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



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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

Carleton Place & District Memorial Hospital (CPDMH) is a 22 bed acute care facility with 24/7 Emergency Services, Diagnostics (Lab, DI), a Physiotherapy Department, and a wide variety of specialized consulting clinics, including Telemedicine services.

This year's Quality Improvement Plan (QIP) builds on the success of the Mississippi River Health Alliance (MRHA), which includes CPDMH and Almonte General Hospital (AGH) by aligning the QIP initiatives for both organizations. We will be focusing on improving the quality of the patient experience through the implementation of post discharge phone calls, improving patient safety through revising the medication reconciliation process, ensuring best practices are in place through the use of pre-printed orders and focusing on ensuring a safe workplace for staff.

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

The hospital has been very focused on the Emergency Department (ED) redevelopment plan. There will be a new ED built on the premise within the next few years, which will improve access for patients and families. We have enhanced the Board Quality Committee by having hospital departments present on how they contribute to quality and safety (e.g. Diagnostic Imaging, Telemedicine, Medical Devices and Reprocessing). The presentations have been very well received by the committee members. We have enhanced post discharge phone calls for our surgical patients with input from our Patient and Family Advisory Committee (PFAC).

## Resident, Patient, Client Engagement and relations

CPDMH has a Patient and Family Advisory Committee (PFAC) to assist the hospital in delivering quality health care services around the needs of our patients and their families. The meetings are bi-monthly and the PFAC Committee members have been very engaged and committed to improving the patient experience. Going forward and throughout the year, they will be asked to provide input on existing and potentially new initiatives impacting patients (e.g. post discharge phone calls). The members will suggest ways that CPDMH can continue to learn from and incorporate the patient and family experience in its actions and processes as the organization continues to enhance a patient and family centered approach.

## Collaboration and Integration

The goal of the integrated relationship between CPDMH and AGH is to align quality improvement initiatives and leverage the work involved. This year's Quality Improvement Plan (QIP), aligns very closely with our Alliance partner hospital, AGH. With the exception of the Long-Term Care facility at AGH, Fairview Manor, the indicators for both hospitals are the same. The hospitals will increase the referrals to Health Links, through education to the ER staff and physicians.

We will reduce the readmission rates for patients with Congestive Heart Failure through aligning the pre-printed orders with best practice and quality based procedures.

Building on patient engagement, as legislated by the *Excellent Care for All Act (2010)*, aligning initiatives focusing on receiving adequate information at discharge will be developed. Both hospitals will be focusing on post discharge phone calls to improve the results on the outcome measure from the patient experience survey questions “Would you recommend this hospital (Inpatient) to your friends and family?” In addition, we will leverage education opportunities to ensure safe medication practices are aligned with Accreditation Canada standards. We will do this by working together on the medication reconciliation processes and ensuring they are in place for all transitions of care from admission to discharge. The integrated Director of Occupational Health and Safety will work closely with both hospitals to ensure workplace violence education and training are provided for staff.

## **Engagement of Clinicians, Leadership & Staff**

The development of the QIP incorporates the needs of the population based on data from provincial and regional reports, as well as, from our internal quality indicators. The plan is reviewed and revised based on feedback from the Patient Care Committee, the PFAC, the senior leadership team and the quality committee of the board. Quarterly progress reports and review of the plan are presented to the broader leadership group in order to engage key stakeholders in the processes. Staff is engaged as key people are identified to lead projects. There will be education opportunities for all staff in areas specific to certain priority indicators (e.g. Inpatient, ED).

## **Population Health and Equity Considerations**

This year’s plan focuses on improving the health of those patients with heart failure in our community. We will work collaboratively with the University of Ottawa Heart Institute (UOHI) to ensure the care those patients receive is aligned with the best practices included in the heart failure quality based procedure (QBP) order set. It is important to ensure there is a seamless transition from hospital to home and this year’s plan will focus on enhancing post-discharge phone calls for the Medical/Surgical department. Our PFAC members will be involved in providing input on the post discharge questions as well as on the patient satisfaction surveys. It is important to tailor questions in order to meet the needs of patients from different cultures (e.g. Indigenous), or for those who may speak different languages (e.g. French or Spanish).

## Access to the Right Level of Care - Addressing ALC

Reducing the Alternate Level of Care (ALC) rate in the hospital is always a challenge. And while reducing the ALC rate is not a focus for this year's QIP, we will continue to monitor, work with Home and Community Care and ensuring internal designation processes are aligned with the definitions from Cancer Care Ontario and ensuring appropriate destinations are achieved.

## Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

The organization optimizes alternative pain medications prior to opioid use for pain management. Physiotherapy is well integrated into the teams to provide other therapies to reduce pain. The teams continually assess and explore non-drug measures. There are also policies to automatically review all opioid orders.

## Workplace Violence Prevention

CPDMH is committed to staff safety, which in turn, creates a safer environment for patients and families. CPDMH strives to provide and advocate for an environment that reduces the risk of all types of violence and harassment in the workplace, as reflected by the inclusion of a QIP objective focused on workplace violence prevention in its QIP work plan for 2018/2019. A variety of measures have been developed to support an ongoing culture of safety:

- **Risk Assessments** are conducted throughout the organization and includes a physical environmental risk factor review as well as capturing any specific concerns of staff.
- **Security measures** which includes the use of surveillance cameras and the locking of entrance doors between 2300h – 0700h.
- **Communication tools** which includes the use of panic alarms both hardwired and personal devices worn by frontline staff and/or staff members working in isolation.
- **Training and Education** which includes all staff participating in the annual completion of an electronic learning module on the E-Learning Management system. Class room sessions/ workshops are offered to front line workers teaching de-escalating techniques and physical safety techniques. Front line staff who may have direct interactions with patients including, clinical staff, dietary services and housekeeping staff.
- **Incident management** reporting allows staff to report concerns about patients that pose a safety concern and provides the organization with an opportunity to identify organizational needs or improvement opportunities.
- **Patient Flagging** through the use of communication on the EMR is in development as well as the use of physical signage outside the patient's room directing non-clinical staff to check at the nursing station for further information. This allows staff to be aware of the potential for identified individuals to exhibit acting out behaviours placing the staff member at increased risk.
- **Program Evaluation** and ongoing monitoring will allow the effectiveness of these initiatives to be evaluated.

As mentioned earlier, the integrated Director of Occupational Health and Safety will work closely with both hospitals (CPDMH and AGH) to ensure workplace violence education and training are provided for staff this year.

## Performance Based Compensation

In Accordance with legislative requirements, the following positions (Senior Team) are subject to performance-based compensation:

- President and Chief Executive Officer
- Chief of Staff
- Vice President, Patient Services and Chief Nursing Executive
- Vice President and Chief Financial Officer
- Vice President, Corporate Support Services

The performance-based compensation plan reflects our corporate values and has been created to contain congruent, non-conflicting, goals for each member of the team, and which rewards the Team for working together towards achievement of the goals.

Achievement of the goals is measured on a 5 point scale, with 3 being acceptable performance. If the Team achieves an average score of 3 or greater across the goals, each member will be paid 100% of the at-risk compensation. If the Team achieves an average score of 2 or lower, the at risk compensation will be reduced.

**2018/19 Senior Management Team Performance Goals and Structure**

Domain	Indicator and Target	% of Salary Linked to Achievement of QIP Target	
		Scale	CPDMH
Effectiveness	Percentage of patients identified with multiple conditions and complex needs (Health Link criteria) who are offered access to Health Links approach.  Target is a 25% increase by March 31, 2019.	Score	Measure
		5	≥ 36%
		4	26% to 35%
		3	25%
		2	15%-24%
		1	≤ 14%
Medication Safety	Percentage of staff and active staff physicians trained on the revised Medication Reconciliation policy and procedure  Target is 80% by Dec 31st, 2018	5	≥ 91%
		4	81%to 90%
		3	80%
		2	70% to 79%
		1	≤ 69%
Workplace Violence	Percentage of full-time and part-time staff and active staff physicians trained on preventing workplace violence and on the reporting process for workplace violence incidents  Target is 70% by December 31, 2018	Score	Measure
		5	≥ 91%
		4	81%to 90%
		3	70%
		2	60% to 69%
		1	≤ 59%

