

Let's Make Healthy
Change Happen.



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



3/26/2018

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

North Wellington Health Care (NWHC) is a dynamic rural community hospital with two sites, Louise Marshall Hospital in Mount Forest, and Palmerston and District Hospital in Palmerston. We are committed to the delivery of high quality health care to our communities through collaboration with our Alliance partner, Groves Memorial Community Hospital (GMCH) and other pan and sub-region organizations such as those participating in the Rural Wellington Health Advisory (Rural WHA).

The Rural WHA was formed in 2012 in an effort to align sub-region planning and improve health service delivery in rural Wellington. It consists of four Family Health Teams, our two acute care hospital corporations (NWHC & GMCH), a regional acute mental health and addictions health centre (Homewood Health), the Canadian Mental Health Association (CMHA) and the Waterloo Wellington LHIN Home and Community Care. The main focus of the Rural WHA in 2017-18 has been integration of care and system coordination, as well as the integration of mental health and addictions services.

At NWCH our culture focuses on safety, engagement and continuous quality improvement. We strive to improve the patient experience and deliver the best-possible clinical outcomes through responsive, accountable, transparent, and integrated rural health care. In 2017 NWHC introduced a new Vision, Mission and Values following a period of consultation and engagement with patients and families, staff, providers, and community members:

Our vision: Your Health Matters.

Our mission: Together, advancing exceptional care and wellness.

Our values: We are compassionate, respectful, innovative, professional and collaborative.

NWHC will participate in an Accreditation Canada on-site survey in September 2018. Our previous accreditation award was “Accredited with commendation” with greater than 99% compliance to criteria, reflecting that the staff, physicians and the Board strive to surpass the fundamental requirements of the Accreditation program.

The QIP meets the requirements of the Excellent Care for All Act and demonstrates to our patients, families, community and partners, NWHC’s strong commitment to continuous quality improvement and improving the patient experience.

Describe your organization's greatest QI achievements from the past year

NWHC has successfully initiated numerous quality improvements within the past year, with a focus on medication safety and maximizing the use of technology to support care and service delivery.

NWHC built upon the first phase implementation of the Meditech Pharmacy module completed in 2016, and went live with a paperless pharmacy model in 2017. Paperless pharmacy enables the electronic scanning of medication orders and has improved process efficiency and enhanced patient safety by allowing improved visibility, continuity and communication between pharmacy and nursing to better manage patient medications and to identify potential errors and adverse interactions within the system before they can reach the patient.

In summer 2017, NWHC completed the procurement and planning process for Omnicell automated dispensing units (ADUs) for medication in the emergency department and inpatient areas, with planned implementation in spring 2018. The ADUs will enhance safe medication administration practices, improve the security of stored medications, and increase nursing efficiency while streamlining pharmacy inventory management and positioning the organization well for adoption of future medication administration technologies.

NWHC has also completed implementation of the Micromedex online medication information platform. Micromedex provides staff real-time, up to date information on conditions and medications, such as drug interactions and compatibility, along with patient-focused education materials that can be customized and shared with patients and their families to support self-care and ensure that patients and families feel they have received enough information before leaving the hospital.

NWHC implemented the Meditech NUR electronic clinical documentation software module in late summer 2017, which integrates all inpatient, day surgery and post-anaesthetic recovery unit documentation from a paper-based system into our existing Meditech Health Information System (HIS). All nursing and allied health staff, physicians and midwives received comprehensive hands-on training prior to implementation, and a dedicated team provided 24/7 on-site assistance during go-live to support change management and leverage teaching opportunities.

Implementation of NUR electronic documentation has brought efficiencies to multi-disciplinary team work flow, and enhanced adherence to standards of practice. Further, NUR has created enhancements in patient care through increased, real-time access to documentation for physicians and members of the multi-disciplinary team. Organizationally, electronic clinical documentation will allow for new opportunities in reporting and data analysis to support patient care and quality improvement that were not possible in the paper-based system. Overall NUR documentation has been well received by staff and physicians and team members are enthusiastic about the continuing opportunities presented by an electronic health record to enhance patient care and support quality improvement.

In 2017, the Safety, Quality and Performance Improvement committee of the Board approved and adopted the Safety, Quality and Performance Improvement Framework to guide NWHC to continuously implement, monitor and improve quality and safety, enhance the patient experience and manage organizational risk. The framework can be applied both organizationally, and at the program level. As we move forward with the framework, it will allow all teams to articulate how their work aligns in terms of the drivers, key enablers, outcomes and oversight of quality improvement and patient engagement.

Resident, Patient, Client Engagement and Relations

The organization's Safety, Quality & Performance Improvement (SQPI) Framework includes a patient and family engagement & experience framework: a three-year plan which will guide NWHC in developing interventions and policies that support patient and family engagement in all of the work we do. In support of that plan, NWHC is very excited to have held the inaugural meeting of our Patient and Family Advisory Council, with our Alliance partner GMCH. In compliance with the regulations and amendments of the Excellent Care for All Act (ECFAA), NWHC engaged with current and former patients serving on the council to inform the development of our 2018-19 quality improvement plan.

NWHC has a robust patient relations process, in compliance with ECFAA. Patients and families are provided with information on how to contact the patient representative via email, letter, telephone, or may provide electronic feedback through the hospital website. Patient feedback is documented, tracked and trended using the RL6 electronic reporting system, and those providing feedback are readily engaged in identifying opportunities for quality improvement. Patient feedback data is shared with staff and providers via program dashboards and committees, and is reported regularly to the SQPI Committee of the Board.

NWHC formally engages patients and families through quarterly longitudinal satisfaction surveys in the inpatient areas and emergency department, as well as through informal surveys in the obstetrical and ambulatory care populations. Results of surveying are shared with programs and the SQPI Committee of the Board and have been used to identify improvement opportunities and inform the development of program dashboards.

We will continue to focus on engaging patients and family in the development and implementation of quality improvement initiatives. Integrating patients' values, experiences and perspectives will be a priority at all levels of care.

Collaboration and Integration

NWHC and GMCH continue to work together to identify integration opportunities to improve quality of care and operational efficiency. NWHC also works in collaboration with our Rural WHA partners to promote integration and collaborative care for patients across the continuum. Examples of this includes development of a collaborative Quality Improvement Plan in 2017-18 in which we have focused on implementing quality based procedures to improve the continuity of care to our many patients suffering from chronic conditions such as COPD. At NWHC this has included the development and implementation of a standardized, evidence-based order set for COPD patients, education for physicians on best practices in discharge medications and enhancing collaboration with community care partners, such supporting referrals to the EMS Remote Tele-monitoring Paramedic Program.

Building on the January 2016 report on the state of Emergency Mental Health Services provided in Guelph and Wellington County, a Steering Committee and several working groups, including a rural subgroup, were formed with our LHIN partners to improve the quality of care and flow of adult mental

health patients. Initiatives arising out of the working groups have included changes to shared documentation, improved access to timely crisis intervention resources, improved access and flow of patients to adult mental health beds in the region and development of a shared scorecard to track the impact of initiatives. Readmission rates for patients with mental health conditions has been substantially reduced. In addition, NWHC continues to invest in infrastructure changes in our emergency departments to ensure the safety of staff and patients experiencing mental health and addiction crises.

Engagement of Clinicians, Leadership & Staff

The organization is committed to advancing continuous quality improvement and improving the patient experience through the engagement of staff, physicians and leadership throughout our organization.

As described earlier, in 2017 the hospital Safety, Quality & Performance Improvement (SQPI) Committee adopted the Safety, Quality & Performance Improvement Framework. The framework highlights the important role staff and provider engagement plays in accomplishing our improvement goals, both organizationally and at the department level. Department committees have been engaged in supporting the refinement of quality dashboards for their program areas. The dashboards provide a detailed update of departmental activities and is used to engage and communicate with staff, physicians, the Safety, Quality Performance Improvement Committee and the Board.

In November 2017 staff participated in a new employee engagement survey from Metrics at Work. Response rates averaged 70% across all sites and program teams will now develop collaborative action plans to address gaps and opportunities for improvement over the coming year. Professional staff will be similarly engaged using the Accreditation Canada Physician Worklife Pulse instrument.

To inform the development of the 2018-19 Quality Improvement Plan, staff, providers and members of the SQPI Committee of the Board were asked to provide input into what they felt were the improvement opportunities most important to them, their patients and their families. Close to 100 participants provided feedback that directly informed the indicators selected, and staff and providers will be engaged in working groups to identify and implement change ideas.

Population Health and Equity Considerations

Rural healthcare in the Province of Ontario is disadvantaged due to distance to better-resourced urban centres, distance to primary care provider teams, geographic isolation, lower than average socio-economic conditions, and a lack of health services at the local level. NWHC works with our partners and the WWLHIN to identify opportunities to improve access to care for our rural population. This is detailed further in the Integration and Continuity of Care section.

NWHC's catchment has a large Mennonite population. This year we continued to engage representatives of the population through forums along with our Rural WHA partners, to better understand their health care needs.

NWHC continues to investigate methods to incorporate an equity lens into our quality improvement initiatives. In 2017 NWHC is extremely proud to have achieved the Baby Friendly Initiative (BFI) designation following an extensive external assessment. The BFI is a global standard established by the WHO and UNICEF with a mandate to protect, support and promote the initiation and duration of breastfeeding globally, and to support mothers in making informed choices around infant feeding free from commercial influences. The BFI designation demonstrates NWHC's commitment to providing equitable supports to all families in infant feeding, regardless of their feeding choice.

Access to the Right Level of Care - Addressing ALC

The Rural Wellington Long Term Care Collaborative committee was established in the spring of 2016 and has continued to provide a forum to review processes and to address ALC (Alternate Level of Care) rates for our rural hospitals.

NWHC recently completed the Alternate Level of Care Best Practice survey from Access to Care to identify areas of opportunity for earlier identification as well as appropriate discharge care plans for patients designated as, or at risk to be designated, as ALC.

One of the objectives of the previously described Emergency Mental Health and Addiction Services (EMHAS) committee has been to reduce the wait time of adult Form 1 patients (admitted with no MH bed available) in rural Wellington hospitals. Through the rural subgroup, enhancements to the processes to access to mental health beds and the flow of mental health and addictions patients within the LHIN, and access to active treatment and crisis management while awaiting transfer, has both improved the patient experience and decreased ALC rates for this population.

The Complex Continuing Care (CCC) Committee and Medicine Committees continue to examine discharge practices, including reviewing opportunities to educate physicians and standardize practice. Processes are being developed to identify patients who receive the ALC designation within 24 hours of admission, so that these patients can be identified while still in the ED, and plans to support the patient in the community can be explored. NWHC collaborates closely with Home and Community Care to regularly review the plan for ALC patients, identify barriers for discharge and examine alternative discharge options.

It should be noted that during the 2017-18 year, occupancy frequently exceeded 100% in large part due to the increase in ALC patients.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

NWHC has a number of processes and supports in place to enable the effective treatment of pain, reduce the potential for harm related to opioids and provide access to addiction services. NWHC is staffed mainly by family physicians and as such has strong partnerships with local family health teams (FHTs) and primary care provider offices. Many physicians establish contracts with their patients who are

prescribed opioids for pain management, and are able to receive notifications from local pharmacies and identify back-up physicians to manage renewals in their absence. The continuity of these relationships allows for a feedback loop amongst physicians that minimizes the incidence of patients seeking inappropriate narcotic prescription renewals, or seeking narcotics in the emergency department.

Each emergency department has signage indicating that narcotic prescription renewals will not be provided. Patients with chronic pain or those that are frequently seeking opioids have an individual care plan established to facilitate communication across providers. Additionally, providers are able to leverage Clinical Connect to view the plan of care and any additional information from other providers to inform the prescription of opioids to patients at increased risk.

All NWHC physicians adhere to the College of Physicians and Surgeons guidelines for opioid prescribing. NWHC collects and reports data related to opioids, such as overdoses, use of Narcan, and readmission rates for substance abuse. NWHC is reviewing opportunities to implement guidelines for pain management and provide education to physicians on evidence-based pain management and opioid alternatives.

Through the work of the regional Emergency Mental Health and Addictions working groups described previously, NWHC is participating in a pilot program providing access to on-site addiction counsellors. Through multiple referral pathways, patients and their family members can be initially counselled in the emergency department and followed up on an outpatient basis for up to six weeks.

Workplace Violence Prevention

Numerous processes are currently in place to monitor, reduce and prevent workplace violence. Our Workplace Violence Prevention Program and policy has recently been revised to ensure ongoing compliance with current legislation and best practices. The revisions included a redesign of the process for identifying patients at risk of violence and clearly communicating this information to all staff, visitors and other in a manner that respects the dignity and privacy of patients. General orientation for all new hires includes violence prevention training, with an annual review for all staff. NWHC provides Non Violent Crisis Intervention (NVCI) training throughout the year and has four NVCI Certified Trainers on staff. Additionally, NWHC has GEM nurses who provide staff education related to cognitive behavioural issues and responsive behaviours related to dementia and delirium that can contribute to incidents of workplace violence, and provide gentle persuasive technique training.

We have an active Health and Safety Committee that prioritizes violence in the workplace and utilizes inspections to dialogue with staff throughout the facility on processes and strategies for the prevention of workplace violence.

Emergency Code policies and procedures are current and well developed. Following emergency codes, such as Code Whites, staff, providers and leaders debrief to identify any gaps in process, and learnings are implemented.

Performance Based Compensation

The Board of Directors approves the annual Quality Improvement Plan (QIP) and assigns the responsibility for monitoring indicators to the Board's SQPI Committee. The Joint Resources Committee is responsible for recommending to the Joint Executive Committee what percentage of Executive compensation should be withheld relating to achievement of this Plan as well as the scoring of metrics and the compensatory requirements for the Senior Management Team (SMT).

Our executive's compensation is linked to performance in the following way: The Executives of NWHC, which include the Chief Executive Officer (CEO) and three Vice Presidents (VP's) will have performance based compensation based on the Quality Improvement indicators as shown below:

SAFETY

MEDICATION RECONCILIATION ON DISCHARGE

| | Percentage | Points |
|----------------------|------------|--------|
| Current Performance: | 93 | 0 |
| Improve by 1.6%: | 94.5 | 1 |
| Improve by 3.2%: | 96 | 2 |
| Improve by 4.8%: | 97.5 | 3 |

DECREASE NUMBER OF MEDICATION ERRORS THAT REACH THE PATIENT

| | Rate per 1000 Patient Days | Points |
|----------------------|----------------------------|--------|
| Current Performance: | 10.8 | 0 |
| Improve by 10%: | 9.7 | 1 |
| Improve by 20%: | 8.6 | 2 |
| Improve by 30%: | 7.6 | 3 |

EFFICIENT

TOTAL MARGIN

| | Percentage | Points |
|---------------|--------------------|--------|
| Baseline: | Over Budget | 0 |
| Full Success: | At or Under Budget | 3 |

TOTAL FULL SUCCESS POINTS = 9

A total of 5 of 9 points for 2018/19 overall would provide for full performance pay entitlement.

A score under 5 would provide for a proportionate reduction of 1/5 of performance compensation for every point below 5.

The "at risk" performance compensation is equivalent to 2% of employment income for all executives except for the CEO. The CEO will have the equivalent of 5% of employment income at risk.

Compensation at risk will be determined with each executive at the beginning of the year as a combination of dollars, vacation and any other earning entitlements. The performance payment will be completed once the end of the year results has been calculated. Anyone working a partial year will be proportionately affected by the year end.

Contact Information

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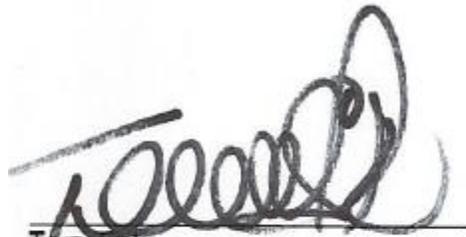
Sign-off

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.



Brian McMahon
NWHC Board Chair



Terry Fisk
NWHC Interim Safety, Quality and Performance Improvement Committee Chair



Stephen Street
President and Chief Executive Officer