

Let's Make Healthy
Change Happen.



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



3/29/2019

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

OUR BOLD NEW VISION

In 2018, Stevenson Memorial Hospital (SMH) unveiled a new Strategic Plan (2018–2022)

VISION: Setting a New Standard for Community Hospital Care

MISSION: Promising Progress, Pursuing Perfection

Our Four Pillars:

People - Creating a work environment that values and recognizes the contribution of every staff member in creating a positive patient care experience. Creating and upholding a culture of continuous learning, focused on collaboration and teamwork.

Care - Keeping the patient at the center of every care discussion and decision. Ensuring that patient values inform every aspect of delivery.

Partnership - Working collaboratively with local and community health care providers to continue to develop our care network to offer a seamless care experience for our patients.

Investments - Operating appropriately within fiscal constraints to maximize investments in staff, equipment and improvement to provide high quality care for present and future patients.

Every day we deliver safe, high quality health care driven by our values: Integrity, compassion, accountability, respect, and excellence.

Along with our new strategic plan, the senior team had a renewed approach to quality improvement and engaged an outside vendor to work with the staff of the hospital in learning about lean/six sigma methodologies. Through this new approach we've recognized several opportunities for improvement.

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

On December 1st, 2018 Markham Stouffville Hospital, Southlake Regional Health Centre and Stevenson Memorial Hospital went live with a new electronic health care system project called Shared Health Information Network Exchange (SHINE).

This took our hospital from a dated paper-based system to an electronic platform. Some of the improvements through this system are standardized clinical pathways, heightened safety around medication reconciliation (both in administration and tracking), along with enhanced privacy. Improved records of hospital-acquired infection rates, aggressive patient alerts, and isolation requirements are also part of the new system.

Implementing Meditech will allow for a faster and more reliable information network throughout the three hospitals giving seamless access to essential patient information, safer care for patients and a more efficient workflow for clinical staff.

LEAN PROJECTS

Emergency Department – Improve patient flow and decrease wait times.

Staff have been looking at the flow of patients through the department resulting in implementation of a new process helping to improve the flow of all patients through the department in a timely manner.

Medical Surgical Unit – Improve patient care, charting and standardization.

Through the communication boards and bedside rounding, the staff focused on the charting and nursing care process in an effort to bring nurses back to the bedside with more time to provide patient care and in-the-moment information transfer. In addition, optimization of the RPN role as the 'Admission, Discharge, Transfer Nurse' has put a focus on partnering with patients and families through their transition of care from admission to discharge in the acute care setting.

Environmental Services – Standardization and education.

Equipment and cleaning products have been reviewed with role clarity and cleaning standards a priority. New equipment to support the environmental service staff and hospital have been ordered and implementation planning is underway.

Perioperative Services – Optimize operating room utilization.

Work is underway with a focus on optimizing operating room times, bookings, and standardized care delivery.

Ambulatory Care Fracture Clinic – Decrease wait times and minimize hospital impact.

The area of focus is managing the relationship between fracture clinic and diagnostic imaging to improve the flow of patients through the process of obtaining x-rays and attending their fracture clinic appointment.

Diagnostic Imaging – Standardize processes and documentation

Staff have collaborated and condensed five requisitions into two: 'CT Scan Requisition' and a general 'Diagnostic Imaging Requisition'.

Patient/client/resident partnering and relations

PFAC

The Patient and Family Advisory Council (PFAC) are an integral part of our organization. We have representatives on most internal committees at an operational and governance level where they provide the patient voice.

This partnership ensures that the needs and priorities for patient and family centered care are considered and incorporated into the decisions made throughout the organization.

COMMUNICATION

SMH has implemented communication boards and bedside rounding. This process has increased transparency and encouraged patients and their families to take a proactive role in their care, promoting positive outcomes. The boards provide a method of visual management and involve all employees in an effort to create positive change and improve quality.

VOLUNTEERS/AUXILIARY

Volunteers dedicate over 14,000 hours of their time each year at SMH.

Workplace Violence Prevention

Prevention of workplace violence is a priority for SMH. The Occupational Health Department in consultation with the Joint Health and Safety Committee and leaders within the organization have focused on many strategies related to staff safety.

Our violence prevention program uses a multifaceted approach to ensuring safety for staff.

1. Policy and Procedure

- Updated the Violence in the Workplace Policy and Procedure in January 2019.
- Harassment Policy and Procedure and a comprehensive reporting system developed in 2018-2019.
- Code White (Violent Person) Emergency Plan was updated in January 2018.

2. Education

- All staff on a yearly basis receive broad education on both the Violence Prevention and Harassment policies.
- Two delegates have been trained to provide Non-Violent Crisis Intervention Training to staff of the hospital. It is the expectation of the organization that any staff that have contact with patients have this training and recertification every two years.

- The organization has also historically had onsite trainers to provide Gentle Persuasive Approach education to those that work with the elderly.
- The organization has revised its Code White Emergency Plan, has provided updated education to all staff and provided opportunity to practice by having mock Code White exercises in the organization.

3. Yearly Violence Risk Assessments

- Annual assessment to identify risks and develop mitigation strategies.
- For 2018-2019 fiscal year, SMH did a Security Violence Risk assessment using the Public Sector Health and Safety Association Audit.
- The local Ontario Provincial Police provided a physical assessment of the internal and external layout of the facility and made recommendations to decrease the risk of violence in the organization.
- Based on Violence Risk Assessments done in 2018-2019, 'working alone in isolation' was identified as a risk. A corporate policy and procedure was drafted and approved which consists of an assessment tool and a template for developing a plan of action in January 2019.

4. Incident Reporting

- All violent or potential violent incidents are reported and followed up by a manager and Occupational Health and Safety.
- Information is shared on a quarterly basis with the organization's Board of Directors.

5. Emergency Planning

- The Code White Emergency Plan was revised in 2018-2019 and education has occurred with all staff.
- Mock Code White exercises have been conducted hospital wide.
- After any mock or actual Code White a debriefing occurs and recommendations are documented and tracked. All information goes to the Joint Health and Safety Committee, the Emergency Planning Committee, and leadership.

6. Devices

- Personal Alarms – Staff have been given a personal alarm to be worn.
- Surveillance Cameras – A review of the surveillance camera system internal and external to the organization has been completed and the process is underway of adding five additional cameras to upgrade the system.
- NaviCare System – SMH has recently looked at tracking systems and has secured funds to begin the process of installing a comprehensive alert system that has the capability of having a Code White system. This system is to be installed in March 2019 and operational by April 2019.

Executive Compensation

Performance-based executive compensation is linked to the priorities in the QIP allowing us to:

- Drive performance and improve quality of care.
- Establish clear performance expectations and expected outcomes.
- Ensure consistency in application of the performance incentive, accountability, and transparency.
- Enable team work and a shared purpose.

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	
Board Quality Committee Chair	
Chief Executive Officer	
Quality, Risk and Patient Experience Coordinator	