

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 4, 2023



OVERVIEW

Hanover and District Hospital (HDH) continues to work with its partners 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 provide exceptional care. Our vision is to “partner for excellence in rural health care” living by our values of integrity, compassion and collaboration. The HDH Board of Governors, staff and physicians maintain an unyielding focus on four strategic directions;

- Deliver safe and effective patient care responsive to the needs of our regions;
- Strengthen partnerships and community engagement;
- Ensure the financial sustainability of the hospital; and
- Support our current and future health care team.

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 referrals 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, long term care homes, mental health and addictions and social service providers. All of those provide, refer and connect residents of the region to ensure they receive optimal care.

HDH provides the people we serve access to the care they need through the 24/7 Emergency Department, Acute Care Unit (inclusive of medical/surgical beds and multipurpose ICU), Physiotherapy Program, Surgical Services Department, Family Centered Birthing Unit, Hemodialysis Unit, Flex Clinic and Palliative

Care Services. Access is provided within the organization to Community Mental Health and Addiction Services, Home and Community Support Services, Home and Community Care SWLHIN, Hanover Family Health Team and the Hanover Medical Associates. HDH's ambulatory clinics include; pediatrics, urology, orthopedic, 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. HDH has been accredited with Exemplary Status in three consecutive surveys. This reflects that our Board, staff and physicians 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.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

HDH is always cognizant of striving for the vision of a patient centered model: a system centered on the needs of demographics and the people's needs and preferences. Knowledgeable and involved patients, informed and investing in their own health care will reflect in the overall improvement of the broader health care system. Patients bring their unique and important perspective about the care and services provided. They know firsthand about the experience they receive at HDH and in other organizations, and on the coordination and cooperation among health care providers involved in their care. At HDH, we strive to involve patients, their families and other caregivers, and the public in meaningful engaged care or as partners in its improvement.

Recognizing the importance to focus on the patient, a learning health care facility like HDH is one in which patients and their families are key drivers of the design and operation of the learning process. The Patient and Family Advisory Committee (PFAC) and the Medical Advisory Committee (MAC) are utilized 100% for important feedback. These committees involve physicians, patients, clients, residents, families, other caregivers, and the public, who are full, active participants in care and engaged with the organizational decisions, the overall health experience of care, and the improvement of economic outcomes.

PROVIDER EXPERIENCE

At HDH, supporting our staff, physicians and volunteers is of the utmost importance. The hospital is very active in ensuring that our staff have the resources that they need to do their job. The hospital has a high job satisfaction rate throughout the pandemic amongst both staff and physicians.

HDH relaunched a Wellness and Mental Health Committee to support the leadership team as well as the staff and physicians in ensuring that HDH is a great place to work. The committee is very active throughout the year with the general premise of promoting positivity and reducing stress, in the workplace. They do a myriad of activities from organizing lunch days and theme weeks to having guest speakers provide information on mental health topics. Further, HDH's mental health champions program supports the mental health needs of our staff from a peer to peer level. A group of staff have been trained with skills to support their peers struggling with stress and mental health. The champions have been identified throughout the organization and staff have an awareness that these individuals can act as a peer to peer resource for them.

HDH has also partnered with the Grey Bruce branch of the Canadian Mental Health Association to ensure that our staff are aware of when to recognize the signs and symptoms of when they or someone they know may be struggling with mental health, and to ensure that our staff are aware of the resources available in the community to support their mental health.

WORKPLACE VIOLENCE PREVENTION

HDH is very cognizant to ensure that our staff, physicians and patients have a safe place to give and receive care. It is very much a part of our strategic plan in that HDH; it is a part of our strategic pillar of: Support our Current and Future Healthcare Teams. HDH has implemented a zero tolerance for workplace violence policy that is strongly adhered to. Any instances of workplace violence is reviewed with all levels of management, as well as the Board of Governors, to identify opportunities to make hospital-wide improvements to safety. These reports are reviewed monthly at a committee and management level, and then quarterly with our Board. All staff at HDH are given training in non-violent crisis intervention, as well as carry a personal alarm device on their person while at work. Further, there is a Medication and Patient Safety Committee that is place for reviewing incidents and making recommendations. The hospital has numerous policies in place regarding safety in the workplace and prevention of violence in the workplace that is reviewed and upheld by all staff. HDH regularly practices violent patient incidents via mock code whites and purples to ensure our staff are prepared to handle these situations. Further, the hospital employees a security guard at night to further support our staff and patients.

PATIENT SAFETY

The intention of the Patient Safety Plan is to support and uphold our strategic initiative to deliver safe and effective patient care responsive to the needs of our region. The Patient Safety Plan outlines a comprehensive approach that ensures that quality and safety driven initiatives are in place to support patients. It is a living plan that is continuously being modified to reduce patient safety breaches.

While ensuring the safe care of patients is everyone's responsibility, the Risk Manager in collaboration with the Patient Safety and Risk Management Committee will lead the Patient Safety Plan with support from the Senior Leadership and management groups. The Patient Safety Plan is reviewed annually.

Patient safety incidents are reviewed monthly with the leadership team.

Committees at HDH:

The following Committees at HDH support patient safety;

- Patient Safety and Risk Management Committee;
- Infection Prevention and Control;
- Professional Practice Committee;
- Ethics;
- Patient and Family Advisory;
- Occupational Health and Safety; and
- Medical Devices Reprocessing Committee

HEALTH EQUITY

HDH has a strong Health Equity Committee that works to create a culture, working in partnership both internally and externally, to make recommendations and initiate strategies to remove barriers of accessing healthcare to enhance the patient and workplace experience. This will involve the Accessibility for Ontarians with Disabilities Act, Senior Friendly Hospital framework, diversity, cultural sensitivity and Indigenous awareness. The Committee is guided by the vision, mission and values of the HDH and is accountable to senior management. The committee has a robust plan to ensure that diverse populations, including Indigenous Peoples; Black racialized and 2SLBTQIA+ communities, francophone populations; high-priority populations; and older adults have access to healthcare that is inclusive.

EXECUTIVE COMPENSATION

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 are reviewed with the Board Governors 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.

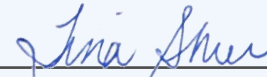
CONTACT INFORMATION

Victoria Cumming
Executive Assistant to the CEO
519-364-2340 ext. 209
vcumming@hdhospital.ca

SIGN-OFF

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

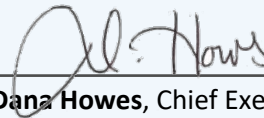
I have reviewed and approved our organization's Quality Improvement Plan on
April 3, 2023



Tina Shier, Board Chair



Pamela Matheson, Board Quality Committee Chair



Dana Howes, Chief Executive Officer

Other leadership as appropriate

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of respondents who responded “completely” 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?	P	% / Survey respondents	CIHI CPES / Most recent consecutive 12-month period	91.86	95.00	<p>95-100% of respondents who responded “Yes” 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?</p> <p>Survey question initiated includes different responses Completely = Yes Quite a Bit = Somewhat Partly = not includes (left as 0) Not at All = No</p>	Hanover Family Health Team, Grey Bruce Diabetes, Ontario Health West - Home and Community Support

Change Ideas

Change Idea #1 • Take an inventory of patient information material and modify patient information with the guidance of the Patient and Family Advisors • Clinical Brain Train Board on Lexicom and include on huddle boards.

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> • Hand out prepared packages to patients on commonly admitted conditions • Orientate nurses to Lexicom annually to continue information being provided regarding medication and medical conditions to patients • Discuss patient education at rounds • Hand out prepared packages to patients on commonly admitted conditions • Review documentation of education charting in CareNet system • Continue to provide every patient, upon admission, with the Welcome Information leaflet on Acute Care 	<ul style="list-style-type: none"> • # of referrals that HFHT receives from HDH • Audit the education section of the CareNet on patient e-chart with a goal of 100% of charts reviewed. • Continue to monitor patient responses/satisfaction surveys indicating that they have received sufficient information prior to discharge • Utilization of post-discharge telephone follow-up call within 48-72 hours as a check in with patients 	<p>We are targeting to increase the information provided to patient on what to do if they are worried about their condition or treatment after they leave the hospital to 95-100%</p>	<p>Total Surveys Initiated: 921</p> <p>Survey responses available are: • Yes • Somewhat • No</p>

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	P	Rate per total number of discharged patients / Discharged patients	Hospital collected data / Oct–Dec 2022 (Q3 2022/23)	96.64	95.00	Based on current performance •Important to emphasize the importance of performing medication reconciliation at HDH	Grey Bruce Health Services - Pharmacy

Change Ideas

Change Idea #1 To continue to maintain a high medication reconciliation rate at discharge.

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> • Education on importance and proper completion of medication reconciliation • Education for nurses and Physicians Continue to audit charts to determine compliance	<ul style="list-style-type: none"> •Education sessions to all staff •Audit medication reconciliation quarterly 	Maintain target of 95-100%	

Measure **Dimension: Safe**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	P	Count / Worker	Local data collection / Jan 2022–Dec 2022	8.00	8.00	Continue to monitor and promote reporting	Hanover Police, CMHA Grey Bruce, Keystone

Change Ideas

Change Idea #1 • Identify causes, challenges, gaps and develop education/safety networks for staff • Leadership Development Institute (LDI) to review Violence in the workplace legislation and policies at HDH • Continue to build on a culture of violence awareness and responsiveness and will continue to encourage reporting of violent incidents. • Standard topic on huddles – review incident reports and gain feedback. • Quadruple Aim • Community reach out with CMHA, Key Stone for shared education days – half-day education mandatory – gentle persuasion. Can invite community organizations to participate. • Continue to monitor debriefs and put to action improvement to improve safety and violent incidents. Debrief notes can be reviewed at huddles. • Ensuring that there is a risk-assessment hand-off between police and HDH staff for patients who have been brought in by police

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> • Use the RL6 in-house hospital incident and patient safety reporting systems for determining the number of workplace violence incidents. Violence Hotline initiated to help increase reporting of incidents. • Police-Hospital Committee meetings twice annually and as needed • Provide education to staff defining the terminology with respect to violence and harassment • Mandatory CPI training for all staff • Staff to complete annual patient safety survey regarding violence in the workplace • Wellness and Mental Health Champions available to staff as a resource and encourage reporting when applicable. • Overnight security in the ED hired. 	<ul style="list-style-type: none"> • Collect data on the number of violent incidents reported by workers, including physicians and those who are contracted by other employers (e.g. food services, security, etc.) as defined by the Occupational Health and Safety Act • Monitor the number of staff with CPI training against those who still need training • Review survey results 	<p>We are targeting the tracking/collection of numbers to monitor the number of workplace violence incidents. We will target the percentage of trained staff and ongoing education of mandatory departments i.e. ER, Switchboard/Registration, Environmental Services, Maintenance, Acute care and others as interested.</p>	FTE=180