

Let's Make Healthy
Change Happen.



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



2/6/2017

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.

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Overview

"WE CHAMPION YOUR CARE – EVERY STEP OF THE WAY" is not only our vision as part of the Quality Improvement Plan, but our goal, and standard to which we strive to achieve.

The Quality Improvement Plan is aligned with our Strategic Plan which includes;

- Safe Quality Care: Stevenson will provide our patients with access to safe, quality health care services
- Building the Best: Stevenson will plan for, build and equip modern facilities for the safety and comfort of our patients and people.
- Financial Health: Stevenson will responsibly manage its business affairs within available resources and plans for future needs
- Power in Partnerships: Stevenson will build powerful partnerships with patients, families, government officials, the Central 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.
- Our People – Champions of Care: Stevenson 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.

Staffs, Physicians, Administration, Board of Directors and Volunteers and Family and Patient Advisors all contribute to this plan. The goals are to be achieved with a combined effort of all the parties above.

Annually 2 -3 Corporate Operational goals are set forth in the Strategic Plan.

To help implement these, integrity, accountability, compassion, respect and team work are all used to navigate the inter-professional health care team. An inter-professional Health Care team includes several different professionals. Examples are: physician, nurse practitioner, midwife, nurse, or physiotherapist.

Improving patient care and function of the hospital is always our first priority.

Last year, in 2016-2017 our top three corporate goals were:

1. We will improve the patient satisfaction within our inpatient unit to 80% over the next two years.
2. We will improve patient safety by reducing the transmission of C- Difficile by 33% this year.
3. We will continue to be fiscally responsible to balance our budget during 2016-2017

Improving the patient experience is about improvement from start to finish – including the direction of the after care.

This year, in 2017-2018 our top corporate priorities for our Quality Improvement Plan will be:

1. Transforming Care
 - a. This will include timely access to care (ED wait time)
 - b. This will include implementing strategies for improving patient satisfaction with Inpatient care.

*** This year, three of our Patient and Family Advisers developed both the Overview of our QIP and also the section on Patient/Client Engagement.**

QI Achievements from the Past Year

Over the past year, we have moved forward with our “Journey to Improve the Patient Experience”.

With the support of our Patient and Family Advisory Council, we have successfully completed several Quality Improvements with their Support. These include:

- Improving Medication Reconciliation on Discharge
- Establishing Charging Stations for mobile devices in all our key waiting room areas.

In addition, we facilitated the development of a South Simcoe multi- health sector approach to provide an Integrated Mental Health Approach for services. The South Simcoe Integrated Mental Health committee includes: Community Mental Health Association (CMHA), Mary McGill Community Mental Health, Leap of Faith Together (LOFT), CCAC and leaders from Stevenson Memorial). This group uses a Co-design including clients and peers with lived experiences to develop an improved model of care for residents in this region who struggle with mental health and or substance use issues. For the next year, we will continue to support an integrated approach to care.

In December, we facilitated a value stream map including care givers, community partners, and hospital leaders to develop improved transitions of care between health sectors for clients with complex health issues

Population Health

During the past year, we have been working with our partners in Primary Care, Community Care Access Centre (CCAC), Retirement Homes, Long Term Care, Health Links, and Caregivers to coordinate health services across the health systems. As a priority, we have identified we 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 and in 2017-2018, we will map out the future state to further improve on this goal.

Equity

The South Simcoe Integrated Mental Health committee (consisting of clients, peers, representatives from Community Mental Health Association (CMHA), Mary McGill Community Mental Health, Leap of Faith Together (LOFT)(behavioural support), CCAC and leaders from Stevenson Memorial) have partnered to improve the mental health services offered to clients within our region. Prior to this partnership, clients within this sub-region experienced confusion and fragmentation of access for services. In addition, providers also struggled to understand not only the resources that could be accessed, but also the process to access these.

To increase equitable services, we have recently purchased access to both an in-person or telephone interpretations system. As the population in our area grows, we are starting to serve a more diverse community.

Integration and Continuity of Care

The South Simcoe Health Service Providers, patients and caregivers are working collaboratively within a Connecting Care collaborative model when approved by our LHIN; SMH will take a comprehensive project management approach to enable delivery on all three streams of work (Mental Health & Addictions, Long Term Care & Hospice Palliative Care). Each stream will be accomplished using a staged approach across two years and will build on the successes and synergies between the three streams. The ALC population is complex and natural linkages will exist among the streams and will be brought together through the Connecting Care Collaborative Steering Committee (C3).

Outlined below is a high-level staged approach to the three streams that will enable the partners across all the streams to collectively address the complex nature of the ALC population at SMH and build on the collective wisdom to build a set of short and long term recommendations for improvement. The C3 project will take 24 to 30 months to bring each stream to deliver on the following:

- Identification of the Current State outlined the flow in/out of acute care, the patient experience and implementation of quick win improvement opportunities
- Future state analysis will identify a system that works seamlessly to enable smooth transitions and warm hand-offs between providers that is co-created across partners
- Development of robust, short and long-term recommendations will enable SMH and its partners to reduce ALC pressures and build longer term sustainable solutions and partnership

Access to the Right Level of Care - Addressing ALC Issues

The current Central LHIN's Integrated Health Services Plan (IHSP4) - Caring Communities, Healthier People 2016-2019 - Better Seniors Care seeks to address the issues we face in the South Simcoe region. Stevenson Memorial Hospital services a large population of seniors and has a high rate of ALC as a result of not having the needed level of support services to maintain or restore senior's functionality during their acute care stay.

The staffing levels for allied health resources including Physiotherapy, Occupational Therapy and Dietitian are not at the right level to support mobilization, help prevent deconditions, and ensure our patients are not suffering from malnutrition at the point of admission. The lack of these support services contribute to a higher rate of ALC and have a significant impact on the ability of the hospital to maintain flow and provide optional, high quality patient care.

Currently SMH has many resourcing challenges that impact the quality of care provided to our seniors' population while in hospital including:

Physiotherapy (PT) services on weekends – PT services only operate 5 days per week (Monday to Friday) with Physiotherapists and Physiotherapy Assistants (PTAs)

Stevenson has submitted and been awarded a proposal to plan for a Restorative Model of Care for our patients. Initially, we will start with implementing some of the current best practices already implemented in a pilot organization at North York General.

Engagement of Clinicians, Leadership & Staff

During 2012, external partners, and internal health care providers created the 5 year's strategic plan that currently exists. Early in 2017, we will begin preparations to refresh our Strategic Plan along with clinicians, staff, leadership, patient families and community partners.

Annually, the Managers develop their Management Performance Plans in consultations with their teams to operationalize their program`s priorities; they will work on their respective teams.

Annually, the QIP is reviewed by our Patient and Family Advisory Council to provide feedback on our quality initiatives.

Every 2 years, SMH completes a NRCC staff engagement survey. Results are shared with the staff, physicians, and Board Human Resources Committee. This past year, different departments identified there were pockets of excellence throughout SMH. Several high performing managers then co-presented their approach to working their teams through lunch and learn sessions.

Resident, Patient, Client Engagement

SMH is committed to a patient-centered strategy; improving the patient's and family's experiences and in January, 2015 established the Patient and Family Advisory Council.

The Council partners with SMH's staff and physicians to provide direct input into policies, programs and practices that shape and to influence the patient experience. The Patient Family Advisory Council represents the voices and eyes of the patient and families by partnering with the SMH staff and physicians to improve the experience, policies, procedures, practices and communication to patients and families, the community and the stakeholders.

Valuable advice and feedback is provided by the Patient and Family Advisory council in areas such as;

- Annual Quality Improvement Plan
- Community Engagement
- Transitions of care from acute to community for complex patients
- Way finding
- Changes in practices that impact the patient experience
- Other priorities identified by both hospital staff and Patient and Family Advisory Council deemed to need assistance, feedback and evaluation

As of early 2016, Patient and Family advisers now are active partners on our Board Quality, Board Communication, all Clinical Quality councils, Emergency preparedness, Facilities Management Committee and any Quality Improvement Initiatives both within SMH and those completed in partnership with community agencies. In addition, we have expanded our Ethics committee to a community ethics committee.

New programs and Quality Improvement Initiatives are developed using a Co-design approach with Lean Quality Improvement. Patients and Families not only help us to assess our current state but also to develop a much improved future state.

The Chief Nursing Executive provides Senior Leader sponsorship for this cultural change.

The success of this new direction of patient-centered care will be evaluated through NRCC Patient Satisfaction Survey and the Patient Experience Office.

Staff Safety & Workplace Violence

Annual departmental violence risk assessments have been completed for 2016 and are being reviewed by Occupational Health and the Joint Occupational Health and Safety Committee (JOHSC) to identify hazards/risks that need to be addressed. In facilitating the departments with their risk assessments Occupational Health has already identified some common hazards/risks and once all assessments have been reviewed, Occupational Health will provide the Senior Team with a report on the data.

Occupational Health has distributed violence in the workplace surveys to employees in the past and has a plan to distribute surveys again in 2017 to obtain employee feedback. Distribution will also include physicians and volunteers as it is felt that they will also have important input in how to address violence in the workplace.

Training for medical surgical staff on Gentle Persuasion has begun and will hopefully continue, so as to provide our staff with the tools they need to deal with a population who are aging and may have cognitive changes. Our Emergency and Mental Health managers have also submitted a business plan to request funds to support Non Violent Crisis Intervention training for our Emergency, Mental Health and other staff that may have interaction with patients and the public.

The organization is also looking at what other education and training strategies may be available for staff to ensure they understand their rights and responsibilities in preventing violence in the workplace which includes new legislation on bullying that includes Sexual Harassment.

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. Specifically, the following positions are included in the performance-based compensation plan that is listed below:

- Chief Executive Officer
- Chief Finance and Information Officer
- Chief Nursing Executive
- Chief of Staff

Stevenson Memorial Hospital		
Performance Allocation Plan		
% of Base Salary at Risk	Target	
CEO	2%	
Chief of Staff, Chief Nursing Officer, Chief Finance & Information Officer	1%	
Progress Against Quality & Safety Target	Current	Target
Total ED Length of stay (defined as the time from triage or registration whichever comes first to the time the patient leaves the ED) where 9 out of 10 complex patients completed their visits	6.22 hours	5.9 hours
Would you recommend this hospital to your family and friends (Inpatient care)	40.4%	45%

Contact

Information

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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 Michael Martin 

Quality Committee Chair Jan Tweedy 

Chief Executive Officer Jody Levac 