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



4/3/2017

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.

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Overview

Hanover and District Hospital (HDH) continues to provide a full range of primary acute care hospital services and selected secondary services to meet the needs of the population of Hanover and the surrounding rural townships. Our Mission is to collaborate with our partners to ensure that the residents of our region receive the highest quality care possible. Our Vision is to be an "Innovative Health Care Network" living our Values: Integrity, Compassion and Collaboration.

The Board of Governors, staff, physicians and community partners work together to accomplish seamless care that provides core rural health services close to home and formalizes clear pathways for referral to additional services. Thus, the overall objective is to strive for integration and continuity of care across the healthcare sector. HDH partners with peer acute hospitals, community agencies such as CCAC, long term care homes and social service providers to provide, or refer and connect, residents of the region to ensure they receive optimal care.

We provide local residents access to the care they need through the 24/7/365 Emergency Department, Physiotherapy Program, Cardiac Rehabilitation Program, Acute Care Unit (inclusive of medical surgical beds, multipurpose ICU and restorative care beds), Family Centered Birthing Unit, Hemodialysis Unit and Palliative Care Services. Access is provided within the organization to Community Mental Health Services, Home and Community Support Services, Community Care Access Center (CCAC), Victorian Order of Nurses, the Hanover Family Health Team and the Hanover Medical Clinic. HDH's ambulatory clinics include: pediatrics, urology, orthopedic, orthotics, endocrinology/diabetes, surgical ophthalmology, obstetrics, PICC placement, and renal dialysis.

HDH has and will continue to maximize opportunities for service integration and coordination between acute, primary care and community care providing selected acute care, surgical and other health care services within our health care "hub". "Accredited with Exemplary Status" reflects that our Board and staff strive to surpass the fundamental requirements of the accreditation program. Accreditation has aligned and assisted the staff of our health care organization to improve our performance, focusing on quality improvement and safety initiatives for the benefit of the patients and the services we provide.

As we planned for and developed the 2017/18 Quality Improvement Plan (QIP) we considered the three provincial priorities including: Patient Engagement, and engaging community members/patients, for purposes of improving quality; Integration and Coordination, to ensure the delivery of appropriate, high quality co-ordinated care. The ultimate goal is to improve coordination and integration, i.e. Health Links. Lastly, Quality and Funding, as a small facility we continue to monitor the Quality Based Procedures (QBPs) following their processes and aligning our services to meet the best practices established. The QIP is aligned with our strategic plan, operational plan, service accountability agreements and hospital goals and objectives as well as the provincial priorities and LHIN initiatives through being innovative, collaborative and accountable.

The QIP continues with the direction of the Board of Governors, staff and physicians for the coming year in the quality dimensions which include being effective, patient centered, efficient, safe, timely and equitable through the 2017 initiatives. This includes an improved communication strategy and plan between staff, physicians and Board Governors, a patient centered care model with Patient Advisory Committee, and increasing collaborative partnerships to complement services both regionally and locally within the HDH Healthcare Hub. This year the 2017/18 measurable outcomes will be achieved through Hospital peer reviews; integration; partnerships; clinical outcome review; process audits; variance analysis; patient, staff and physician satisfaction surveys; staff education and training; and other appropriate quality improvement techniques. In doing so, the QIP will specifically focus on measurable indicators, changes and ideas under four of the quality dimensions:

Patient Centered: Establish a baseline for % of home support for discharge palliative patients; Percent of palliative care patients discharged home from the hospital with the discharge status "Home with Support".

Patient Centered: Improve positive patient experience when receiving information when leaving the hospital to a 95% satisfaction rating overall using the question: "Did you receive enough information when you left the hospital?", add the number of respondents who responded "Completely" and divide by number of respondents who registered any response to this question (do not include non-respondents.)

Patient Centered: Improve positive patient experience for recommendation of inpatient care to 95% satisfaction rating overall using the question: "Would you recommend inpatient care?", add the number of respondents who responded "Definitely Yes" and divide by number of respondents who registered any response to this question (do not include non-respondents.)

Patient Centered: Improve positive patient experience for recommendation of emergency department to a 95% satisfaction rating overall using the question: "Would you recommend the emergency department?", add the number of respondents who responded "Definitely Yes" and divide by number of respondents who registered any response to this question (do not include non-respondents.)

Efficient: Reduce unnecessary time spent in acute care to 13.55%; Total number of ALC inpatient days contributed by ALC patients within the specific reporting period (open, discharged and discontinued cases), divided by the total number of patient days for open, discharged and discontinued cases (Bed Census Summary) in the same period.

Safe: Increase proportion of patients receiving medication reconciliation upon Admission to 100%. Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital.

Safe: Increase proportion of patients receiving medication reconciliation at Discharge to 100%. Medication reconciliation at Discharge: The total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged.

Effective: Establish the baseline for the percentage of patients identified as meeting Health Link criteria who are offered access to Health Links approach. Total number of patients who were offered access to the Health Link approach divided by the number of patients identified through clinical level assessments and/or data-driven case-finding methods sources as meeting HLs criteria.

The suggested indicators that HDH chose not to include as priority indicators in the QIP as they are not applicable to our organization or are not stretch targets include;

- Risk Adjusted 30 day all-cause readmission rate for patients with congestive heart failure (A QBP Cohort – HDH does not have enough volume);
- Risk Adjusted 30 day all-cause readmission rate for patients with chronic obstructive pulmonary disease (A QBP Cohort – HDH does not have enough volume);
- Risk Adjusted 30 day all-cause readmission rate for patients with stroke (A QBP Cohort – HDH is not a stroke centre);
- 90th Percentile Emergency Department length of stay for complex patients (Not a stretch target);
- Readmission within 30 days for selected Health Based Allocation Model Inpatient Grouper (HDH is not part of HBAM);
- Hospital readmission rates for a mental illness or an addition (HDH does not have mental health beds);
- Percent discharge summaries sent from hospital to community care provider within 48 hours of discharge (Not a stretch target);
- Pressure ulcers for complex continuing care patients (HDH does not have CCC beds);
- Physical restraints in mental health (HDH does not have mental health beds);

QI Achievements From the Past Year

Last year's QIP was instrumental in achieving stretch targets to enhance care provisions for the patients and educating the staff with regard to using data to drive improvement with the exception of ALC inpatient days.

Efficient: Reduce unnecessary time spent in acute care by reducing the total number of ALC inpatient days within the specific reporting period. ALC rate is changeable with the small number of inpatient days for the hospital; this makes this a variable

metric. Further, the ALC metric is a system wide issue; HDH plays a role, but cannot control this metric solely. Staff continues to work with CCAC daily to discuss discharge plans and promoting home first with families.

Patient Centered: Improve patient satisfaction Positive Patient Experience through ER and in-patients services survey by 85% on surveys that rate through: "Overall, how would you rate the care you received at the hospital?", add the number of respondents who responded "Excellent" and "Very Good" and divide by number of respondents who registered any response to this question (we did not include non-respondents.) Our current performance for Q1-Q3 is 92% overall (In-patient Unit 87%, Emergency Department 98%, Family Centered Birthing Unit 92%). A number of organizational wide initiatives have been put in place to increase this metric. We continue to implement the "Achieving Excellence" modules; reinforcing the code of conduct, distribute the revised patient rights and responsibilities document, have created a Patient & Family Advisory Committee and educated the staff and physicians of what discourteousness is.

The community, patients, and family members have been involved in sharing their experiences, opinions, and ideas about the health care services we provide and how we can improve the services to them through meetings, presentations, surveys and satisfaction data. We actively seek out the perceptions, understanding and advice of our stakeholders through public engagement sessions as well as through our Network/healthcare partners. We continue to learn and improve how we deliver care over the years through their feedback identifying gaps and issues that are important to them and working collaboratively to address issues and develop programs in our catchment area. The feedback we receive helps us identify and work on issues to improve the health of our communities as well as shape and develop the content of our QIP.

Safety: Increase proportion of patients receiving medication reconciliation upon admission and discharge was achieved in all areas measured. Although this is not a stretch target we as an organization will continue to track this very important indicator.

Safety: Increase Hand Hygiene Compliance Before Patient Contact. The number of times that hand hygiene is performed before initial patient contact during the reporting period has been a resounding success. Departments achieved 98-100%.

Population Health

Hanover and District Hospital continues to provide a full range of primary acute care hospital services and selected secondary care services to meet the needs of the population of Hanover and the surrounding rural townships. According to Grey Bruce Public Health 18% of the population in the Grey Bruce region is over 65 years of age, 2% higher than the provincial average. In addition, cohorts between 45 and 54 years of age, and 55 to 64 years of age have also demonstrated growth in the last decade (Public Health, 2011). This means Grey and Bruce counties populations are made up of older people than the provincial average and it can be expected that they will require an increased access to healthcare close to home, including diagnostic technologies and services.

The major ailments that residents of Grey-Bruce counties experience that are associated with death are attributed to a wide-range of cardiovascular disease, various forms of cancers, diabetes mellitus, pneumonia, influenza, Alzheimer's disease, injury and poisoning (Based on Public Health data and Top case mix groups (CMG) admitted to HDH. In addition to these disease processes, patrons of HDH experience a higher rate of obesity than the rest of Canada, as well as higher smoking and drinking rates in relation to other parts of Ontario and Canada (Public Health, 2011). The most frequent admission diagnoses that presented at HDH over the last five years included: congestive heart failure, chronic obstructive pulmonary disease, uncontrolled diabetes mellitus, angina, falls and failure to cope.

This data is reflected in the number of people aged 65 and older (the aging baby boomers) presenting to the emergency department requiring more complex emergency care. These silver tsunamis are expected to more than double over the next 25 years. In fact retrospectively, over the last seven years Emergency departments on average have seen a 44.1% of high-acuity discharged patients visits and an increase of 17.5% of those seen were admitted to hospital. Locally HDH has the busiest Emergency Room (ER) in South Grey Bruce counties and is the only Emergency Department that provides a physician on-site 24/7. This requires a higher level of acuity to complete complex assessments and treatment modalities. Serving the population we also provide a robust Surgical Services program in South Grey Bruce counties housing two full-time general

surgeons that provide 24/7 on-call surgical coverage, as well as a number of visiting surgeons. The increased volume of the Emergency Department paired with an increase of volume and complexity in Surgical Services have led to increased utilization of the Intensive Care Unit and increased volume and complexity in the acute care medical surgical unit.

Mental health is highly prevalent and causes considerable concern and suffering in this area. Mental health is at a crisis. HDH does not have Mental Health beds. The Emergency department is faced with the ongoing challenges with the growing numbers of mental health patients, young and old, unable to find mental health services and or beds for Form 1 patients and are seriously concerned of no services for those under the age of 10. This is a common frustration and time consuming for physicians and staff to get the mental health patient the help they require. This puts stress on the department and causes safety concerns for staff, family and patients. To compound this problem, many individuals with psychiatric illnesses remain untreated. The treatment gap for mental disorders is collectively huge.

HDH is willing to partner with necessary stakeholders in order to ensure the residents of our region receive the necessary care.

Equity

HDH has partnered with Grey Bruce Health Chaplaincy Council (GBHCC) in order to provide community supports for patients at time of discharge. Our Day Chaplain is able to connect staff and patients to provide necessary resources in the community such as access to a foodbank, clothing, etc.

We continue to train staff in Cultural Competency in order to ensure that we are able to meet the needs of all whom require our service.

To meet the challenges above with the aging population many acute care programs and services have been put in place (as demonstrated above) with the exception of Mental Health. The care of people with mental health disorders is a growing concern for our emergency department staff and physician group. These disorders are highly prevalent and create a high emotional toll on individuals, families, and healthcare professionals.

Integration and Continuity of Care

HDH continues to have a long history of collaborating with other health and social service organizations to deliver the services our residents require. As a small hospital faced with the reality of public sector funding we have adapted and found new ways to remain viable. Working in collaboration with our partners; neighbouring hospitals, CCAC, Family Health Team, Mental Health and so forth to address the gaps in the services of our communities, planning for the future, and helping to support the navigation of our clients through the health care system, we will communicate frequently and clearly to seek input.

The QIP helps us find ways to continually improve the depth, quality, and access to the services our residents require and allows for a systematic, coordinated, and continuous approach to improving performance in a coordinated and collaborative effort with external partners to facilitate continuity of care for the patients we serve. The approach to improving our performance involves multiple departments and key external partners and disciplines, i.e. the CCAC, Family Health Team, primary care providers, Public Health, and neighbouring hospitals. This past year a strong focus of integration and partnership occurred with the Patients, Physicians, Family Health Team and the CCAC. While establishing the plan, processes, and mechanisms that comprise performance improvement activities for safety, timeliness, and effectiveness, efficient, patient centered and equitable. A key component to the success of all quality dimensions will include well informed staff and ongoing communication with our health care partners. This will be critical for transparency and success to ensure our efforts are successful. The quality dimensions focus on patient centered care and the integration of services across all areas of the patient journey ensuring the patient receives high quality, accessible and coordinated care.

Access to the Right Level of Care - Addressing ALC Issues

We strive to provide and ensure safe quality care and ensure the patients' needs are met through providing the right care, at the right place, and at the right time through the right service in our acute care setting and Health Care Hub. The plan reflects integration projects with a strong focus on collaboration, evidence and quality-based framework and investigating opportunities for process improvements and clinical redesign to minimize inappropriate readmissions; provide smooth transition transfers of ALC patients; improved patient outcomes; enhanced patient experience; and potential cost savings. The ALC metric is a system wide issue; HDH plays a role, but cannot control this metric solely. Staff continues to work closely with CCAC daily to discuss discharge plans and promote home first with families.

Engagement of Clinicians, Leadership & Staff

The development of the QIP represents the collective work of the Board of Governors of HDH and includes input received from our physicians, staff and stakeholders. The 2017/18 QIP reaffirms the Hospital's longstanding commitment to continuous quality improvement through accessible quality patient care, partnering with integration projects and being patient focused. The selected QIP quality dimensions and objectives were chosen with Physician input during Medical Advisory Committee meeting (MAC) and through Achieving Excellence meeting with Managers, Team Leads and Charge persons. The chosen indicators will be used as a significant lever for driving change in our organization with the goal of improving system quality and performance. Furthermore, the QIP document will outline the quality dimensions and objectives and the proposed measurement outcomes that will demonstrate the monitoring of progress.

As an organization, the Hospital staff, physicians and Board Governors will strive to improve its horizontal integrated systems of care with the delivery of a 'seamless service' through coordination of accessible health care, education of staff and patients, and the sharing of information about the programs and services offered at HDH.

Resident, Patient, Client Engagement

The community, patients, and family members have been involved in sharing their experiences, opinions, and ideas about the health care services we provide and how we can improve the services to them through meetings, presentations, surveys, letters, patient stories and satisfaction data. We actively seek out the perceptions, understanding and advice of our stakeholders through public engagement sessions, Patient and Family Advisory Council as well as through our Network/healthcare partners. We continue to learn and improve how we deliver care through their feedback identifying gaps and issues that are important to them and work collaboratively to address issues and develop programs in our catchment area. The feedback we receive helps us identify and work on issues to improve the health of our communities as well as shape and develop the content of our QIP. As an example through feedback received from healthcare providers as well as patients and families, we have expanded our Volunteer program to include; assisting patients with survey completion, assisting the portering of inpatients and out-patient clinics and assisting as greeters of the hospital for families attending day surgery.

Staff Safety & Workplace Violence

Patient and staff safety are of paramount concern. The Code White policy is regularly reviewed to ensure optimal patient and staff safety. Proper restraints for code white patients were purchased, a designated room within the emergency department was established that has minimal equipment in it for code white patients, and Staff are sent for code white training so that in turn, a train-the-trainer approach can be utilized to educate staff regarding the code white response. Two staff have the CPI "Nonviolent Crisis Intervention Program" training. With two trained educators, we are able to provide increased training for

all staff. Education on how to handle and diffuse a potentially aggressive situation and apply restraints, are very important for the safety of everyone.

All staff are encouraged to practice personal safety measures when entering or leaving the building after hours; park in the designated staff on call parking spots across from the emergency department doctor's entrance (close to the building) and to use a buddy system when leaving the building after hours. Staff working alone or few in number are provided personal safety alarms.

HDH has a monthly workplace inspection program where all hospital departments are inspected for violence and safety concerns. We annually administer a workplace violence survey to gain feedback and insight from our staff and volunteers. A mandatory annual education fair is held to ensure that all staff, physician and volunteers receive necessary safety education (some of the many elements covered during this fair include; violence and respect in the workplace, organization policies and procedures pertaining to code of conduct, personal alarm use, code training and response).

The JHSC in conjunction with the Code White team ensure that annual mock training is provided in order to ensure that staff are well educated and trained to respond to emergency situations.

Performance Based Compensation

The Effective Care for All Act (ECFAA) requires that the compensation of the CEO and other executives be linked to the achievement of the performance improvement targets laid out in the QIP. The purpose of performance-based compensation related to ECFAA is to drive accountability for the delivery of QIPs. The Board agrees the following executives will be linked to the organization's achievement of the targets set out in the annual QIPs:

- President CEO (Administrator)
- Chief of Staff
- Senior Management reporting directly to the President CEO

Each year, QIP targets will be reviewed with the Board Directors indicating the degree to which the targets have been met. As indicated in the Hospital Board Policy and QIP, 5% of the President/CEO annual base salary (step increase) is considered to be 'at risk' and is linked to achieving 100% of the targets set out in the QIP. Achievement of all targets would result in 100% payout; partial achievement of targets will result in partial payout, as determined by the Board of Governors.

Summary: Performance based compensation accounts for 5% of each executive's annual compensation.

Other

Overall, the goal of the QIP is to provide safe quality care and ensure the patients' needs are met through providing the right care, at the right place, and at the right time through the right service in our acute care setting and Health Care Hub. The plan reflects integration projects with a strong focus on collaboration, evidence and quality-based framework and investigating opportunities for process improvements and clinical redesign to minimize inappropriate readmissions; provide smooth transition transfers of ALC patients; improved patient outcomes; enhanced patient experience; and potential cost savings.

Furthermore, the actions and care provided by HDH are enhanced with recommended evidence-based best practices developed by clinical consensus of the Grey Bruce Health Care Network Partners Evidenced Based Care program.

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 Dave Cardwell

Quality Committee Chair Brandon Koebel

Chief Executive Officer Katrina Wilson



Board Chair, Dave Cardwell



President & CEO, Katrina Wilson



Quality Governance & Risk Management Chair, Brandon Koebel