Ontario Health

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

June 29, 2022

HDH HANOVER & DISTRICT HOSPITAL

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 south Grey Bruce region. 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. HDH is an active partner of the Grey Bruce Ontario Health Team who is striving to create seamless model of care for patients in the region.

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, multipurpose ICU), Physiotherapy Program, Surgical Services Department, Family Centered Birthing Unit, Hemodialysis Unit 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 line placement, Rapid Access Addiction Medicine (RAAM) clinic 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. Once the Grey Bruce Ontario Health Team is fully operational and integrated, service coordination and streamlined care across the health sectors will be achieved.

HDH has been accredited with Exemplary Status three consecutive surveys – The last survey was November 2021. This reflects that our Board, staff and physicians strive to live our mission of providing exceptional care. 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.

The QIP continues with the direction of the Board of Governors, staff, physicians and Patient and Family Advisors for the coming year in the quality dimensions through the 2022/23 initiatives. This

year, the 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 the chosen quality dimensions.

Dimension: Efficient
Indicator Name: Alternative Level of Care (ALC) Rate
This indicator measure the percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of their treatment.

Dimension: Timely
Indicator Name: Discharge Summaries Sent from Hospital to Primary Care Provider within 48 hours of Discharge
This indicator measures the percentage of patients discharged from hospital for which discharge summaries are delivered to their primary care provider within two business days of patient's discharge from hospital. The target goal will be 95% of summaries transcribed, signed and sent within two business days of patient's discharge from the hospital for the time period.

Dimension: Patient-Centered
Indicator Name: Patient Experience: Did you receive enough information when you left the hospital?
This indicator will measure the percentage of respondents who responded positively to the 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?" counting the number of respondents who registered any response to this question, but no inclusive of non-respondents. The goal percentage of positive respondents is 95%

Dimension: Safe
Indicator Name: Number of Workplace Violence Incidents
This indicator measures the number of reported workplace violence incidents by hospital workers (as defined by OHSA) within a 12-month period including physicians and those who are contracted by other employers (e.g. security etc.) as defined by the Occupational Health and Safety Act. The goal set for this indicator is to continue to monitor and encourage reporting of the number of workplace incidents by our staff, physicians and partners.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Since the last provincial QIP submission, HDH has endured tremendous pressure throughout the pandemic. HDH quickly established a COVID-19 Assessment Centre for the south Grey Bruce region in March of 2020, and continues to operate this service for the communities that we serve. HDH has played an integral in ensuring that health system partners had the resources that they needed – Personal protective equipment (PPE), swabs, and assisted with staffing. The hospital was and continues to play an important role both locally and regionally in ensuring that there is bedded capacity to care for patients. It has been without a doubt one of the most challenging times that our hospital has faced. However, through it all we have worked closely with hospital and community partners solidifying and expanding partnerships to ensure that residents of our region have the care they need when they need it the most.

During the pandemic, HDH continued to focus on the delivery quality patient centered care that upheld our mission of providing exceptional patient care. In both 2020/21 and 2021/22, HDH created internal quality improvement plans that not only focused on some of the initiatives of previous QIPS, but also incorporated a focus on initiatives that were aimed at the COVID-19 pandemic such as audits donning and doffing PPE of frontline staff and handwashing audits in all patient care areas of the hospital. This year, this QIP will also incorporate a focus on continuing to manage the pandemic as we strive for excellence in QIP initiatives.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

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.

This is important as the ripple effect of discharge planning is placing an increased burden of care on the family caregiver. Discharge planning is significant for the growing number of the

older population, or outcomes. There is an increased risk for readmission. The role of discharge planning and transitions in care are important and play a role in bridging the gap between the care provided in hospital and the care needed in the community. The need for a coordinated approach with physicians, patients, clients, residents, families, other caregivers, other services and the public includes clear communication, distribution of information, and active support linking to community services. It is our goal that ensuring positive and strong partnerships and relations with the informed, involved patient and family members will entail positive outcomes, allowing nurses and others involved with the care process to better reconcile the family caregivers' needs and expectations.

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 stress management. 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.

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.

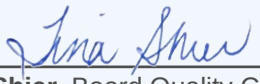
Summary: Performance based compensation accounts for 5% of each executive's annual compensation.

SIGN-OFF

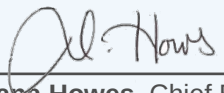
It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **June 29, 2022**

Lorna Eadie Hocking, Board Chair



Tina Shier, Board Quality Committee Chair



Dana Howes, Chief Executive Officer

Other leadership as appropriate

Theme I: Timely and Efficient Transitions

Measure

Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment.	A	% / All patients	CIHI DAD / April 2020 – March 2021	35.60	35.60	Over 147 ALC Nursing Home beds were removed from the Grey Bruce region in 2020 and have not been returned to the system	Home and Community Care - Ontario Health West, Various Long-Term Care Homes

Change Ideas

Change Idea #1	• Continue to work with Home and Community Care Ontario Health West daily to discharge plans • Continue to work with our LTCH partners to understand the pressures that they are facing which impact their ability to accept admissions • Continue to meet regularly with Ontario Health West's Home and Community Care to review ALC patients, complete family meetings to discuss discharge options, to review LTCH applications in progress and maximize facility choices and options for acceptance of idle beds • Continue to promote returning home with families, nursing staff and physicians. • Discuss ALC rates at Utilization and Medical Advisory Committee meetings • Set discharge date and plan at every admission • Early diversion in ED of "Failure to Cope" patients – involved with Home and Community Care SW LHIN from point of assessment in ED • Meet with long term care (LTC) and lodges to discuss ALC issues and care coordination • Grey Bruce Ontario Health team's plan to support care transitions of frail seniors across the health care continuum – Engaging nursing home and Home and Community Support to create new and innovative approaches to support care transitions.

Methods	Process measures	Target for process measure	Comments
• Track ALC, Readmission and LOS rates • Monitor rates of patients admitted with "Failure to Cope" as a diagnosis • Continue to monitor lab early morning turnaround times • Continually inform the Ontario Health West when unable to send patients home with support • Continue to provide patient linkages to community supports programs, to enable patients to safely remain in their own home and manage disease condition	• ALC Rate • Home First Rate Suspended • LOS Rates • Education with MD's around LOS and flagging their charts for LOS • Readmit Rates • Meet with LTCH in the area quarterly to discuss strategies to expedite admissions into LTCH	Reported quarterly to Board of Governors	The small number of inpatient days for the hospital makes this a variable metric. Further, the ALC metric is a system wide issue; HDH plays a role but cannot control this metric solely. This is also an H-SAA target. Demographics of area reflect a higher population of frail elderly in this Grey Bruce region thus increase number of unstable elderly with a shortage of LTC beds. Huge PSW shortage in community. Difficult to get patients home. Lack of Nursing Home Beds and LTCH inability to admit new patients

Measure

Dimension: Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital.	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	83.00	95.00	95% of Discharge summaries will be sent to community health care providers within 2 business days of discharge	Hanover Medical Associates - Physicians

Change Ideas

Change Idea #1 Physicians need to complete discharge summaries as soon as patient is discharged

Methods	Process measures	Target for process measure	Comments
Monthly review of performance rolled up and individual tracking report cards	Monthly review by COS and CEO	We are targeting to increase the discharge summaries sent from hospital to community care provider within two business days of discharge 95-100%	Most MDs are utilizing Dragon Dictation.

Change Idea #2 Monitor and track completion time and time sent to community partners

Methods	Process measures	Target for process measure	Comments
Track data in terms of the percentage of time our physicians meet target vs. Residents. Resident model – summaries need to be reviewed by their GP preceptor first before releasing	Monthly review by COS and CEO	We are targeting to increase the discharge summaries sent from hospital to community care provider within two business days of discharge 95-100%	

Change Idea #3 Utilization Committee to review metric

Methods	Process measures	Target for process measure	Comments
Track data in terms of the percentage of time our physicians meet target vs. Residents. Resident model – summaries need to be reviewed by their GP preceptor first before releasing	Monthly review by COS and CEO	We are targeting to increase the discharge summaries sent from hospital to community care provider within two business days of discharge 95-100%	

Change Idea #4	Provide staff and physicians feedback when this metric does not meet performance target through monthly reports sent to physicians and reviewed by COS and CEO		
Methods	Process measures	Target for process measure	Comments
Monthly review of performance rolled up and individual tracking report cards	Monthly review by COS and CEO	We are targeting to increase the discharge summaries sent from hospital to community care provider within two business days of discharge 95-100%	

Change Idea #5	Ensure all physicians have training on the Dragon Dictation system		
Methods	Process measures	Target for process measure	Comments
Ongoing training with physicians encouraging to utilize Dragon Dictation.	Monthly review by COS and CEO	We are targeting to increase the discharge summaries sent from hospital to community care provider within two business days of discharge 95-100%	Most MDs are utilizing the Dragon Dictation.

Theme II: Service Excellence

Measure

Dimension: Patient-centred

Indicator #3	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 12 mos	CB	95.00	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?	

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

Methods	Process measures	Target for process measure	Comments
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.	# of referrals that HFHT receives from HDH. Continue to monitor patient responses/satisfaction surveys indicating that they have received sufficient information prior to discharge	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%	The Patient Satisfaction Surveys are hospital collected data. Survey responses available are: • Yes • Somewhat • No

Change Idea #2 Clinical Brain Train Board on Lexicom and include on huddle boards.

Methods	Process measures	Target for process measure	Comments
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.	Audit the education section of the CareNet on patient e-chart with a goal of 100% of charts reviewed. Utilization of post-discharge telephone follow-up call within 48-72 hours as a check in with patients.	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%	

Theme III: Safe and Effective Care

Measure

Dimension: Safe

Indicator #4	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 / January - December 2021	36.00	36.00	Monitor and encourage reporting of the number of workplace violence incidents	Hanover Police, Canadian Mental Health Association - 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
• 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 • Mental Health Champions available to staff as a resource and encourage reporting when applicable. • Overnight security in the ED hired.	• 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	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.	FTE=182