) in place for any of its employees. The Organization is now required by Provincial law to have an Executive pay-for-performance system in place. In response to the legislative requirements, the Organization will complete a review of its non-union compensation plan, make the appropriate adjustments and develop and implement a pay-for-performance plan for its executives that will be implemented April 1, 2012 and beyond.

Non-union hospital salaries and benefits were frozen by the Provincial Government for the 2010/11 and 2011/12 fiscal years.

In light of the fact that SJGH EL does not have a pay-for-performance plan in place and whereas the salaries of its executives have been frozen for two years, the Board of Trustees and the Executives agreed to implement a transitional plan for 2011/12 to inform them of the results of this significant change.

The pay-for-performance compensation plan applies to the following executive positions of the Organization:

Chief Executive Officer
Assistant Executive Director Patient Care Services
Director Human Resources
Chief Financial Officer
Chief of Staff
Administrator/Director of Care St. Joseph's Manor
Director Oaks Treatment Centre

Whereas, the rates of pay of the above noted positions are frozen, no bonus may be paid to the incumbents to incent the executives to achieve the QIP initiatives. Therefore, the Board of Trustee and Executives agreed to put a portion of the Executives' existing salaries at risk during this transition year as a proxy for an incentive. In particular executives will be required to achieve the following six (6) quality improvement initiatives; Handwashing, Patient Falls, Patient Identification, Surgical Check List, Incontinence Control, and Reduce repeat addiction visits to Emergency Department. For each quality improvement initiative that the executives fail to achieve they will forfeit one sixth (1/6th) of the compensation they placed at risk.

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:

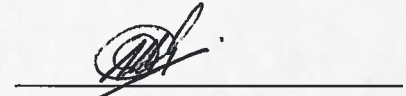
1. Was developed with consideration of data from the patient relations process, patient and employee/provider surveys, aggregated critical incident data, and patient safety indicators;
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in 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.



[Sr. Trina Bottos]
Board Chair



[Norman Mann]
Quality Committee Chair



[Mike Hukezalie]
Chief Executive Officer