Let's Make Healthy Change Happen.

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

LAKE OF THE WOODS DISTRICT HOSPITAL

3/27/2019

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 2019-2020 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.

For the 2019-20 Quality Improvement Plan, LWDH has identified key drivers for quality planning and are also aligned with:

1. LWDH's Board Vision, Mission and Value Statement
2. LWDH's Interim 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
12. Participate in HIROC Risk Assessment Checklist (RAC) which results in subsequent QI initiatives.

In addition, the Quality Improvement 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, Kenora Chiefs Advisory, Firefly, CMHA Kenora, WNHAC plus many more.

While we are confident our QIP will provide the necessary framework and road map 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:

1. Average number of patients receiving care in unconventional spaces
2. Total number of Alternate Level of Care (ALC) days contributed by ALC patients within a certain reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data
3. Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of the patient's discharge from hospital.
4. The time interval between the Disposition Date/time (as determined by the main service provider) and the Date/Time Patient left the Emergency Department for admission to an inpatient bed or operating room.
5. Percentage of Complaints acknowledged to the individual who made a complaint within 5 business days.
6. Percentage of respondents who responded positively 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 hospital
7. Medication reconciliation at discharge; Total number of discharged patients for whom a Best Possible Medication Discharge plan was created as a proportion of all discharged patients.
8. Proportion of hospitalizations where patients with a progressive life threatening illness have their palliative care needs identified early through a comprehensive holistic assessment.

9. Rate of mental health or addictions episodes of care that are followed within 30 days by another mental health and addiction admission.
10. Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.

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

The Kenora Chiefs Advisory have received interim funding and have hired a Client Navigator who works within the hospital Monday to Friday during the day.

The Client Navigator assists the Patient Care team in the following areas

- Engage with the First Nations patients and caregivers during the patient's stay in the hospital;
- Develop a care plan based on the patient's goals, this plan will include culturally appropriate care decisions around treatment, discharge navigation and post-discharge care;
- Follow-up with the First Nations patients post-discharge to verify compliance with the treatment plan, and to mitigate any potential issues;
- Assist First Nations patients with navigation of the Non-Insured Health Benefits system for necessary post-discharge care;
- Facilitate connecting the First Nations patient with post-discharge specialty supports, such as mental health or palliative care;
- Establish relationships with Health Directors of First Nations communities;
- Develop a framework for outcome evaluation, community consultation process, establishment of targets, review of progress, program adjustments and evaluation process.

The primary focus of the Client Navigator position is inpatient care, although there may be an opportunity for outpatient supports, as time permits. The Client Navigator attends Multidisciplinary and/or bullet rounds on the inpatient units.

Since this position is new, we are still working out details on the process for consultation, the potential to documentation in the Electronic Medical Record, data required to support the program, etc. Therefore we have no quantitative data to support the value of the program. However, to date feedback from the team has been for the most part very positive.

Patient/client/resident partnering 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. This committee is highly engaged and will be meeting on a monthly basis going forward and increasing community representation. Future focus is to structure their agenda and action items and be more visible within the hospital and community with a strong mandate for patient and family engagement.

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.

In partnership with the Kenora Chief's Advisory we have added a Client Navigator to our team. As an employee of KCA, the Client Navigator works with Aboriginal patients in problem solving and navigating the discharge process. This is another source of feedback from our Aboriginal clients.

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.

In the upcoming year, the LWDH Board will expand its membership from 9 to 12 community members and is looking at cross-representation between the Board and the Patient and Family Advisory Committee to strengthen connections and improve communication between the Board and the patients and families of the LWDH. The Board has approved their standing committee terms of reference to include community representation on their Quality Committee and Audit and Finance Committee. Patient engagement is a future focus of the Board and there is a lot of exciting work underway to further implement this at the LWDH.

Workplace Violence Prevention

Workplace violence prevention has been a hospital priority for the past several years and is part of the strategic plan last year and this year. We have made significant investments in security and safety over the past two years. In 2016 we initiated a violence prevention task force who work with JOHSC to identify safety and security gaps and develop strategies to mitigate those gaps. Examples of some of these initiatives include:

1. The hospital and most areas are locked down after hours and can only be accessed using pass cards attached to staff ID's. Access to specific areas is restricted to specific individuals;
2. All employees (paid and unpaid) and medical staff, must now wear their ID badges in order to get into the building. Contractors must also be issued and wear ID badges to access the building;
3. All staff accessing the building after hours must sign in at switchboard;
4. All patients who are at risk of violence are flagged and the flags are entered in MediTech and/or a shared folder so LWDH staff, internal and external, are alerted for subsequent visits;
5. Patients are routinely screened for violence and delirium on admission and protocols are developed to address levels of risk;
6. Enhanced lighting in the parking lot with LED lighting;
7. Use of camera's in strategic locations within the building;
8. Code silver was developed and the goal is to have a button to immediately lock down the facility if a weapon hazard is identified;
9. Code White drills are practiced;
10. Purchased Pinel restraints and a humane restraint chair to be used as a last resort for patients who are a danger to self or others;
11. Screamers carried by staff who work alone or in a secluded area;
12. All areas have developed and update annually a safety plan for their area;
13. Currently in the process of hiring a security firm to provide us with Security personnel;
14. Staff in key areas (ER, Admitting, Schedule 1, Morningstar Detox, and Maintenance) are required to have CPI training every 2 years.

We are currently looking at repeating a risk assessment of the organization (last done in 2011) in this fiscal year.

The Quality coordinator reports safety and security data to the board on a bimonthly basis. Violence reporting was also part of the QIP for the past year where we significantly exceeded our target.

Executive 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 ten (10) quality indicators, which are outlined in our Quality Improvement Plan (QIP).

- If legislation permits, achievement of targets beyond a five (5) out of ten (10) will result in eligibility for a pay for performance.
- For example if eight (8) out of ten (10) targets are achieved, the CEO would be eligible for an 80% X 2.5% incentive.
- Given that the CEO and Senior Management position salaries have been frozen, 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)
10	Out of 10	Full
9	Out of 10	+ 90% X % at risk
8	Out of 10	+ 80% X % at risk
7	Out of 10	+ 70% X % at risk
6	Out of 10	+ 60% 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

Wendy Cuthbert
Board Chair

Wendy Peterson
Quality Committee Chair

Ray Racette
Chief Executive Officer