

Let's Make Healthy
Change Happen.



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



STEVENSON
MEMORIAL HOSPITAL

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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

The Stevenson Memorial Hospital (SMH) is embarking on several extensive quality improvement initiatives, which will be reflected in the 2018/19 fiscal year. A new strategic plan will be launched in the spring of 2018, with new goals for the hospital and a vision that will take us through the next five years.

Our 2012-2017 strategic plan has served us well and has brought us to where we are now: a progressive, rural hospital that provides New Tecumseth and surrounding communities with the highest quality health care services.

Our Vision statement: We champion your care . . . every step of the way is reflected in the compassion and care that is provided to patients and families as well as the dedication of our staff.

The pillars in our current strategic plan at Stevenson include:

- 1) **Safe Quality Care:** SMH will provide our patients with access to safe, quality health care services.
- 2) **Building the Best:** SMH will plan for, build and equip modern facilities for the safety and comfort of our patients and our people.
- 3) **Financial Health:** SMH will responsibly manage its business affairs within available resources and plans for future needs.
- 4) **Power in Partnerships:** SMH will build powerful partnerships with patients, families, government officials, the Central Local Health Integration Network (LHIN), and other health service providers to ensure that area residents have access to safe, quality care in the right place, at the right time.
- 5) **Our People – Champions of Care:** SMH will provide a safe, healthy work environment to attract and retain highly skilled people, who are dedicated to the delivery of excellence every step of the way.

With our growing population, we are looking to expand and redevelop our hospital, which will provide much needed space and equipment in areas such as the Emergency Department (ED) and the Medical/Surgical Unit.

Staff, physicians, administration, Board members, volunteers and Patient and Family Advisory Council (PFAC) members all contribute to this plan.

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

Over the past year we have implemented several quality improvement activities to enhance the delivery of safe, quality care for our patients. The following are some examples of our achievements over this past year:

- **Emergency Department Wait Times**
SMH is committed to providing its patients with access to safe, quality health care services and has been a leader in overall ED wait time performance dating back to August 2013. This year we embarked on a collaborative Value Stream Mapping session with the interdisciplinary care team including staff from Registration, Nursing, Physicians, Laboratory, Diagnostics, Pharmacy,

Patient Relations, Volunteer Services, Emergency Medical Services, and Quality and Risk to identify inefficiencies and opportunities. The focus of this improvement work was to examine the processes from the time a patient is triaged to the time a decision is made to admit, discharge or transfer. In addition, we conducted a quality improvement project using LEAN methodology to improve workplace organization and productivity in the ED. This was done to address the increasing patient volumes we have been experiencing and to ensure our patients have timely access to emergency care. We have identified a number of projects to improve what we do and will continue this improvement journey in 2018-19.

- **Transforming Care Quality Improvement Huddles**

We have been successful in initiating our Transforming Care Quality Improvement Huddles in various units and will continue with our hospital-wide strategy in 2018/19. This two-way communication forum between leaders, frontline staff and physicians is to raise awareness about important issues on the unit, identify improvement opportunities, and to monitor data and progress of current initiatives.

- **Intentional Rounding and Patient Communication Whiteboards**

Visiting patients at regular time intervals asking a set of key questions on our inpatient units through Intentional Rounding keeps our patients informed about their care and provides opportunities for them to ask questions. In addition, our use of communication boards in patient rooms assists us in improving communication and engaging patients and families to partner in their care.

- **Gentle Persuasive Approach Training**

A gentle persuasive approach includes a patient-centred, compassionate approach to care and responding respectfully with skill to challenging behaviours associated with dementia. To address our increasing population of patients with behaviours associated with dementia and delirium, we have held a number of training sessions for staff to ensure the safety of patients and staff when challenging behaviours arise.

- **Restorative Care Program**

SMH's Restorative Care program is aimed at partnering with patients and their families to assist them to reach their highest level of ability, independence and quality of life. It is made up of a multidisciplinary team that proactively screens older adults for risk of functional decline, and provides geriatric-focused assessments and restorative interventions to improve health outcomes, decrease functional decline and prolong community independence. Key concepts in our Restorative Care program include using a Malnutrition Screening Tool (MST), two-way communication boards and intentional rounding, bedside shift report and The MOVE project. The MOVE project focuses on ensuring patients, families and all care providers make it a priority to encourage early and consistent mobilization of patients admitted to hospital.

Resident, Patient, Client Engagement and Relations

At SMH we are committed to a patient-partnered strategy and to improving the patient's and family's experiences. In January 2015, we established the Patient and Family Advisory Council (PFAC) which has been integral in shaping and influencing our patients' experience. The PFAC represents the voice of patients and families. PFAC members partner with SMH staff and physicians to help improve patient experience, enhance policies and procedures and look at the best ways to communicate with patients, families and the community.

Patient and family advisers are active partners on our Board Quality and Community Engagement and Communication Committees, Clinical Quality councils, Facilities Management Committee and they also participate in quality improvement initiatives to ensure the changes we make will improve the patient experience.

Recognizing an opportunity to improve our patients' experience, the council led an initiative to develop a real-time survey whereby council members interview patients and families while in hospital. These interactions model SMH's commitment to enhancing our patients' experience as we strive to deliver high quality patient care every day. We are appreciative of this opportunity to partner with our patients and PFAC members, staff and physicians and look forward to 2018/19 as we continue with our real-time surveys and progress on our journey to excellence.

Collaboration and Integration

SMH is embarking on a partnership with Markham Stouffville Hospital and Southlake Regional Health Centre to implement a new health information system. The first of its kind in Ontario, the partnership is referred to as Shared Health Information Network Exchange (SHINE). By taking a "shared system" approach, SHINE technology will allow SMH, Southlake or Markham Stouffville hospital patients to have their electronic medical records follow them in the event of a transfer within the three organizations.

The implementation of SHINE will enable seamless access to patients' health information at all three sites. This will be particularly beneficial to patients who are cared for at multiple sites, such as cardiac and cancer patients, who receive care at both their local hospital and at one of the regional programs. The work of improving access to patient information across all three organizations will positively impact patient care and expedite the service they receive.

Clinical staff will have improved reporting capabilities and more timely access to patient health information which will improve clinical decision-making. Improved communication and standardization at all three sites will be a significant benefit of the technology across the SHINE partnership. This will improve the patient experience and ensure high quality of care in a timely manner.

Testing and training is currently underway in preparation for implementation, with an official launch to take place mid-2018.

In addition to benefits of the implementation of SHINE for all our patients, we continue to partner with various organizations to advocate for safe health care for our more vulnerable populations including seniors accessing services within our community. In partnership with community organizations, we support local senior's committees, provide education about important geriatric health issues to seniors, families, and caregivers in the community and provide education on how to prepare when hospital admission is necessary. These partnerships are enhanced by our Geriatric Emergency Medicine Program Nurse who acts as a liaison to external partners when frail seniors access the ED to improve transitions in care.

Engagement of Clinicians, Leadership & Staff

Strategic planning was a top priority in 2017. In partnership with a knowledge management consulting firm, a strategic planning session took place in November to help reflect on our 2012-2017 mission, vision and values and work towards creating a new strategic plan. This session included clinical,

administrative and management staff along with Board members and the Leadership Team. Key community partners were also invited to participate and provide input.

Both staff and community members provided significant insight and contributed to helping shape our new strategic plan. A number of options for an updated vision, mission and corresponding value statements will be presented to the Board of Directors in early 2018 and the new strategic plan will be officially launched in the spring.

In addition to strategic planning, our clinicians, management staff and Leadership Team have been engaged in Stage 2 of the capital planning process for SMH's redevelopment project. Their expertise in terms of patient needs, staffing, equipment and space have been instrumental in planning the functional program for a future expansion of the hospital. They will continue to be engaged as we progress with our Stage 2 submission for funding and approval from the Ministry of Health and Long-Term Care in mid-2018.

Lastly, we are currently implementing our staff engagement survey for 2017/18. Every two years, we implement a staff survey to receive feedback on our hospital policies, procedures and work environment which is highly valued and taken into consideration for future improvements. Results are shared with all staff, physicians and the Board Human Resources Committee.

Population Health and Equity Considerations

During the past year, we have been working with our partners in primary care, Central LHIN, retirement homes, long-term care, Health Links, and caregivers to coordinate health services across the health systems. As a priority, we have identified the need to improve the transition of care between acute care and our partners within both long-term care and retirement facilities. We have standardized the transfer forms to support this transition.

In addition, we are a member of the South Simcoe Sub-Regional Collaborative Table through the Central LHIN. We will continue as a partner on this committee in the 2018-19 fiscal year. In our role, we identify the health care needs of our patients and our local community so that the Central LHIN can better identify and respond to community needs across the entire LHIN. This includes the needs of Francophone Ontarians, Indigenous communities, newcomers and other individuals and groups within the Central LHIN whose health care needs are unique and who often experience challenges accessing and navigating the health care system.

Access to the Right Level of Care - Addressing Alternative Level of Care (ALC)

Monitoring the number of patients that no longer require the services of acute care and are waiting for discharge to alternative levels of care is an important quality and accessibility measure. It is meant to reflect the optimal use of resources across the continuum of care and the degree of hospital-community integration.

SMH is requesting funding to implement a more fulsome Restorative Care program that will include a Weekend Mobilization and Activation Team and Registered Dietician support. Currently we are working towards increasing our allied support services to optimize patient mobility and activation while in hospital.

This aims to enable successful patient discharges through a proactive approach to maintaining every patients' functional abilities by providing rehabilitative support (physiotherapy) throughout the weekend,

putting in place a partnership with a neighbouring health service provider for occupational therapy services and increased dietitian support throughout the week including weekends.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

SMH is committed to supporting internal and community partnerships focused on prescribing opioids to maximize therapy for the treatment of pain. As healthcare partners, we will offer care based on the best available evidence in collaboration with our patients, their families, and our local partners in care.

Workplace Violence Prevention

SMH continues to maintain the importance of staff safety and over the next year will be putting into place enhanced strategies related to violence in the workplace. SMH continues to complete annual departmental violence risk assessments with management and staff input. These assist in identifying risks/hazards and mitigation strategies. These documents are reviewed and endorsed by the Joint Occupational Health and Safety Committee and the Occupational Health Department. SMH has a comprehensive Violence and Harassment in the Workplace policy and a robust procedure and mechanisms to report all incidents.

In 2018/19, we will be implementing a new health information system that will simplify and streamline processes for assessing and identifying patients that are unpredictable. In preparation for the new system, staff have been creating assessment tools and education to improve their awareness and ability to respond to workplace violence.

Reporting of all violent incidents has been provided to the Board Human Resources Committee, Board Quality Committee and the Board of Directors on a quarterly basis and will continue through the 2018-19 fiscal year. For this fiscal year, education will focus on the reporting of all incidents, including those with no harm to increase understanding of the potential risks and ensuring that trends will be addressed.

Performance Based Compensation

As a mandatory component of the Excellent Care for All Act, 2010, compensation of the Chief Executive Officer (CEO) and other executives at SMH are linked to the achievement of performance targets laid out in the QIP.

The purpose of the performance-based compensation is:

- To drive performance and improve quality of care
- To establish clear performance expectations and expected outcomes
- To ensure consistency in application of the performance incentive, accountability and transparency
- To enable team work and a shared purpose

The executives at SMH will participate in the performance-based compensation program.

Contact Information

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Sign-off

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

		
Board Chair	Quality Committee Chair	Chief Executive Officer