

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

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# Overview

Structure and Priorities

# The objective of Geraldton District Hospital’s (Hospital) Quality Improvement Plan (QIP) is to provide safe, effective, patient-centered care to our community that is easily accessible and is integrated with our community partners. This is achieved through the QIP and through the Hospital's quality improvement process, which has been in place for the past fifteen (15) years and continues to evolve. The process starts at the grass roots level where all staff are encouraged to bring forward quality improvement initiatives to our Quality, Risk & Safety (QRS) Committee to be tested and monitored. The QRS committee meets every two (2) months and is comprised of organizational leadership and front line staff from various departments. The Committee's goals align with that of the Hospital, as they are involved in developing new initiatives that improve the overall quality of care and monitoring indicators with respect to patient safety. The QRS committee reports to the Quality Improvement Committee (QIC). The QIC is comprised of senior leadership, board members and clinical care staff/frontline staff.

# The QIC is responsible for monitoring all indicators and quality initiatives on a monthly basis to determine if our improvement measures for the indicators are obtaining the desired results and to develop solutions for identified challenges to assist our facility in meeting our set targets. The QIC submits minutes and score cards to the Board of Directors on a monthly basis. In the 2016/17 fiscal year, we worked to restructure our quality improvement program, and with the development of the QRS and its relationship with the QIC, it is efficient and collaborative with our community partners. The purpose and scope of the QRS continued to expand in the 2018/2019 fiscal year, as the organization revitalized its Risk Management Program and continues to look for new ways to address quality and patient safety issues.

# For the past 3 years, the Hospital has focused the QIP around quality issues that were brought forward by the community and our partners in the region. This focus aligned with our current Strategic Plan, which highlighted the need for partnerships with stakeholders and communication to ensure seamless transfers of care for our patients. In past QIPs, we focused on indicators and initiatives that developed our referral process for chronic disease management programs through our community partners and we feel that we’ve made great strides in this area. With the development of a new Strategic Plan beginning in the 2018/2019 fiscal year and the 2018/2019 QIP which aligned with the Strategic Plan, we’ve decided to maintain our direction for the 2019/2020 QIP and continue to align our quality program with the new strategic direction of the organization.

# The Hospital has linked the QIP directly with the strategic pillars, goals and objectives of our new Strategic Plan. The Strategic Plan was developed through extensive stakeholder consultation, in which we conducted 12 different community engagement sessions, including sessions for our staff, physicians and volunteers. These engagement sessions informed the strategic direction of our organization, in which we heard the need to focus on Access to Care, Working with Others (Partnerships), and Patient & Family-Centered Care. These are the strategic pillars of our new Strategic Plan. Through the community engagement process, we also developed refreshed Mission, Vision, and Values statements. Our 2019/2020 QIP continues to align with the strategic direction of the Hospital, as well as our new Mission – “We are committed to delivering Quality, Coordinated, Patient & Family-Centered Care” – and our new Vision – “Partnering for a Healthier Community”.

Population Health

In general, the North West LHIN (NW LHIN) has a more distinct population than the rest of the province and faces many unique challenges pertaining to the health of the population. However, with the geographic area of the NW LHIN being so large and the communities being so rural/remote, different regions within the NW LHIN have even more unique health populations. In the Greenstone region, we have a much higher rate of mental health related issues than the provincial average. We also have issues with lack of services/coordination in our area, including but not limited to supportive housing. These have been identified as areas of concern for our region, and as such, they have become focal points in the creation of this year's QIP.

Our goal as an organization was to develop a QIP that focused on these issues, as well as our strategic pillars, so that we could identify ways that different organizations in the region could work together to achieve better results. With the continued development of Heath Links in our region, we feel that we are making great improvements in improving the health of our most complex patients, through partnerships with stakeholders and coordinating the patients’ care.

Due to the large geographic catchment area that we serve, as well as the unique demographics, the Hospital always strives to provide services that are accessible and culturally competent to the entire population. Our catchment area includes Greenstone, which is a municipality that spans 3170 km² and includes six (6) communities, and four (4) First Nations. Therefore, transportation and accessibility have always been a concern. We are looking to address this issue for complex patients through Health Links. We believe that a more connected and collaborative approach to complex patients' care will help make their health care journey more accessible.

The Greenstone area also has a high population of Francophone and Indigenous people. To reflect this, we took great care in gearing our community engagement sessions towards making it as accessible as possible for them. Through the use of French language translators, and visiting the First Nations in person, we had a high turnout and very high quality discussions that helped to inform the creation of our new Strategic Plan and QIP. We also have many French speaking staff and we have French translation services available, upon request. We make great efforts in respecting the patients preferred language throughout their visit to the Hospital. In addition to this, we have a spiritual room, with capabilities to perform smudging ceremonies, that is accessible to any patients that would like to make use of it during their hospital stay. In the past, all of our staff underwent Cultural Awareness Training to ensure that they recognize and respect the different cultures of the people who may visit our Hospital. These are ways that the Hospital is using and will continue to develop in order to create a culture or care that is equitable for all.

# QI Achievements from the Past Year

As much as the Hospital is always focused on making strides in improvement, there should always be time taken to celebrate success when it has occurred. Over the course of the last fiscal year, we have made positive changes within the organization and the community and are looking to continue to do so in the future. The greatest achievements were seen in our Health Links program’s success, our LTC Home’s path towards becoming a Best Practice Spotlight Organization, our culture shift towards becoming a Patient & Family-Centered Care organization, our partnerships in Mental Health, and our organization’s accomplishment in becoming Accredited with Exemplary Standing.

Health Links

Integration and partnerships, not only among community stakeholders, but also among regional stakeholders, will be a focus for the upcoming year. The Hospital has become the Lead Organization for the District of Thunder Bay Integrated District Network (DoTB IDN)’s Health Links development. The Hospital, with the cooperation of many local partners, has developed a Greenstone Health Links Committee that meets on a monthly basis to move forward with Health Links activities in our community. We currently have Care Coordinators in both Geraldton and Longlac, where we are recruiting/referring patients to Health Links, which will lead to the most vulnerable patient population having a better continuity of care across the health care system. These Care Coordinators will help their Health Links patients access the community services they need, learn about new services that they may not have heard about, navigate the health care system and ultimately, help them achieve their health care goals. Our Health Links continues to expand, with neighboring First Nations (Ginoogaming, Long Lake #58, Aroland, and Animbiigoo Zaagi'igan Anishinaabek) being served, as well as Nakina. The program’s outreach has grown as well, with referrals coming in from dozens of organizations, including: Geraldton Medical Group, Greenstone Family Health Team (GFHT), North West LHIN Community Home Care, Emergency Medical Services, and North of Superior Counselling Programs (NOSP). In the last year, our program has been identified as a regional lead and other Health Links getting started come to us to learn to grow their program and share resources. Health Links will continue to be a focus for the Hospital and we will continue to track our progress through the use of our QIP in the 2019/2020 fiscal year.

Best Practice Spotlight Organization

In our LTC home, we’ve started our journey towards becoming a Best-Practice Spotlight Organization (BPSO) through the Registered Nurses’ Association of Ontario (RNAO), in which the focus will be on pain management, dementia/delirium/depression, and palliative care – which will match well with past and future QIPs. Last year’s QIP had a focus on Palliative Care, where we saw many changes in our practices and great success. This year we will continue to focus on Palliative Care in our QIP and look to spread successful practices from our LTC Home to our Acute Care Unit. While we’re not even a full year into our pre-designation phase, we are well ahead of schedule and are already noticing positive effects through implementation of best-practice guidelines through the BPSO process. We look forward to what the next two years have in store!

Patient & Family-Centered Care

Our Hospital continues to build on our culture change towards becoming a Patient & Family-Centered Care organization. In the 2018/2019 fiscal year, we rolled out new comment cards that were far more patient-centered and far simpler to complete. The feedback received through them is also far more meaningful and has allowed us to make positive change, such as providing free wireless internet for patients and their families Hospital wide. We also implemented nursing rounds on the Acute Care unit, which involves the AC/ED Nurse Manager visiting all patients daily to ask the patients how they are doing and what can be improved in their care. The biggest change however came with the recruitment of multiple Patient & Family Advisors (PFAs). Our PFAs act as patient advocates and are involved in the development and review of process changes that directly affect patients. In the coming fiscal year, we will look to involve them further through sitting on Hospital committees where their voices can be heard and their input received.

Mental Health Partnerships

The greatest changes in our approach to Mental Health this year came through collaboration and partnerships with community stakeholders, to take a different approach towards developing and sharing resources to better serve our population. The process started with our Hospital sharing data related to Mental Health Emergency Department Visits and Hospital Admissions. This allowed for informed decision making that would give us the opportunity to address gaps in care, or seize upon areas of opportunity that may not have been so apparent. In the past few months, we’ve gathered together various Mental Health leaders in the region including the GFHT and NOSP to put a plan in motion to better coordinate Mental Health services in our region. This includes updating the Collaborative Protocol for Mental Health, in-service education for Hospital staff from the GFHT and NOSP, better referral practices to social workers, better transitions of care for patients going back to the community, and more connections of patients with Mental Health workers while in Hospital. This partnership is in it’s infancy, but will continue to be expanded in the 2019/2020 fiscal year and will look to include other regional partners, including Dilico and the Thunder Bay Regional Health Sciences Centre.

Additional Success Stories

Apart from these success stories, the Hospital also continued to focus on providing a safe environment to patients and staff in the 2018/2019 fiscal year, and with our improvement initiatives in place, succeeded. Hand hygiene compliance throughout the hospital was excellent again this year and is well above provincial average, which is a great success for a Hospital with an Acute Care and Long-Term Care facility. This result, especially when compared to the rates among Ontario hospitals for the last year, shows how much work staff is putting in to maintain a safe working environment. Hand hygiene compliance also ties in with Hospital acquired infections. In the 2017/2018 fiscal year, the rates of hospital-acquired CDI, MRSA and VRE were maintained and continued to be at zero (0).

It takes the effort of the entire organization to make positive change and with the commitment of leadership, staff and volunteers to safety and quality improvement, the organization looks to continue to make changes that improve the quality of care given within our facility. This was greatly demonstrated in our 2018 Accreditation Survey, in which two (2) surveyors from Accreditation Canada were on site for four (4) days to gauge our effectiveness towards quality, safety, and risk across all of our departments. At the end of the process the entire organization was rewarded the highest honor – Accreditation with Exemplary Standing. This result validated years’ worth of work from all staff to ensure that patients and their families are being provided with the highest (and safest) level of care when they’re in our Hospital.

# Patient/Resident/Client Engagement

Since the Hospital is located in a small, northern, rural community, we continue to engage with patients and their families to improve quality and care in our facility. Many of our internal committees involve former patients as active members, and not only do our patients and their families sit on our Accessibility Committee, Ethics Committee and Anishnabe Liaison Committee, but they also volunteer at the organization to assist in providing quality care to our patients and residents.

In preparation for the development of our new Strategic Plan, the community engagement sessions that were organized and conducted in various communities/First Nations provided invaluable insight into the thoughts and needs of our patient population. Attendees included past and present patients, their families/caregivers, volunteers at the organization, Hospital staff, past board members, senior citizens, and leaders of their respective communities. We made the effort of going directly to various communities and conducting multiple sessions as we wanted to make the sessions as accessible as we could so that we may receive as much feedback as possible. This included travelling to three of the First Nations in our catchment area, sometimes travelling upwards of 100 km to reach our destination. We also conducted two of the sessions in French with the help of translators, as a large proportion of our patient population is francophone. By putting in the effort to organize and attend these sessions, they were quite well attended and we feel that we received the input necessary to inform the development of our new Strategic Plan, and in turn, our 2019/2020 QIP. As a strategic pillar in the new Strategic Plan, the organization has also made strides towards incorporating a Patient and Family-Centred Care (PFCC) model as a change in culture

Throughout the year, we’ve focused our efforts into developing a Patient & Family-Centered Care Committee at our organization. Led by and attended by senior management, this committee is paving the way towards an approach that will bring the patient’s voice to the forefront of all of our everyday activities, so that we may embed a culture of PFCC in the care that we provide our community. As a part of this process, we are actively recruiting Patient & Family Advisors (PFAs). Their voice will be that of the patient, as they advocate for practices and guidelines that fit in with our new culture of care that puts patients and their families at the center. With individuals already involved, we will continue to have PFCC as a focus going forward into 2019/2020 and beyond.

Another way the Hospital has always, and will continue to engage patients/residents and their families, is through patient and resident feedback surveys and comment cards. The feedback provided through these tools allows the organization to narrow its focus on certain areas of concern. This process provides us with additional information that is necessary to complete the QIP in a manner that reflects the patients' concerns. In the 2018/2019 fiscal year, the Hospital updated its comment cards in an attempt to make the process much more patient friendly. This update included comment card blitzes to certain departments of the Hospital during each month, as well as a revitalization of the scoring system from a simple 1-5 scale to one that is much more intuitive for patients. This increased the number of comment cards that are completed and better captured the feedback of our patients and their families.

To reflect our continued commitment to improving our patient engagement process, and aligning with our new Strategic Plan, we will continue to include indicators that will specifically track the satisfaction of patients with the services that they received, as well as the comfort they have with leaving our organization with enough information to care for themselves. In conjunction with these indicators, new initiatives will be developed that will focus on changing processes to make everything we do patient & family-centered.

**Workplace Violence Prevention**

The Hospital is committed to providing a safe environment for all staff, volunteers, visitors, patients and their families. As such, the organization provides a wide range of training and education that allows staff and our volunteers to be prepared for any potential workplace violence events. This training includes training from the Crisis Prevention Institute (CPI Training) of non-violent crisis intervention for the entire Hospital staff. For nurses and volunteers, the Hospital provides education on Zero Tolerance and Gentle Persuasive Approach (GPA), and for all nursing staff, P.I.E.C.E.S (Physical, Intellectual, Emotional, Capabilities, Environment, Social & Cultural).

In addition to the education/training provided, the Hospital’s management is also involved in ensuring that their staff works in a safe environment. Managers are involved in annual risk assessments for their departments, where staff communicate to their managers any area where they feel that safety could be improved. Regular monthly inspections are performed through the Joint Health & Safety Committee on various parts of the facility. The Hospital also has a Workplace Violence & Harassment Prevention Program that oversees the prevention of violence and harassment in the organization. Staff are encouraged to report any and all instances of violence in the workplace, as there is zero tolerance for it within our organization.

The Hospital also works with outside agencies to support a safe workplace. The Ontario Provincial Police (OPP) visit our Hospital and LTC home once a year to do inspections of the facility to identify any areas of concern related to staff/patient safety. Based on their feedback we will make changes to the physical structure of our facility and the procedures that we follow to prevent violence. We also employ security guards on a 6 day/week basis, with coverage every night for 8 hours. Their presence ensures that our staff and patients are protected as they work/stay in our Hospital. The Hospital also installed ‘panic alarms’ in the Acute Care, Emergency Department and LTC. When triggered, the Charge Nurse on duty is notified as well as the Ontario Provincial Police, which allows for quick response time in the case of an emergency.

With the inclusion of the mandatory Workplace Violence indicator and the change ideas that we’ve developed for the 2019/2020 QIP, we will continue to put a focus on violence in the workplace to ensure that our organization is safe for our staff, volunteers, patients, and their families.

# Performance-Based Compensation – Accountability Management

The purpose of Performance-Based Compensation is to drive accountability for the delivery of quality improvement. By linking compensation to the achievement of quality dimension core indicator targets, the Hospital is able to: drive performance, improve quality, establish clear performance expectations and create clarity about expected outcomes. The Hospital is also able to ensure consistency and transparency in the application of performance incentives and drive accountability with respect to the delivery of the QIP.

Performance-based compensation applies to the following positions:

1. Chief Executive Officer (CEO) – Board decided and approved

2. Chief Financial Officer (CFO) – CEO decided and approved\*

3. Chief of Staff (COS) – Board decided and approved

4. Chief Nursing Executive (CNE) – CEO decided and approved\*

5. Chief of Clinical Services (CCS) – CEO decided and approved\*

\*(Numbers 2, 4 and 5 are decided upon collaboratively by CEO, CNE, CCS & CFO)

Executive Positions – Percent Compensation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year  April 1st | CEO | CFO | COS | CNE \* | CCS \* |
| 2018/19 | 2% - Board decision | Internal decision | 1% - Board decision | Internal decision | Internal decision |
| 2019/20 | TBD | Internal decision | TBD | Internal decision | Internal decision |
| 2020/21 | TBD | Internal decision | TBD | Internal decision | Internal decision |

\*Both the CFO and CCS, despite being executive staff, do not reach the current salary expectations of six figures; hence, we will continue to set performance indicators to maintain the highest quality levels. However, once they do reach six figures they will be subject to salary performance based implications.

Manner in Which Compensation is Linked to Performance

The legislation and regulations do not include specific requirements regarding the percentage of salary that should be subject to performance-based compensation, the number of targets that should be tied to executive compensation, weighting of these targets, or what the targets should be. A clear link between QIP indicators and performance-based compensation fulfills the requirements of the ECFAA (Excellent Care for All Act). Performance-based compensation should be something that is led by the individual organization to drive performance and improvement on organization‐designated priorities.

Executive Compensation – Selected Indicators

|  |  |  |  |
| --- | --- | --- | --- |
| Executive Position | Quality Dimension | Indicator | Target |
| CEO | Effectiveness | Total Margin | >0.0 |
| CFO | TBD | TBD | TBD |
| COS | Timely | Reduce Wait Times in ED – Complex Patients | <12 Hours |
| CNE | Patient Safety | Reduce Hospital Acquired *C. difficile* | <1.0 |
| CCS | Access/Patient Centred | Ultrasound Appointments/Bookings | <8 days |

The percentage of salary and indicators may be amended from year to year at the discretion of the Board of Directors. Should one or more of the targets not be met because of extenuating circumstances beyond the control of the Executive, then the Board of Directors may amend the percentage of the salary at risk for the respective Executive.

## 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 : Mark Wright

Quality Committee Chair: Ralph Humphreys

Chief Executive Officer : Lucy Bonanno