

Let's Make Healthy
Change Happen.



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



NORTHUMBERLAND HILLS
HOSPITAL

3/16/2017

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

Exceptional patient care. Every time. This is the mission of Northumberland Hills Hospital (NHH). Patients who come to NHH can expect to receive care that is safe and effective, with reasonable wait times achieved through a philosophy of person-centered care.

Building on progress made through our 2016-17 Quality Improvement Plan (QIP), we will maintain the momentum by focusing our goals in the coming year on further improving and reducing our re-admission rates for the Quality-Based Procedures (QBP), reducing wait times in the Emergency Department and improving our alternate level of care (ALC) rates. In addition, we will improve patient satisfaction in acute care and emergency settings and improve our medication reconciliation rates on admission and discharge. Our quality improvement activities will continue within the context of our Hospital Improvement Plan (HIP), which outlines a number of efficiencies necessary to ensure NHH is able to continue to provide access to the acute care services our community requires.

In addition, NHH is currently embarking on the development of a new four year strategic plan (2017 to 2021) which includes the following key strategic objectives: 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 will 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 2017-18 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 2017-18 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 metrics helped shape the development of this Plan: NRC Canada Patient Satisfaction Surveys for the Emergency Department (ED) and Acute Care, QBP readmission rates, ED wait times and ALC rates. In addition, priorities identified by our Integrated Risk Management (IRM) program and Accreditation Canada Required Organizational Practices, such as medication reconciliation, were also taken into consideration in the development of this plan.

QI Achievements from the Past Year

Key QI activities for 2016-17 revolved around the Hospital Improvement Plan (HIP) and included many accomplishments; one more notable activity was the consolidation of medical/surgical units (2A/2B) to create one 36-bed unit on 2B. This change included an introduction of a skill mix change. Another significant initiative included implementing initiatives to reduce overcrowding in the Emergency Department. This included working with multiple departments to improve patient care by improving timely access to CT scans as well as changing the flow within the department.

Population Health

As part of the NHH strategic planning session, a recent environmental scan confirmed that the Hospital serves a significantly older than provincial average population. Within the catchment area for NHH, 25.4% of the population is over the age of 65 while the rest of the province is at approximately 16%. It is expected that the areas served by NHH will continue to grow and age. Currently, 11% of the population served is over the age of 75 and it is estimated that by 2025 this number will grow to by 61%. In addition to being older, the communities served also have an increased incidence of chronic disease.

In light of our aging demographics, the QBP patient information pamphlets on pneumonia, COPD and heart failure were developed with input from patients and family and created with the senior population in mind.

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 actively participates in external committees such as Health Links, Home First Operations Committee and the Northumberland Liaison Committee which includes regional long term care partners.

In 2016, the Patient and Family Advisory Council (PFAC) was developed. The 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.

Equity

The catchment area served by NHH is becoming more diverse. That said, the Alderville First Nations population has been a part of the area for a number of years. NHH has been, and continues to be, committed to providing on-going education to staff on aboriginal needs.

The staff from the Cancer and Supportive Care unit recently completed nine on-line modules on Aboriginal Care 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".

In April 2017, eight NHH staff members are registered to attend Indigenous Cultural Safety Health Training offered by the Central East Local Health Integration Network. This program, titled Core Indigenous Cultural Safety (ICS) Health Training focuses on enhancing cultural awareness of professionals working with Indigenous people in Ontario. The Core ICS Health is specific to those who work in the health care field and the goal is to improve access to health services and health outcomes for Indigenous people.

Integration and Continuity of Care

NHH has a long history of successful partnerships aimed at improving patient care. A number of additional integration projects were initiated in 2016-17. In October of 2016, a partnership was created with Peterborough Regional Health Centre (PRHC) to relocate microbiology laboratory services to PRHC to increase efficiency and ensure adequate staff is consistently available to provide this service.

In addition, joint leadership roles in Information Technology Services were implemented with Ross Memorial Hospital and Haliburton Highlands Hospital. This integration builds on the previous integration of a Regional Chief Information Officer across five organizations. Voice recognition has been implemented in partnership with Campbellford Memorial Hospital (CMH). As well, a shared Health Information manager position has been created between NHH and CMH.

NHH has been very involved with several external partners to improve transitions of care for patients throughout their health care journeys. A number of examples include the following:

- 1 NHH is active within the Health Links Operational Committee which has been actively seeking ways to identify and promote Coordinated Care Plans for patients within Northumberland County. NHH participated in a 2 day Process Improvement Planning session that included CCAC, Northumberland Family Health Team (NFHT), Port Hope Community Health Centre and Health Links in order to develop processes that will identify patients who would benefit from coordinated care.
- 2 Northumberland Hills Hospital and Northumberland Family Health Team (NFHT) are working to improve discharge communications and ensure timely follow up care for patients who have had recent hospitalizations. NHH has partnered with NFHT and Health Links on a Quality Improvement initiative through the IDEAS program in order to implement this quality initiative. The initiative includes providing relevant discharge information to the NFHT in order that they will then be able to see patients for medication reconciliation and follow up within seven days of discharge.
- 3 NHH has implemented a "flagging" system in the ED to identify patients who have had 3 or more visits within a 90 day period. This information is helpful to both internal partners such as ED physicians and nurses, GEM nurse and our CCAC partners. There is ongoing work to understand the reason for the revisits and also opportunity to ensure that these patients are receiving the support they require on discharge.
- 4 The Access and Flow specialist from NHH sits on the Northumberland Liaison Committee which is a committee made up of members from the local Long Term Care facilities as well as the local Retirement Homes. This Committee is an opportunity to network with the various members to ensure seamless transitions of care can occur for our common clients.

- 5 As well, the NHH Access and Flow specialist sits on a Convalescent Care Working Group to review and readjust criteria related to patient applications to Convalescent Care. This group included the Central East CAC, several LTC Homes in the CE LHIN as well as other acute care facilities. This working group was implemented to ensure that access to convalescent care programs was equitable and understood and education has been developed to roll out to all sectors to ensure that these beds are utilized to their full capacity.
- 6 NHH works closely with Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT) team to create a relationship that allows for open communication regarding patients. The NPSTAT has the ability to see patients in the hospital prior to discharge and therefore understand the plan of care prior to discharge to ensure smoother transition back to the Long Term Care Home.

Access to the Right Level of Care - Addressing ALC Issues.

NHH has been working with representatives from the Central East CCAC and local Long Term Care (LTC) homes to explore opportunities to expedite the transfer of patients back into the community or to long term care (LTC) with the goal of decreasing the number of days patients are waiting for an alternate level of care. It is felt that 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.

In 2016/17 NHH saw a growing number of alternate level of care (ALC) patients waiting for LTC. This is likely the result of a number of factors including the fact that a number of patients have limited LTC homes to choose from due to the following:

- o Significant and complex behavioral issues
- o High number of LTC homes have lengthy wait lists
- o Limited number of LTC homes with locked units
- o NHH is seeing a high number of patients who wander or exit seek and require locked units related to advanced dementia, Alzheimer's, psychogeriatrics etc.

A growing number of patients are being brought to the ED for admission due to a lack of community resources including a lack of housing and community supports, long CCAC wait lists and few available LTC resources. It is also noted that families are often not coping at home with the high care demands of their family member which results in the need to bring them to hospital. Additionally, there has been a growing number of situations where 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 which delays decision making related to the designation of the discharge destination and potentially a LTC application.

In efforts to divert unnecessary ED admissions, daily meetings are held with ED leadership, the inter-professional team and CCAC. The goal of these meetings is to

divert unnecessary admissions and identify community resources to help support these individuals in the community.

In 2017/18, as part of the QIP, NHH will work closely with CCAC to refresh the Home First program. The Home First philosophy focuses on discharging elderly patients home after an acute episode with appropriate services such as nursing and personal support, assisted living and convalescent care.

Engagement of Clinicians, Leadership & Staff

NHH's 2017-18 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 2017-18 QIP and ensured that the priorities and initiatives of the QIP align with the hospital's strategic directions and the Hospital Improvement Plan (HIP). The targets were reviewed to ensure that they were achievable in the 2017-18 fiscal year. On April 6th, 2017 the final draft of the 2017-18 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 2017-18 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 Leadership Team

The President and CEO and senior leadership team collaborated with professional staff, clinicians, front line staff and patients and caregivers to develop the 2017-18 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 well informed on the progress throughout the year and areas requiring attention are highlighted at staff forums.

Resident, Patient, Client Engagement

Taking the learnings of the Northumberland PATH project, NHH is achieving its strategic priority of true commitment to person-centered care. Experience-based co-design (EBCD)—a philosophy at the root of PATH, and its unique involvement of patients and caregivers—is now being woven into the culture of NHH. This is a new way to directly engage patients, caregivers and health care providers in the creation and improvement of care processes and the development of our annual Quality Improvement Plan. Patients and caregivers are now being included as active members of our Quality and Practice Committees.

Patients and caregivers were involved in the development of the QBP's COPD Pneumonia and CHF patient educational material as well as the "Bowel Surgery" and "Fall Prevention in the Hospital and the Home" pamphlets. Patients and caregivers are also being invited to attend program planning days and Lean events to engage with care providers to improve processes such as the amalgamation of two nursing units in April of 2016.

In 2016, a patient and family advisor council was formed which include seven community representatives. The Patient and Family Advisor role at Northumberland Hills Hospital (NHH) is an active, inclusive and participatory role that is embraced and embedded within the hospital. A means to better understand the patient/family experience, advisors will influence and be a part of decision making with the goal to improve the experience of individuals and their families who receive care at NHH and the quality of care delivered. The patient and family advisors are representatives on seven different Quality and Practice Committees including Emergency, Surgical, Medicine, Maternal/Child Care, Post Acute Specialty, Cancer and Supportive Care and Mental Health and Addiction Services.

It is also important to note that this QIP is one of many operational plans for NHH that aim to improve the organization quality of care and patient safety. Other plans include the specific quality, practice and safety initiatives for each NHH patient care program, including NHH Quality and Safety Framework; Professional Practice Framework; NHH Ethics Framework; the 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.

Staff Safety & Workplace Violence

NHH sets out the behavioural expectations of all Professional Staff, employees, contract staff, Directors, patients and volunteers of the Hospital and fosters a safe and healthy work environment, free from disruptive behaviour. Disruptive behaviour is defined very broadly to include abuse, discrimination, workplace harassment, workplace violence and sexual harassment.

The Respectful Workplace policy provides guidance with respect to the types of behaviours that will not be tolerated on the Hospital's premises, 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 was updated in 2016/17 to reflect legislative changes.

In addition to the Respectful Workplace policy, procedures for crisis intervention and security response in accordance with the Hospital's Code White, Code Purple and Code Black are also available and routine exercises are carried out. 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.

A separate process for 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.

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.

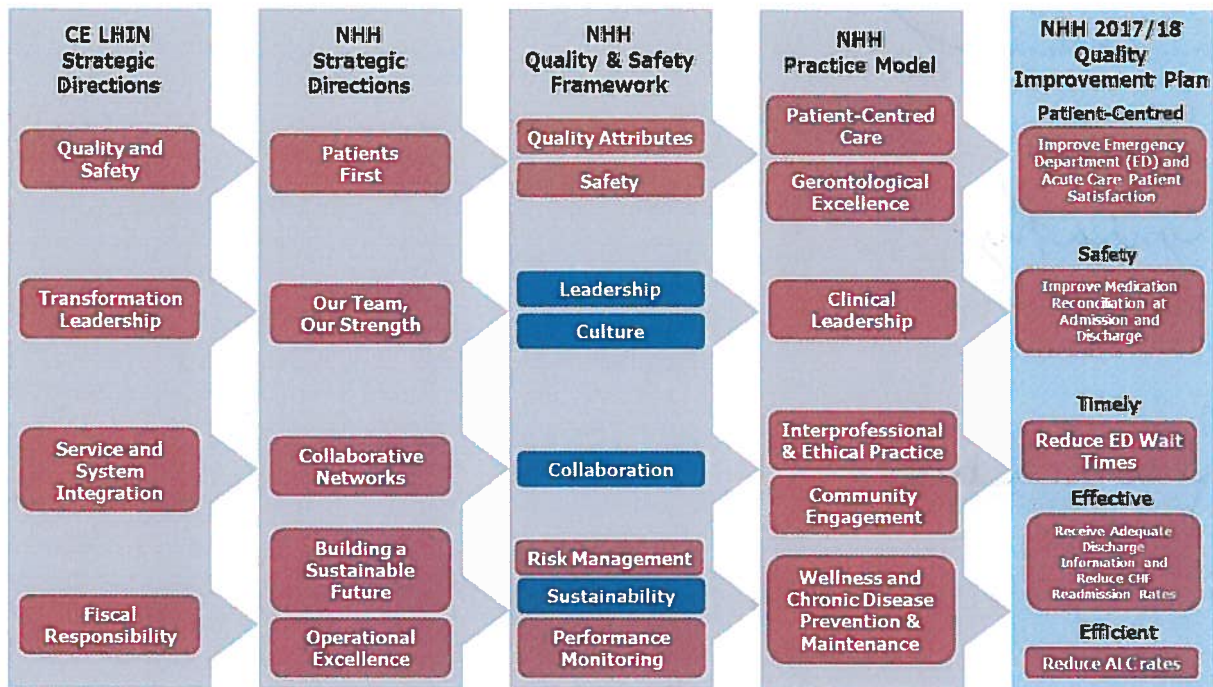
The CEO is responsible and accountable for the performance and compensation of the senior executive team. Currently, NHH is embarking on a plan to ensure the integrity of Regulation 304/16 is maintained, which includes the development and implementation of a compensation framework as per the Broader Public Sector Executive Compensation Act 2014 and the Excellent Care for All Act.

Accountability Management

NHH is considered a high performing organization and integrates all planning processes including our Strategic Plan and other accountability contracts and processes in the development of our QIP. This integration helps us ensure that our financial responsibilities, accountabilities to patients and high quality care are maintained on an ongoing basis. To enhance our ability to be successful, the targets identified in our 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. The figure below illustrates the common directions of the Central East LHIN and NHH. 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 our 2017-18 QIP, supported by our Quality and Safety Framework, moves NHH towards attaining its overall strategic goals.

Health System Alignment for Quality Improvement



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 Exceptional patient care. Every time.

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

A handwritten signature in blue ink, appearing to read "J. Hume", followed by a horizontal line.

Board Chair

A handwritten signature in blue ink, appearing to read "Lynda Kay".

Quality Committee Chair

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Chief Executive Officer