Let's Make Healthy Change Happen.

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

LAKE OF THE WOODS DISTRICT HOSPITAL

4/6/2018

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.

Overview

Lake of the Woods District Hospital (LWDH) is committed to delivering high quality, integrated care for the patient and families that we serve, a principle directed in the Excellent Care for All Act (ECFAA). The goal of the organization is to ensure that every patient experience is a positive one, and that our patients are provided with the highest quality and safest care possible.

The 2018-2019 LWDH Quality Improvement Plan will be the guide used to drive quality improvement in the organization. The engagement of patients, clinicians, and community partners in its development is essential for the results to be relevant and meaningful. In addition, we are directed by numerous evidence-based best practice resources that define high quality performance such as Accreditation Canada, Safer Heath Care Now, Canadian Patient Safety Institute and Health Quality Ontario.

LWDH uses the concepts of continuous quality improvement as specifically addressed in the LWDH Integrated Quality/Risk Framework on this journey towards quality.

For the 2018-19 Quality Improvement Plan, LWDH has identified key drivers for quality planning and are also aligned with:

1. LWDH's Board ENDS & LWDH's Vision, Mission and Value Statement
2. LWDH's Strategic Plan
3. LWDH's Quality Improvement Plan (QIP)
4. North West Local Health Integration Network's (LHIN) Blueprint and Integrated Services Plan
5. Health System Funding Reform (HSFR)
6. Hospital Service Accountability Agreement (H-SAA)
7. Ministry of Health and Long-term Care Plan (MOHLTC)
8. Health Quality Ontario's (HQO)Strategic Plan
9. Public Reporting of Hospital Performance
10. Accreditation Canada's Required Organizational Practices (ROPs)
11. Safer Health Care Now and the Canadian Patient Safety Institute

In addition, the QIP commands active consultation and participation with our dedicated health care partners to achieve the plan's objectives. Key internal partners are LWDH staff and credentialed professional staff. Key external partners include MOHLTC, LHIN 14, LHIN Home and Community Care, the Northwestern Health Unit, the Sunset Country Family Health Team, Kenora District Services Board, Pinecrest District Home for the Aged and Birchwood Terrace Nursing Home, the Ontario Provincial Police, and Ambulance Services, plus many more.

While we are confident our QIP will provide the necessary framework and roadmap to guide us on this journey towards relentless quality improvement, we understand that patients, their families, and our staff play an integral role in the provision of excellent care for all.

The indicators for this year's QIP include:

Domain: Effective

1. Wound Care: Percentage of chronic medical/ALC patients that develop a newly occurring Stage 2 or higher pressure ulcer in the last three months.
2. Effective Transitions: Reduce Unnecessary Hospital Readmission for patients with COPD

Domain: Safe

3. Medication Safety: Medication Reconciliation on Admission - Increase proportion of patients receiving medication reconciliation upon admission.
4. Medication Safety: Medication Reconciliation on Discharge - Increase proportion of patients receiving medication reconciliation upon discharge.
5. Safe Care : The Pass the Baton tool will be used at care transitions for the admitted patient as per Accreditation Canada's Required Organizational Practice.
6. Workplace Violence: Increased reporting culture: increase the number of reported workplace violence incidents (as defined by OHSA)by hospital workers within a 12 month period.

Domain: Efficient

7. Access to the Right Level of Care- A Monitoring Target: Reduce Unnecessary Time Spent in Acute Care/Percentage ALC days - Monitor the total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days.

Domain: Patient-Centered

8. Person Experience - A Maintenance Target: Assess the results of the survey question “Would you recommend this hospital (inpatient care) to your friends and family?” add the number of respondents who responded “Yes, definitely” or “Definitely yes” and divide by number of respondents who registered any response to this question.
9. Person Experience - Patient Care Plan Boards at patient bedsides will be used to communicate the patient's plan of care.

Consideration has been given to identify risks that may inhibit the accomplishment of the plan objectives. These include:

Wound Care: Multidisciplinary participation is vital to reduce the percentage of patients who develop pressure ulcers (I.e. nursing, rehabilitation and attendants). Human resources required to ensure pressure reduction strategies are implemented and working. Human resources will also be needed to do chart audits to determine if new, stage 2 or higher, pressure ulcers were developed while a chronic medical/ALC patient was hospitalized.

Medication Safety: Medication Reconciliation on Admission and Discharge: Multidisciplinary participation is vital to achieve this objective (i.e. nursing, physician, pharmacy staff and ward clerks). Human resources required to complete retrospective chart audits to assess compliance. Ongoing meetings with the Inter-professional Working Group to address process deficiencies, and to recognize and celebrate successes is necessary to increase “buy-in” and to promote the achievement of our performance target. A standardized audit tool from Safer Health Care Now will be used to ensure accuracy of assessments and to identify specific areas that require attention. LWDH is also in process to implement an electronic medication reconciliation program through Think Research. Although we are confident that an electronic system will improve compliance in the long run, we recognize compliance may decrease during the transition and learning phase.

Workplace Violence: Participation from the entire LWDH staff is vital to adopt an improved workplace violence reporting culture throughout the organization. Human resources are needed to train new and existing staff members on recognizing and reporting workplace violence.

Effective Transitions: Reduce Unnecessary Hospital Readmission for COPD: A challenge will be the provision of the human resources, both nursing and physician, necessary for the review of our current practices and to implementation of best practices. Ongoing meetings with the COPD Committee will ensure that guidance and support is provided.

Access to the Right Level of Care to Reduce Unnecessary Time Spent in Acute Care: the lack of available community services can increase Alternate Level of Care bed allocation. Solution driven conversations with our external partners will assist in monitoring target.

Person Experience: Patient Experience Survey: “Would you recommend this hospital (inpatient care) to your friends and family?”. The challenge is to receive the quota of survey returns. The sufficient allocation of human resources will assist us in monitoring this target.

Person Experience: 'Patient Care Plan' boards at patient bedsides will be used to communicate the patient's plan of care. Optimizing Staff engagement will be needed. Leadership's supportive clinical coaching is instrumental in meeting this Quality target.

Person Experience: The Pass the Baton tool (checklist) will be used in ER at transitions of care for the admitted patient as per Accreditation Canada's Required Organizational Practice. Optimizing Staff engagement will be needed. Leadership's supportive clinical coaching is instrumental in meeting this Quality target

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

The Quality Improvements that have been achieved in the past year include:

1. Obtaining funding and hiring a Physician Assistant to work in the Emergency Department. The services of this professional help to decrease wait times, improve patient flow in and out of the department and improve the overall operational efficiency of our Emergency Department.

2. Recruitment of three internal medicine specialists and the start of an inpatient and out-patient internal medicine program.

3. Implementation of Novari OR booking and scheduling software.

4. Security improvements that include a card lock access system, increased video surveillance and a new infant abduction system.

5. Establishment of a General Physician Extender Program. This program has been established under a stable funding agreement, and Physician care is delivered to inpatients on a rotating schedule, creating a sustainable continuity of care to our patients.

6. Implementation of a standardized electronic acuity scale (the eCTAS: electronic Canadian triage acuity score) in the Emergency Department.

7. Implementation of the Provincial Digital QBP (Quality Based Procedure) Order set program though Think Research.

Resident, Patient, Client Engagement and relations

As per the Excellent Care for All Act (ECFAA, 2010), Lake of the Woods District Hospital consistently incorporates "patient relations" within its QIP. This year, the Patient and Family Advisory Committee were actively involved in the development of the QIP. To ensure the QIP information reflects the perspectives of patients, we have actively engaged with them to hear their insights, reflective of their experiences. LWDH also gives power to the patient's voice through its annual patient experience survey, feedback obtained from the post follow- discharge questionnaire and by the review of reported adverse incidents and complaints. This information is considered in the selection of the annual QIP indicators. LWDH believes that patient engagement positively shapes the quality of our services. The organization understands that the LWDH Patient & Family Advisory Committee will guide our quality work even further.

The organization has a process to effectively manage feedback, reporting, and communication of patient concerns and complaints. The hospital Board and the organization's expectation is that all reported patient complaints are managed and resolved within one (1) month. The Quality Committee of the Board reviews complaints twice a year, identifying for trends and areas to improve. The organization believes that all concerns and complaints provide opportunities for quality and service improvement within the health care system.

Collaboration and Integration

The LWDH Strategic Directions emphasizes the value of maintaining strong partnerships. The LWDH Quality Improvement Plan seeks to link hospital care with services provided by our health care partners to provide a seamless continuum of care for patients. LWDH will work effectively with the multidisciplinary team, patients, family members and our community partners to achieve true integrated care. As always, LWDH will continue to focus on integrating care across sectors and settings to provide patients and care givers with a seamless experience.

Strategies to Improve Integration and Continuity of Care:

- Maintaining robust communication and partnership with the regional LHIN.
- Collaborate effectively with the LHIN Home and Community Care program and long-term care facilities. This is essential in achieving our ALC objectives and reducing readmission rates.

- Continue to work together with our community partners and stakeholders to enhance and improve coordination and delivery of services.
- Continue to work effectively with physicians. Physicians are vital partners in the achievement of medication reconciliation, the incorporation of evidence-based best practice medicine, ALC, and readmission rate indicators.
- Ongoing effective collaboration with the LWDH's quality committees (i.e. Quality Committee of the Board, Quality/Patient Safety/Risk Management Committee, the Anishinaabe Health Advisory Committee, and the Accreditation Quality committees). This structured "Team" approach will ensure that progress is made towards the achievement of our goals, even if unforeseen events jeopardize our ability in reaching our stated performance targets.
- Enhance communications with the public and community so that they are aware of quality issues, improvement strategies, and ways in which the community can assist us in achieving our Quality Improvement targets.
- Communication and consultation with all staff about the objectives and details of the Quality Improvement Plan. Educating front-line staff, managers, physicians and the community about quality will promote the engagement that is necessary to meet our quality objectives.
- Maintain the alignment of the QIP objectives with those of Accreditation Canada.
- Continued commitment in providing the necessary resources, both human and financial to achieve the QIP objectives.

Engagement of Clinicians, Leadership & Staff

The hospital has an excellent record of quality improvement, both internal and in collaboration with external partners. Every department and clinical service develops annual operating plans as well as goals and objectives with the focus on improving quality and implementing safety initiatives.

LWDH is committed to the allocation of resources for the thorough review and the management of critical incidents. Formal processes are in place to report, review, evaluate, research, and make quality changes in patient care services. Most of our Quality Committees are a mix of front-line and management staff. This provides diverse perspectives and ideas about the quality of care we provide and the quality improvement recommendations to consider.

Population Health and Equity Considerations

Population Health

LWDH strives to improve the quality of care to the unique populations that we serve by:

- Providing Cultural awareness training to all staff, and providing cultural awareness activities/ongoing awareness presentations to our staff. The organization also has an Aboriginal services worker who will work with patients to ensure they receive culturally appropriate, high quality health care.

- An Accessibility In-Patient room has been created to meet the needs of the bariatric population. This room is specifically designed and has the equipment necessary to provide effective and safe patient care.

Equity

Lake of the Woods District Hospital has incorporated an equity lens into their Quality Improvement initiatives through these approaches:

- Engaging with Patients and Caregivers about Quality Improvement - The establishment of a Patient and Family Advisory Committee. To ensure that the QIP 2018/19 is equitable and meaningful, this diverse committee was actively involved in the review and final selection of this year's QI indicators.

- The surveying of our patients through the annual patient experience survey and from the post discharge follow-up phone call initiative is another means of advocating for equal voice.

- One of our indicators is also focused on improving the management of COPD. These individuals are a vulnerable population that require best practice care.

- The LWDH Managed Alcohol Program, (MAP), models excellence in equitable health care, as it strives to overcome the barriers to the determinants of health for people of seriously marginalized circumstances. The two goals are to:

    I. enhance the physical, psychological, spiritual, and emotional health of people through a model of inter-professional care, and
    II. connection of people to housing, income maintenance, supported employment, and meaningful community / cultural activity

Access to the Right Level of Care - Addressing ALC

Although LWDH endeavors to avoid ALC occurrences by arranging the provision of the appropriate discharge services for the ALC patient, this is often dependent on the availability of long term care beds and services within the community.

Operationally, we continue to self-manage by these actions:

- Continued partnership with the LHIN Home and Community Care program to support Home First Philosophy.
- The active partnership with LHIN Home and Community Care Case Coordinators located at LWDH and the Rapid Response nurse that supports a close working relationship with the Utilization Coordinator and ER staff to divert admissions whenever possible
- Maintained the Assess and Restore Program (restorative rehabilitation care) to improve patient's functional abilities.
- Continue to effectively communicate with the patient and/or family with regard to the care plan and discharge date and the use of a standardized discharge checklist.
- The regular review of ALC status by the utilization committee in order to improve patient flow.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

LWDH has implemented a number of Patient Order Sets that incorporate appropriate pain management strategies and medication options to effectively treat and manage pain.

LWDH offers access to mental health and addiction services.

Workplace Violence Prevention

Addressing workplace violence is a strategic priority at LWDH. LWDH is committed to promoting and fostering a culture of workplace violence reporting. The Quality Committee of the Board, the Joint Health and Safety Committee and the Quality/Risk/Patient Safety committee receive regular (at least quarterly) reports on incidents of workplace violence.

A Violence Prevention/Management Task Force meets regularly throughout the year to address concerns and/or enhance our current practices in managing workplace violence. The committee's membership demonstrated true collaboration as it included front line patient care staff, administration staff, a representative from every union, representation from the Joint Occupational Health and Safety committee, environmental services staff and the Quality and Risk Manager.

Some of the quality improvement initiatives and interventions implemented include:

- A hospital wide flagging for violence electronic system used to communicate risk to staff.
- Implementation of a violence flagging module in MediTech.
- A potential for violence screening procedure and screening tools used to direct staff on how to identify and mitigate identified risk of violence .
- Code Silver policy/procedure is used to coordinate an immediate response to a person brandishing a weapon on hospital property thus minimizing risk for injuries.
- Clinical order sets have been developed to improve patient and staff safety.
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- Usage of a Police Transfer of Care protocol for the Emergency Department.
- An upgrade in our facility's security system, including swipe card access and increased video surveillance throughout the facility.

Performance Based Compensation

Our Executives' compensation is linked to performance in the following ways:

Senior Managers % compensation linked to achievement of targets:
President & Chief Executive Officer - 2.5%
Chief of Staff - 1%
VP Patient Care & Chief Nursing Officer - 1%
VP Corporate Services & Chief Financial Officer - 1%
VP Mental Health and Addictions Programs - 0.5%

Performance is linked to nine (9) quality indicators, which are outlined in our Quality Improvement Plan (QIP).

- If legislation permits, achievement of targets beyond a five (5) out of nine (9) will result in eligibility for a pay for performance.
- For example if eight (8) out of nine (9) targets are achieved, the CEO would be eligible for a 3/4 X 2.5% incentive.
- Given that the CEO and Senior Management position salaries have been frozen for the past six (6) years, and with no end in sight to this situation, the Board finds it unconscionable to put any base salary at risk. The Board recognizes that current legislation does not allow for any salary bonus or claw-back.

Compensation will be pro-rated and based on the following achievement proportions:

#Outcomes Met:	Total # Indicators	% Compensation (1-5% as indicated above)
9	Out of 9	Full
8	Out of 9	+ 3/4 X % at risk
7	Out of 9	+ 1/2 X % at risk
6	Out of 9	+ 1/4 X % at risk
5 or less = no bonus		

Contact Information

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Other

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

Ms. Joan Reid *Board Chair*	Ms. Joan Reid *Quality Committee Chair*	Mr. Mark Balcaen *Chief Executive Officer*