

Let's Make Healthy
Change Happen.



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



NORTHUMBERLAND HILLS
HOSPITAL

2/28/2018

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

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.

Building on progress made through our 2017-18 Quality Improvement Plan (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.

We will continue to focus on key areas which include improving our:

- effectiveness in managing wound care;
- Alternate Level of Care (ALC) rate; and
- medication reconciliation completion on admission and discharge.

In addition, guided by the Occupational Health and Safety Act, there will be an enhanced focus on ensuring the organization feels safe and secure when faced with workplace violence and harassment.

NHH has completed the development of a new 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 2018-19 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 2018-19 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--such as medication reconciliation--and historical trends were taken into consideration in the development of this Plan.

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

Key QI achievements for 2017-18 continued to revolve around the implementation of NHH's multi-year Hospital Improvement Plan (HIP) and included many accomplishments such as the consolidation of two smaller medical/surgical units (2A/2B) to create one more efficient 36-bed unit on 2B. Through an increased surge in volumes, this unit grew to an average of 48 beds yet remained manageable through continuous quality improvements and the dedication of a skilled multidisciplinary team. Another significant achievement focused on raising the level of service excellence in the organization by further empowering employees to interact with patients, visitors and each other in a caring and compassionate way by investing in direct staff training in the Cleveland Clinic's highly regarded **Communicate with H.E.A.R.T.**® The training helped staff understand their role in creating a positive patient experience. The improvement in patient satisfaction can be attributed, in part, to this investment. In addition, Managers completed daily rounding to engage patients in determining the satisfaction of the care they are receiving. This effort will be further enhanced in 2018-19 as it has demonstrated that it can create an enhanced personalized experience through direct, timely communication.

Resident, Patient, Client Engagement 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 7 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:

- Cancer and Supportive Care - your Symptoms Matter kiosk introduction and training support (Chemotherapy)
- Medicine - Patient experience assessment tool research
- Enhancements to NHH Emergency Services messaging - nhh.ca
- Post-Acute Support Services Program Planning

The continued growth of the PFAC is anticipated in 2018-19, as need arises, evidenced most recently by the successful recruitment of four additional advisors, two of whom will support the work of a new regional project, 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 will be further enhanced through the use of a real-time patient satisfaction survey tool. This will help 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.

Collaboration and Integration Engagement of Clinicians, Leadership & Staff

NHH's 2018-19 QIP was developed with the involvement of the Board, Quality Committee of the Board, senior leadership, clinicians and staff and patients and caregivers.

The Board

On a quarterly basis, the Board reviews and monitors progress against the current Quality Improvement Plan. The Board was involved in the development and approval of the 2018-19 QIP and ensured that the priorities and initiatives of the QIP align with the hospital's strategic priorities and the Hospital Improvement Plan (HIP). The indicators and targets were reviewed to ensure that the measures were appropriate and the targets were achievable in the 2018-19 fiscal year. On March 8th, 2018 the final draft of the 2018-19 QIP was approved at the NHH Board meeting.

Quality Committee

On a quarterly basis, the Quality Committee of the Board reviews the QIP and reports on its progress to the NHH Board. The Committee reviews the planned improvement initiatives and supports the ongoing activities. The Quality Committee provided input into the 2018-19 QIP before the final draft was approved by the Board. The Quality Committee also makes recommendations regarding quality improvement initiatives and targets and reports any quality issues to the Board.

President and Chief Executive Officer (CEO) and Senior Leadership Team

The President and CEO and senior leadership team collaborated with the broader Leadership and Quality Committee, clinicians, front-line staff and patients and

caregivers to develop the 2018-19 QIP. Results from the corporate patient satisfaction surveys were used to develop some of the planned improvement initiatives. Quarterly indicator reports are presented to ensure that everyone within the organization is kept well informed on the progress throughout the year and areas of achievement or those requiring attention are highlighted at staff forums and through other communication channels.

Population Health and Equity Considerations

The most recent environmental scan produced collaboratively for the five hospital partners in the North East Cluster of the Central East Local Health Integrated Network (LHIN) re-confirmed in January 2017 that our organization serves a significantly older than provincial average population, and will continue to do so in the foreseeable future. Within the Central East LHIN, the NHH catchment represents the second highest proportion of seniors aged 65-74 (11.57%) and third highest proportion of seniors aged 75+ (9.75%). Furthermore, Cobourg has the highest proportion of residents aged 75+ in the sub region, and the second-highest rate across all Central East LHIN neighbourhoods. Over the next 10 years, the proportion of the population over age 65 will experience significant growth. Notably, the proportion of the population over age 75 is expected to grow significantly - by 61.1% by 2025. The need for care, and the complexities associated with its delivery, rises with age.

In light of our aging demographics, corporate initiatives such as eliminating hospital acquired pressure injury, reducing Alternative Level of Care rates, and reducing and preventing falls have been highlighted as focused areas for this fiscal year. Work completed in these areas is being shared with clinicians, leadership, and staff for feedback and recommendations (e.g. regular updates to the NHH Medical Advisory Committee). In addition, a key area of focus continues to be on the reduction of readmission rates for COPD, CHF, and pneumonia.

NHH works with various community partners and external agencies to address concerns of our patients. Community partners are members of NHH's quality and practice committees and NHH representatives actively participate in key external committees such as the Northumberland County Sub-Region Planning Table, Home First Operations Committee and the Northumberland Liaison Committee which includes regional long-term care partners.

As noted above, the Patient and Family Advisory Council (PFAC) was established in 2016. The volunteer advisors on the Council were selected based on identified needs within the organization and all have, in the past, been patients or caregivers at NHH.

NHH has been, and continues to be, committed to providing care in a manner that is sensitive to diverse cultural needs. To that end, approximately 20 certificates of completion have been achieved by front-line staff, leadership and Board members in the Central East LHIN-sponsored education opportunity, San'Yas, Ontario Core Indigenous Cultural Safety-Health.

An on-line, interactive learning opportunity, San'Yas explores a range of topics, including "First Nation, Inuit and Métis Culture", "Colonization and the Determinants of Health", "Aboriginal History and Political Governance" and "The Need for Cultural Competence in Health Care".

Building on the lessons learned, and a desire to take steps to do more to strengthen ties with the local First Nations community and counterparts at Alderville First Nation Health and Social Services, an action plan was developed and, in collaboration with AFNHSS, these actions are now being implemented. Among these actions are: NHH participation in Alderville's annual Health and Social Services Fair; Alderville representative in NHH's Spiritual Care Committee; exploration of ways to better signal cultural sensitivity to First Nation beliefs/traditions inside the hospital, including the Spiritual Care Centre; and, joint coordination of an NHH National Aboriginal Day event in 2018.

Working with Northumberland County and other agencies in the community, proactive outreach is also planned in 2018/19, such as tours, to build awareness of NHH services and enhance dialogue with representatives of distinct communities within Northumberland, such as the Latino, Philippino and Syrian communities, the homeless community, and local migrant workers.

Access to the Right Level of Care - Addressing ALC

NHH has experienced a growing number of patients designated as "Alternate Level of Care" (ALC): patients who need to remain in hospital—to no fault of their own—though they no longer require acute care. Over the past 18 months, NHH's ALC 'rate' has risen steadily, quarter by quarter and, as of December, 2017 NHH's ALC rate was 33 per cent.

The increase can be attributed to the aging population, noted above. A growing number of these patients are being brought to the ED for admission due to a lack of community resources, including a lack of housing and community supports, and few available LTC homes with capacity, particularly for patients with significant and complex behavioural issues. We are also continuing to see families who are unable to cope at home with the high care demands of their family member which results in the need to bring them to hospital seeking care/support. Additionally, there has been a growing number of situations involving patients who do not have a Power of Attorney (POA) established which results in the need to involve either the Consent and Capacity Board and/or Public Guardian and Trustee, further delaying decision making related to the discharge destination and, potentially, a LTC application.

The high volume of ALC patients has a direct impact on patient flow into and through the hospital. As the number of ALC patients increases, fewer physical beds are available for acute patients who are awaiting admission from the Emergency Department (ED), and these patients are required to remain in the ED until an inpatient bed becomes available.

Though NHH had a track record of continuous improvement in terms of patient flow into its Emergency Department, and a ranking consistently in the top third among its peers, performance in the past year has been poor with a direct correlation between lengthening ED wait times and the steady increase in ALC patients. In 2017/18 the Length of Stay for NHH's ED admitted patients increased from 18.6 hours to 40.4 hours and the time to admit increased from 13.2 hours to 32.8 hours.

The demographics within our aging community indicate that ALC pressures will increase in the coming decade until additional capacity for appropriate care options is introduced. To that end, NHH welcomed the Ministry of Health and Long-Term Care support to fund additional transitional beds at NHH in 2017/18. Further, NHH has welcomed the Ministry's commitment to add new long-term care beds in the province.

NHH continues to work closely with representatives from the Central East LHIN Home and Community Care, Community Care Support and local long-term care (LTC) homes to explore opportunities to expedite the transfer of patients back into the community or to LTC with the goal of decreasing the number of days patients are waiting for an alternate level of care. By decreasing the length of time patients who no longer require acute care are waiting in hospital it will allow NHH to better manage the increased and sustained surge volumes and acuity of patients who do require acute care services which in turn will reduce ED wait times.

A refresh of the Home First Philosophy has taken place and emerging new action items have been identified for this fiscal year. One action item includes developing an updated current state map of ALC patients and creating a future/ideal state map for ALC avoidance. The future/ideal map will identify process-related errors as well as take into account ethical and legal obligations that cause barriers/delays to discharge. The core objective of mapping is to develop a consistent standardized approach for ALC avoidance and ALC discharge and aid in diverting unnecessary admissions and identify community resources to help support these individuals in the community. In addition, multiple approaches have been established in order to increase awareness of ALC patients, such as an organizational wide daily reporting/updates of ALC patients, and continued discussions at daily huddles.

NHH will continue to advocate for system level solutions to address the ALC challenge with an aim to ensure that evidence-based investments are made in key areas of care, and available capacity and resources are optimized to permit all patients to receive the right care at the right time and in the right place.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

NHH has implemented a number of strategies over the course of the last year to support the effective treatment of pain. Supported by Health Quality Ontario's new quality standards to address opioid prescribing and opioid use disorder, NHH will further enhance these strategies in 2018/19. A new Chronic Pain Management Service was established in the spring of 2017. In addition, NHH has appointed a Medical Head of Service for chronic pain management who is tasked with education regarding safe prescribing of pain medications and the holistic approach to pain management. To further augment this practice, two physicians have attended courses in Pain management using Mindfulness Therapy. In addition to the above, our Pharmacy Department is also available to provide consultation for inpatients on pain and symptom management and alternatives. The Pharmacists attend programs which ensure best practices are utilized.

Workplace Violence Prevention

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 and 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. This policy will be refreshed in this fiscal year to ensure we have captured

recommendations from the Ministry's *Workplace Violence Prevention in Health Care Progress Report*.

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 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 for flagging patients who are prone to violence or responsive behaviours. 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.

Performance Based Compensation

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

A special sub-committee of the Hospital's Board of Directors reviews the compensation and performance of the Chief Executive Officer (CEO) and Chief of Staff (COS) and makes an assessment of whether or not they have succeeded in achieving annual goals and objectives.

The CEO is responsible and accountable for the performance and compensation of the senior executive team. NHH 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 will be posted in March 2018, pending Ministry approval.

Accountability Management

NHH is considered a high performing organization and integrates all planning processes including the Strategic Plan and other accountability contracts and processes in the development of the QIP. This integration helps ensure that financial responsibilities, accountabilities to patients and high quality care are maintained on an ongoing basis. To enhance the ability to be successful, the targets identified in the NHH QIP form the basis for several performance goals for the leadership team.

NHH has aligned strategies, plans and priorities both internally and with the external healthcare system. In turn, these strategic themes have been woven through the NHH Quality and Safety Framework, the NHH Professional Practice Model and the NHH QIP. Implementation of the 2017-18 QIP, supported by the NHH Quality and Safety Framework, moves NHH towards attaining its overall strategic goals.

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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

Board Chair  (signature)

Quality Committee Chair  (signature)

Chief Executive Officer  (signature)

Other leadership as appropriate _____ (signature)