

Let's Make Healthy
Change Happen.



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



NORTHUMBERLAND HILLS
HOSPITAL

3/18/2019

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.

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Overview

Our shared purpose at Northumberland Hills Hospital (NHH) is *Exceptional patient care. Every time.* This statement reflects the central role and aspiration of NHH. It speaks to why we exist and how we can make an impact in our community. Patients who come to NHH can expect to consistently receive care that is safe, effective and efficient, with reasonable wait times achieved through a philosophy of person-centered care.

NHH is located approximately 100 kilometres east of Toronto, delivering a broad range of acute, post-acute, outpatient and diagnostic services.

The hospital serves a catchment area known as west Northumberland County. A mixed urban and rural population of approximately 70,000 residents, west Northumberland comprises the Town of Cobourg, the Municipality of Port Hope and the townships of Hamilton, Cramahe and Alnwick/Haldimand.

NHH employs approximately 600 people and relies on the additional support provided by physicians and volunteers.

Our core values are *integrity, quality, respect, teamwork, and compassion.* These core values are embedded throughout our Quality Improvement Plan (QIP) journey. Building on progress made through our 2018-19 QIP, we will maintain the momentum by focusing our goals in the coming year on further improving patient satisfaction results across the organization through real-time feedback with particular attention being paid in acute care and emergency settings. The real-time customer feedback will allow us to improve our service creating a better customer experience; align continuous quality improvement with meeting and exceeding customer expectations; and support business decisions through the use of tangible data.

NHH completed the development of a four-year Strategic Plan (2017/18 to 2020/21) grounded in four strategic priorities: Quality and Safety, A Great Place to Work and Volunteer, Collaborative Community Partnerships and Operational Excellence. Our Strategic Plan and our QIP are aligned and, together, ensure that the activities of the organization are focused on similar goals.

We are confident that NHH will achieve the priorities set out in our 2019-20 QIP given the dedication and commitment to excellence of our staff and physicians, the engagement of our Board and leadership and the support and collaboration of community partners.

The 2019-20 QIP was developed utilizing the guidelines and feedback provided by Health Quality Ontario. In keeping with Ontario's Excellent Care for All Act requirements, Section 8, the following indicators helped shape the development of this Plan: NRC Canada Patient Satisfaction Surveys for the Emergency Department (ED) and Acute Care, and ALC rates. In addition, priorities identified by our Integrated Risk Management (IRM) program as well as Accreditation Canada's Required Organizational Practices and historical trends were taken into consideration in the development of this Plan.

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

Key QI achievements for 2018-19 continued to revolve around the implementation of NHH's four-year Strategic Plan (2017/18 to 2020/21). This included many accomplishments such as managing our Alternate Level of Care (ALC) rate through early engagement and continuous application of an avoidance framework, effectively managing wound care through daily huddles, and improving patient satisfaction through the implementation of real-time surveys. However, a specific QI achievement that our organization is particularly proud of is the collective effort and collaboration applied in ensuring the safety of patients and care providers at NHH at all times.

On October 27th, 2017, our hospital experienced an active shooter in our emergency department. The aftermath of the incident helped us reflect against our current state workplace violence program. NHH had robust policies in-place including code silver and domestic violence, emergency exercise drills, lock down procedures, security on-site from 700pm to 700am, and our Occupational Health & Safety Committee (OHSC) that monitored violence statistics monthly. However, upon quality improvement reflection we identified a future state and created three action plans that focused on enhancing safety and security of physicians, staff, patients, families and visitors. The first action plan was created through debrief sessions with physicians, staff and patients. The second action plan was completed by the Occupational Health and Safety Committee (OHSC) through the use of a *workplace violence risk assessment toolkit for acute care*. The third action plan was created through an external security specialist. In total, there were 180 actions that were created to help the organization achieve its future state—a safe and secure environment. Through the planning stages, NHH was able to generate a series of quick wins such as obtaining high risk guards 24/7, installing cameras, limiting access to the emergency department, writing a security plan document, educating all on the use of pendant and fixed alarms, identifying safe rooms and enhancing policies with staff input.

A key QI achievement was expanding our code silver policy and lock down procedures through enhanced exercises. This was successfully completed through the partnership with our local Cobourg Police department. In collaboration, mock drill exercises occurred throughout the organization at the unit level, during board and senior team meetings, through e-learning, and lastly through a community wide exercise of an active shooter in the hospital during normal operating hours. NHH became the first organization to complete an active shooter training program with weapons using live "blank" ammunition during normal business hours. This was successfully completed in August 2018 and collectively these exercises helped enhanced our workplace violence program that now compliments all related policies and procedures.



Patient/client/resident partnering and relations

NHH has adopted a spectrum of methods for engaging patients/clients/residents through: discussion with our Patient and Family Advisory Council (PFAC), discussion through our Quality and Practice Committees, one-on-one interviews (manager rounding, quality review meetings), meetings with patients and family members (discharge support meetings) and inclusion in continuous quality improvement initiatives/events (experienced-based co-design).

The Patient and Family Advisor role at NHH is an active, inclusive and participatory role that is embraced and embedded within the hospital. Advisors have numerous opportunities at NHH to influence and truly be a part of decision making with the goal to improve the experience of patients and their families who receive care at NHH and the quality of care delivered. Established with volunteer advisors in December 2016 following an open call for interest, advisors from NHH's PFAC now participate as equal representatives on seven different Quality and Practice Committees at NHH including Emergency, Surgical Services, Medicine, Maternal/Child Care, Post-Acute Specialty Services, Cancer and Supportive Care and Mental Health and Addiction Services. A PFAC advisor also supports the Human Resources department, actively participating on selected interviews with leadership, front-line staff and volunteers. Ad hoc program and issue-specific opportunities across the organization are also supported by PFAC volunteers, learning together as we go and adjusting our approach as required. In addition, the PFAC meets quarterly, and over the course of the year work at this table has included the co-developed terms of reference and role description documenting their purpose in year one - to integrate patient and/or family perspectives into NHH decision making - and their reporting process to the Board. PFAC volunteers have supported accreditation, strategic planning and the (ongoing) development of measures of quality improvement. Examples of successful ad hoc program initiatives and corporate projects supported by our PFAC include:

- Real Time Patient Value Statements and Values
- Real Time Satisfaction Surveys
- Code Silver patient perspective
- Visiting Policy input

- PACE Speaker Series
- Clinical Information System participating member
- Patient Experience Week Lunch & Learn for NHH Staff
- the Baby Friendly Initiative (BFI).

In addition to the input received through the PFAC and one-on-one interviews (manager rounding, quality review meetings), NHH's ability to listen to the community we serve has been further enhanced through the use of a real-time patient satisfaction survey tool. This has helped quantify overall satisfaction and enable a better understanding of emerging themes in order to prioritize and implement quality improvements. Furthermore, meeting with patients and family members (discharge support meetings) and inclusion in continuous quality improvement initiatives/events (experienced-based co-design) will continue. Through this spectrum of methods, NHH is advancing its strategic priorities with a true commitment to person-centered care, guided by our values and organization culture of integrity, quality, respect, compassion and teamwork.

It is also important to note that while the QIP is our public commitment to continuously improve quality of care and patient safety, it is supported by many operational plans and frameworks. These include the specific quality, practice and safety initiatives for each NHH patient care program, but also: the NHH Quality and Safety Framework; the Professional Practice Framework; our Ethics Framework; our Patient and Family-Centred Care Framework and related Community Engagement Framework; the Human Resources Plan; the Information & Communications Technology Plan; the Infection Prevention and Control Framework; and, the Energy Conservation Plan. This QIP, together with the other plans and frameworks noted above, have been carefully aligned with the overarching NHH Strategic Plan, ensuring consistency of focus and effort.

Workplace Violence Prevention

As highlighted in our organization's greatest QI achievement from the past year, workplace violence prevention continues to be a strategic priority as safety remains a core dimension of our strategic plan. As such, workplace violence is reported to the Quality & Safety Committee of the Board, OHSC, Quality Practice Committees, and posted for all staff, patients and visitors through our quality board. Guided by the Occupational Health and Safety Act, there will be continued efforts and an enhanced focus on ensuring the organization feels safe and secure when faced with workplace violence and harassment.

NHH sets out the behavioural expectations of all professional staff, employees, contract staff, directors, patients and volunteers of the organization and fosters a safe and healthy work environment, free from disruptive behaviour. Disruptive behaviour is defined very broadly to include abuse, discrimination, workplace harassment, sexual harassment, and workplace violence. The Respectful Workplace policy provides guidance with respect to the types of behaviours that will not be tolerated within the organization, describes the accountabilities of members of the Hospital's community, and sets out the procedures to follow to report and resolve incidents of disruptive behaviour.

In addition to the Respectful Workplace policy, procedures for crisis intervention and security/police response in accordance with the Hospital's Code White, Code Purple, Code Silver and Code Black are also available and routine exercises are carried out throughout the year. Furthermore, a continued partnership has been

established with local police to review our Code Silver and Lockdown procedures and directly support staff in learning and rehearsing best practices with mock drill exercises to further ensure staff feel safe in the event any such emergencies occur in the future.

A separate process for identifying and addressing disruptive behaviour/reactive behaviour by patients is set out in policy and includes the procedure in using a violence assessment tool for flagging patients who are prone to violence or responsive behaviours. This tool is also used in partnership with Northumberland Paramedics during the transfer of patient care. A comprehensive supportive plan is in place for patients who experience responsive behaviour.

Additionally, available supports, including the Physician Health Program and Employee Assistance Program, are provided for staff and physicians. The Hospital's obligation to audit its workplace violence prevention program is established with monthly reports to both the Occupational Health and Safety Committee and the Leadership Team. Workplace violence is a growing concern for smaller communities and NHH is committed to taking steps to minimize risk and maximize preparedness.

Executive Compensation

The performance of each senior leader is measured against leadership competencies, annual goals including those relevant to achievement of the QIP and a 360-degree component that solicits feedback from superiors, subordinates and peers.

NHH Board of Directors developed an Executive Compensation Plan to ensure the integrity of the Broader Public Sector Executive Compensation Act 2014, Regulation 187/17 and amended Regulation 304/16. The plan includes the development and implementation of an executive compensation framework and NHH will post the plan pending Ministry approval.

Contact Information

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Exceptional patient care. Every time.

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

Board Chair _____ *[Signature]* (signature)

Board Quality Committee Chair _____ *[Signature]* (signature)

Chief Executive Officer _____ *[Signature]* (signature)

Other leadership as appropriate _____ *[Signature]* (signature)

DRAFT NHH QIP FY 2019-20 SUBMISSION

Quality dimension	Measure/Indicator	Selected Y or N	Change Idea(s)	Methods	Process measures	Target for process measure
Timely	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.	No				
	The time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room.	Yes	Organizational use of electronic bed board	~Re-train all on use of electronic bed board	~Ensure all super users are identified and trained	~By Q4, 100% of all super users are trained
			Communicate a planned daily discharges report to multi-disciplinary and support teams	~Create an automated mechanism to be sent out daily to multi-disciplinary and support teams	~Ensure designated persons/areas receive report daily	~100% of designated persons/areas receive report
Efficient	Average number of inpatients receiving care in unconventional spaces or ER stretchers per day within a given time period.	No				
	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data	Yes	Reduce wait time for ALC-Rehab patients (time from designation to start of program)	~Ensure that there is organizational awareness through the use of the bed status report ~Establish target time from designation to start of program ~Monitor Average Length of Stay (ALOS) for Rehab patients ensuring target times are met	~Time from designation to start of program ~ALOS for Rehab Patients	~Same day ~ALOS Rehab target 27.5 days ~ALOS RCP target 31.8 days
Patient-centred	Percentage of complaints acknowledged to the individual who made a complaint within five business days	No				
	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 the hospital?	Yes	Create a patient friendly discharge instruction form for all admitted patients (2B, PASS)	~Create draft discharge form with contact information if questions need to be answered ~Review form with Patient & Family Advisors ~Create process of how patients will receive a copy at time of discharge with contact information	~Discharge form completed start of Q1 ~All 2B and PASS staff educated on the process by end of Q1 ~Monitor the correlation between the real-time survey question "did you receive discharge instructions prior to discharge?" to the indicator.	By Q2, 80% of patients surveyed indicate they received the discharge instructions. By Q4, 100% of patients surveyed indicate they received the discharge instructions.

Safe	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	Yes	Complete a training program for Nursing Staff	~Identify all training opportunities to support staff with violent patient behaviours (~Non-violence intervention training (NPCI) ~BSO staff training (dementia focus) - Gentle Persuasive Approach, Dementiability, U 1st) ~Identify who needs to be trained	~Selected staff trained on training opportunities	100% of selected staff trained on training opportunities
			Implement specialized support for patients with responsive behaviours - Behavioural Support (BSO) Nurse	~Submit referral for consultation to BSO Nurse	~Number of referrals received by BSO Nurse	~100% of <i>appropriate</i> referrals will have a BSO care plan on their chart
Effective	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.	Yes	Implement medication reconciliation upon discharge for 2B	1. Establish monthly reporting from pharmacy on rates and areas for improvement. 2. Conduct Training and education sessions for Front line staff and physicians on the practices and processes to achieve. 3. Implement Medical Discharge Guide which includes requirement for BPMD	Percentage of patients discharged from 2B with a completed Medical Discharge Form All 2B (inpatient) staff educated on the process by end of Q1 ~Monitor the correlation between the real-time survey question "did you receive discharge instructions prior to discharge?" to the indicator.	100 % Percentage of med surg medication reconciliation upon discharge for completed. By Q2, 80% of patients surveyed indicate they received the discharge instructions. By Q4, 100% of patients surveyed indicate they received the discharge instructions.
	Proportion of hospitalizations where patients with a progressive, life-threatening illness have their palliative care needs identified early through a comprehensive and holistic assessment.	No				
	Rate of mental health or addiction episodes of care that are followed within 30 days by another mental health and addiction admission.	No				