

Let's Make Healthy
Change Happen.



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



3/29/2017

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Overview

Groves Memorial Community Hospital (GMCH) is a dynamic rural community hospital committed to the delivery of high quality health care to our communities through collaboration with our Alliance partner, North Wellington Health Care (NWHC) and other pan and sub-region organizations such as the those participating in the Rural Wellington Health Advisory (Rural WHA).

The Rural WHA was formed in 2012 in an effort to improve health service delivery in rural Wellington and consists of four Family Health Teams, our two acute care hospital corporations (NWHC & GMCH), a regional acute mental health and addictions health centre (Homewood Health), the Canadian Mental Health Association (CMHA) and the Waterloo Wellington Community Care Access Centre (WW CCAC).

Our culture focuses on continuous quality improvement and we strive to improve the patient experience through responsive, accountable, transparent, integrated rural health care. (Further information on some of our integration strategies is provided throughout this narrative)

GMCH has recently updated our strategic directions and is in the process of reviewing our Mission, Vision and Values. Our current mission is "enabling people to achieve optimal health through a wide range of integrated health services provided by a committed team working with a network of partners". The current vision is "to be a leader in the provision of excellent, compassionate, rural health care".

The strategic plan will align with the transformation agenda of the Ministry of Health & Long Term Care and the Waterloo Wellington Local Health Integration Network (WWLHIN) Health Services Plan. Participation in the Rural Wellington Health Links and a commitment to quality care close to home are key commitments of GMCH.

Our accreditation award "Accredited with commendation" with greater than 99% compliance to criteria reflects that the staff, physicians and the Board strive to surpass the fundamental requirements of the Accreditation program. Work is currently underway to prepare for our 2018 Accreditation on-site survey.

The QIP meets the requirements of the Excellent Care for All Act and demonstrates to our patients, families, community and partners, GMCH's strong commitment to continuous quality improvement and improving the patient experience.

QI Achievements From the Past Year

GMCH has successfully initiated numerous Quality Improvements within the past year. For the purposes of this QIP we are pleased to focus on our newly implemented electronic RL6 Safety Reporting System.

Previously GMCH used a paper based incident reporting system. In early 2016, we partnered with Guelph General Hospital (GGH) and adopted their existing RL6 Safety Reporting system to establish a common standardized platform. The new system went live on November 1, 2016. Staff has embraced the system as demonstrated by the dramatic increase in electronic incident submissions verses previous paper based submissions. GMCH supports a no-blame culture with regard to incident reporting and

our goal is to recognize and learn from these incidents. GMCH supports a learning environment where reporting of actual and preventable incidents is encouraged so that the contributing factors can be identified and corrective actions can be taken to minimize future occurrences.

Evaluations and comments have been positive and supportive of the new system, citing satisfaction with the ease of use, accessibility, and consistency. Leaders are also enthusiastic about the expanded capacity that the system provides, and the improved timelines for notification and follow up of incidents. While we are still early in implementation we anticipate being able to obtain valuable reports to aid in identifying opportunities for quality improvements for our patients.

Phase One of Meditech Pharmacy has been implemented. The importance in this initiative is that it is the first step in standardizing pharmacy information systems across the organizations. MediTech pharmacy enhances patient care as it has the ability to identify potential medication and adverse interactions within the system. This has been a successful first step in our journey towards safe medication administration.

Population Health

Rural healthcare in the Province of Ontario is disadvantaged due to distance to better-resourced urban centres, distance to primary care provider teams, geographic isolation, lower than average socio-economic conditions, and a lack of health services at the local level. GMCH works with our partners and the WWLHIN to identify opportunities to improve access to care for our rural population. This is detailed further in the Integration and Continuity of Care section.

Equity

We continue to investigate methods to incorporate an equity lens into our quality improvement initiatives. We have recently added some equity questions to our patient satisfaction surveys administered through National Research Corporation Canada (NRCC). For example, we added a question regarding the language preference of the patient when receiving healthcare services, and whether the patient would prefer to receive their healthcare services in a language other than English, if they had access to someone who could explain what they needed to know about their care in that language.

Integration and Continuity of Care

GMCH and NWHC continue to work together to identify integration opportunities to improve quality of care and operational efficiency. GMCH also works in collaboration with our Rural WHA partners to promote integration and collaborative care for patients across the continuum. Examples of this includes our recent common Quality Improvement Plan trial in which we focus on implementing quality based procedures to improve the continuity of care to our many patients suffering from chronic conditions such as COPD.

In January of 2016, we received a report on the current state of Emergency Mental Health Services provided in Guelph and Wellington County. This report identified a number of opportunities for improvement and provided recommendations for change.

Since receipt of that report, partners from the two sub-regions of the WWLHIN have developed an action plan for improvement, which has been implemented through additional funding by the Ministry of Health.

GMCH has completed an extensive review of our Information Management Systems. The organization has leveraged Clinical Connect and Hospital Report Manager (HRM), with support of the WWLHIN, to integrate hospital information with other health care providers. Small, Rural and Northern funds have been utilized to support information technology projects such as the implementation of the RL6 Safety Reporting System. In partnership with GGH, we have successfully rolled out Phase one of Meditech pharmacy with further plans to implement paperless pharmacy as well as Automated Dispensing Units (ADU's). This investment will offer additional tools to assist us reducing medication errors.

WHCA NUR Expansion project is a clinical transformation project to assist in reducing patient risks and significantly improve clinical efficiencies by introducing electronic clinical documentation of nurses notes. It will also provide clinicians with accessible electronic records and promotes standardization of best practices for nursing and allied documentation across our WHCA and our partner Guelph General Hospital.

Access to the Right Level of Care - Addressing ALC Issues

The Rural Wellington Long Term Care Collaborative committee was established in the Spring of 2016. An objective of this committee is to review processes and to address ALC rates for rural Wellington hospitals.

ALC Mental Health: One of the objectives of the Emergency Mental Health and Addiction Services (EMHAS) committee plans for improvement of Regional Mental Health & Addictions (MH&A) services is to reduce holding of Form 1 patients (admitted with no MH bed available) in Rural Wellington hospitals. Improvements to the flow of admitted MH&A patients will decrease ALC MH rates and the ALC percentage as a whole. The Complex Continuing Care (CCC) Committee and Medicine Committee will look at discharge practices and referral patterns to secondary programs.

Engagement of Clinicians, Leadership & Staff

The organization is committed to advancing continuous quality improvement and improving the patient experience through the engagement of staff, physicians and leadership throughout our organization.

The hospital Safety, Quality & Performance Improvement committee is revising the reporting framework for all clinical and support department plans. Departments have either developed or are developing Quality Dashboards for their areas. The Quality Dashboards provide a detailed update of departmental activities and is used to communicate to staff, physicians, the Safety, Quality Performance Improvement Committee and the Board. Beginning in 2017 staff, physicians and volunteers will participate in a new staff engagement survey from Metrics at Work. This survey will allow us to build a productive and engaged workforce.

Resident, Patient, Client Engagement

GMCH complies with regulations and amendments of the Excellent Care for All Act (ECFAA) and engages patients and former patients of the Hospital and their caregivers in assisting with the ongoing development of our annual quality improvement plan in a meaningful and productive manner.

GMCH benefits from a very large, active and engaged volunteer service which is primarily comprised of persons who also utilize our services as patients or are family members of current/previous patients. This encourages a frequent flow of ideas on improving the patient experience as well as providing themes for quality improvement.

Patients are provided with information on how to contact the patient representative via email, letter, telephone, or may provide electronic feedback through the hospital website.

Through the use of surveying of patients in the Emergency Department and inpatient units we have identified opportunities to improve quality of care as well as opportunities for improved communication, e.g. wait times.

The Patient Engagement Rounds continue in patient care areas focusing on questions related to call bell response times, medication safety, hand hygiene, instructions provided, falls, patient's role in patient safety, patient participation in decision making regarding care, and physician rounding.

The information collected from rounding is combined with information from the publicly posted Patient Engagement Forum on the Hospital website and provided to the SQPI Committee of the Board and posted on the Board website for all Directors to view.

We will continue to focus on engaging patients and family in the development and implementation of quality improvement initiatives.

Staff Safety & Workplace Violence

Numerous processes are currently in place to monitor, reduce and prevent workplace violence.

Hospital risk assessments were conducted in 2015 and improvements implemented. A further review and any necessary revisions will be undertaken in 2017/18, in conjunction with planning for redevelopment of our three sites.

Our Workplace Violence Prevention Program and policy has recently been revised to include harassment and sexual harassment as well as other requirements of Bill 132. General orientation for all new hires includes violence prevention training. GMCH provides Non Violent Crisis Intervention (NVCI) training throughout the year and we have four NVCI Certified Trainers on staff.

We have Health and Safety Committee inspections that focus on violence prevention through dialogue with staff throughout the facility.

Safety plans have been developed for issues related to Domestic Violence.

Various educational materials and resources are posted on both the hospital intranet and bulletin boards related to Women-in-Crisis and Bullying. Emergency Code plans are current and well developed for Code White, Code Silver, Code Black etc.

We also have GEM nurses who provide staff education related to cognitive behavioural issues i.e. dementia and gentle persuasion techniques training.

Performance Based Compensation

The Board of Directors approves the annual Quality Improvement Plan (QIP) and assigns the responsibility for monitoring indicators to the Board's SQPI Committee. The Joint Resources Committee and the Human Resources Sub-Committee are responsible for recommending to the Joint Executive Committee what percentage of Executive compensation should be withheld relating to achievement of this Plan as well as the scoring of metrics and the compensatory requirements for the Senior Management Team (SMT).

Our executive's compensation is linked to performance in the following way: The Executives of GMCH, which include the Chief Executive Officer (CEO) and three Vice Presidents (VP's) will have performance based compensation based on the Quality Improvement indicators as shown below:

SAFETY

MEDICATION RECONCILIATION ON DISCHARGE

	Percentage	Points
Current Performance:	61	0
Improve to:	> 67.1	1
Improve to:	> 73.7	2
Full Success:	> 79.3	3

DECREASE NUMBER OF MEDICATION ERRORS THAT REACH THE PATIENT

	Percentage	Points
Current Performance:	Collecting Baseline	0
Improve to:	10% improvement	1
Improve to:	20% improvement	2
Full Success:	30% improvement	3

EFFICIENT

TOTAL MARGIN

	Percentage	Points
Baseline:	Over Budget	0
Full Success:	At or Under Budget	3

TOTAL FULL SUCCESS POINTS = 9

A total of 5 of 9 points for 2017/18 overall would provide for full performance pay entitlement. A score under 5 would provide for a proportionate reduction of 1/5 of performance compensation for every point below 5.

The "at risk" performance compensation is equivalent to 2% of employment income for all executives except for the CEO. The CEO will have the equivalent of 5% of employment income at risk.

Compensation at risk will be determined with each executive at the beginning of the year as a combination of dollars, vacation and any other earning entitlements. Payments or entitlement calculations will be adjusted through the year and the performance payment provided once the end of the year results have been calculated. Anyone working a partial year will be proportionately affected by the year end.

Contact Information

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Sign-off

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

Board Chair , Howard Dobson
Quality Committee Chair , Anthony Caldwell
Chief Executive Officer , Stephen Street

2017/18 Quality Improvement Plan

"Improvement Targets and Initiatives"



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AIM		Measure							Change				
Quality dimension	Issue	Measure/ Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Effective transitions	Risk-adjusted 30-day all-cause readmission rate for patients with COPD (QBP cohort)	Rate / COPD QBP Cohort	CIHI DAD / January 2015 – December 2015	656*	12.54	15.50	WWLHIN Target	1)Review of utilization of pulmonary rehab. program. 2) adherence to COPD care pathways. 3)Improve administration of MDI's.	Provide smoking cessation support for COPD patients. Increase spirometry assessment of Pulm. Rehab. clients. Provide MDI education for nursing and add to nursing passport as annual review item. Provide presentation to Medical Staff regarding COPD.	Increase volume of referrals for Pulm. Rehab. Program. Improve patients skills in dealing with the disease process and treatment.	Reduce COPD readmission rates.	Part of the Rural Wellington Health Advisory Common QIP.
Safe	Medication safety	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	Rate per total number of discharged patients / Discharged patients	Hospital collected data / Most recent quarter available	656*	61	79.30	Internal Target.	1)Review discharge medication reconciliation process for patients. Implement OBS discharge medication reconciliation for every patient.	New discharge form and process for OBS patients was recently implemented. Inpatient discharge form has been revised.	Improve discharge medication reconciliation results.	Improve completed medication reconciliation on discharge by 30%	
		Decrease in total number of medication incidents that reach the patient. Total number of all reported medication incidents causing Level of Harm 1, 2, 3, 4, and 5.	Rate per 1,000 patient days / All inpatients	Hospital collected data / most recent quarter available	656*	CB	CB	Internal Target: reduction in the number of errors reaching the patient.	1)Continued development of medication administration processes that support safe medication administration. 2) Standardize reports for monitoring medication incidents, level of severity as well as identifying trends and opportunities.	1. Implementation of Paperless pharmacy initiative. This initiative will improve patient safety as medication orders are scanned to pharmacy for order entry. 2) Develop meaningful summary of medication incidents for the Clinical teams. 3) Monitoring of medication incidents as a metric on Program/Departmental dashboards. 4) Summary reporting of incidents to Nurse Pharmacy to highlight system trends 5) Trends and reports are shared with Pharmacy & Therapeutics Committee.	1) Medication incident metrics will be developed with stakeholder feedback. 2) Chart audits and root cause analysis on frequent incidents and/or incidents causing harm to identify Quality Improvement initiatives.	Decreased medication incidents reaching the patient by 30% in the 2017-18 fiscal year.	