

Let's Make Healthy  
Change Happen.



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



# Red Lake Margaret Cochenour MEMORIAL HOSPITAL

3/27/2019

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

The Red Lake Margaret Cochenour Memorial Hospital is an 18 bed hospital in the northwest corner of Ontario. The hospital is located 2 hours north of the Trans-Canada Highway, 2.5 hours from the next nearest hospital and 550 km from the nearest tertiary care center.

We serve the communities of Red Lake, Ear Falls, and Wabauskang First Nation; a combined population of 5465 residents (2011 census).

We provide 24 hour emergency care, inpatient acute and chronic care and low-risk obstetrics. We also have a busy telemedicine program, provide chemotherapy for oncology patients and endoscopy service in collaboration with a visiting physician. Our multidisciplinary team includes laboratory, diagnostic imaging, ultrasound, physiotherapy, occupational therapy, and nutrition counselling and diabetes education.

The Red Lake Hospital also offers mental health and addictions counselling through the Community Counselling and Addictions Service, located off-site in a downtown office location. The Hospital is also the corporate sponsor for the local Employment Ontario program.

Each year, Red Lake Hospital submits a Quality Improvement Plan (QIP) with the intent of making change in key areas that are important to our staff, volunteers, patients and patient family members. This year we will continue to focus on ways in which we can protect our staff from violent incidents, as every employee has the right to feel safe at work. We also continue to believe in our efforts at following up in a timely manner on all patient complaints. Without valued feedback from our patients and families we cannot continue to strive for excellence in our community. Finally, we have chosen to focus on the needs of our patients, not just when they enter our hospital, but to ensure they have the right information and supports in place upon leaving the hospital.

## Describe your organization's greatest QI achievement from the past year

With the help of a dedicated focus group of oncology patients, the help of a local cancer care volunteer, and some dedicated staff members, Red Lake Hospital created a resource for newly diagnosed oncology patients. During our first focus group with previous and current oncology patients it was brought to our attention that they were all happy with the level of care they were provided. It was, however, a shared frustration that there was a lot of items that they wished they had known throughout the process. With the groups help, the hospital was able to create a resource that was targeted towards information that would have made their care easier. In some cases this was as simple as understanding that certain out of town hospitals had "change only" parking lots, but in other cases it was able to provide ways of understanding and compiling the massive amounts of information that are received so that they became usable as needed later on. It was a truly rewarding experience for all involved and positive feedback regarding the resource has already been received.

## Patient/client/resident partnering and relations

Work with our patients and families is an embedded process at Red Lake Margaret Cochenour Memorial Hospital. Beyond bringing our Quality improvement initiatives to our Patient and Family Advisory Committee, we have begun several projects that have been generated from this group as well. We are constantly seeking feedback on everything from construction to signage. In order to ensure we are representing different areas of our hospital, we host one dedicated focus group per year. The purpose of this focus group is to concentrate on one particular aspect of the services we provide, in order to ensure we are continuing to deliver the best care that is at our disposal. To ensure we continue to grow in our work with patients and families, we are going to pilot interviews with our patients by the leadership team within 48 hours of admission as a check in to see if they were given all the information they required and if there is something we could be doing better.

## Workplace Violence Prevention

One of the greatest highlights for our hospital last year was the collaborative work we were able to achieve in violence prevention. We were able to work through three of the recommended Public Services Health and Safety Association tool-kits related to different areas of violence prevention. Because of this work we were invited to be a part of a case study that highlighted our use of these products through the lens of senior management, front line staff, union representatives and Occupational Health and Safety Committee members. There has been a noticeable reduction in violent incidents, as compared to previous years, and some of the deliverables that have been achieved include a flagging tool for potentially violent patients to ensure staff are aware of additional risks, the creation of a violence task-force to focus on prevention and the elimination of risks, the creation of a patient watch program to provide one on one monitoring for at risk clientele and the creation and revision of several violence related policies.

## Executive Compensation

1) Percentage of respondents who responded positively to the following question: 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?

\*\*\*Target is 60% of respondents responding "Completely" in Q3\*\*\*

2) Proportion of hospitalizations where patients with a progressive, life-threatening illness have their palliative care needs identified early through a comprehensive and holistic assessment.

\*\*\* 25% of all palliative patients in Q3 \*\*\*

3) Delivery of training and awareness regarding potential violence risks related to certain drug usage to 75% of nursing staff by Q3.

\*\*\* 75% of full-time and part-time nursing staff receiving training by end of Q3\*\*\*

4) Total margin for the hospital at 0% or better at year end 2019

\*\*\*\*100% of compensation for 0% or better, 50% compensation if within 1% of 0% margin\*\*\*

## Contact Information

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## Sign-off

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

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

Board Chair  (signature)  
Board Quality Committee Chair  (signature)  
Chief Executive Officer  (signature)  
Other leadership as appropriate \_\_\_\_\_ (signature)

2019/2020 Quality Improvement Plan  
 "Improvement Targets and Initiatives"

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AIM		Measure								Change					
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
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Theme II: Service Excellence	Patient-centred	h	h		O U										
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