

Let's Make Healthy  
Change Happen.



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



**2019/20 – FINAL**

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.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

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

At GMCH our culture focuses on safety, engagement and continuous quality improvement. We strive to improve the patient experience and deliver the best-possible clinical outcomes through responsive, accountable, transparent, and integrated rural health care. The GMCH Vision, Mission and Values reflect what is important to us as we serve our local communities, how we go about our day to day work, and values that guide our decisions and actions:

**Our vision:** Your health matters

**Our mission:** Together, advancing exceptional care and wellness

**Our values:** Compassionate, Respectful, Innovative, Professional and Collaborative

In 2018 GMCH, together with NWHC, introduced a new strategic plan following extensive stakeholder engagement to develop common strategic directions to guide our organizations in the service to our communities for the next three years. We reached out to residents, staff, physicians, Board members, volunteers, Foundation and community partners. Over 142 participants completed the on-line survey and 65 participants (including Staff and Volunteers at all 3 WHCA sites and the Patient and Family Advisory Committee members) attended in-person focus groups. Our goal is to align this plan with the Waterloo Wellington LHIN's three-year Integrated Health Services Plan.

## Strategic Directions

Our **PATIENTS** Matter



Our **PEOPLE** Matter



Our **PARTNERS** Matter



Our **ALLIANCE** Matters



GMCH successfully participated in an Accreditation Canada on-site survey in September 2018. We achieved an award of "Accredited with commendation" with greater than 95% compliance to criteria, reflecting that the staff, physicians and the Board strive to surpass the fundamental requirements of the Accreditation program.

This Quality Improvement Plan (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.

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

GMCH has successfully initiated numerous quality improvements within the past year, with an ongoing focus on medication safety processes and leveraging the use of technology to support care and service delivery. With this focus, our greatest QI achievements have been increasing compliance with discharge medication reconciliation and the reduction of medication errors reaching the patient YTD18'19.

In spring 2018, GMCH completed the implementation of Omnicell automated dispensing units (ADUs) for medication in the emergency department and inpatient areas. The ADUs have enhanced safe medication administration practices, improved the security of stored medications, and increased nursing efficiency while streamlining pharmacy inventory management and positioning the organization well for adoption of future medication administration technologies. Further, the ADUs have eliminated the need for an after-hours night pharmacy process, eliminating a previous source of medication errors. The units have also provided a new level of medication safety oversight, allowing the pharmacy and professional practice teams to run a variety of reports that provide insight into medication utilization and safety that would have previously been a challenge.

In August 2018, GMCH completed the implementation of new intravenous infusion pumps. Previous to the implementation, our fleet of intravenous pumps were approaching end of life, limiting the opportunity to take full advantage of safety features such as drug libraries. All infusion pumps were replaced across the organization, with all nursing staff receiving comprehensive education. The new pumps support not only safer care at the bedside, but the updated software also supports pharmacy to monitor utilization and remotely update the drug library, ensuring the system will remain up to date and reflective of best practice for years to come.

Medication reconciliation at discharge is an important patient safety activity, ensuring that patients have a clear understanding of medications at the time of transition from hospital. In addition to being a QIP indicator, it is also a local obligation within our health service accountability agreement with the WWLHIN. Through enhanced staff education, revision of documentation screens to support practice and regular compliance monitoring, GMCH has achieved a 26.6% increase in medication reconciliation at discharge YTDQ3'18 over last year's performance. This improvement has not only increased patient safety, but also patient satisfaction, as we have seen a 28.6% increase Q3'18 compared to Q4'17 in those patients who respond "Completely" to the Canadian Patient Experience Survey - Inpatient Care (CPES-IP) question "before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before your hospital stay".

Medication errors reaching the patient were a significant focus of the GMCH quality improvement plan in 18'19. An extensive root cause analysis identified four themes that were contributing to medication errors reaching the patient: distraction and interruption during medication administration; impact of a hybrid paper/electronic medication administration record and process; non-standardized medication administration times; and novice/inexperienced staff. In response, in Q2'18 several initiatives were implemented to address these themes, such as introducing medication safe zones, revising processes to reduce the impact of a hybrid medication administration record, standardizing and reducing medication administration times and requiring all nursing staff to complete a comprehensive medication administration self-learning package. From Q2'18 to Q3'18, these interventions resulted in a 48% reduction in the rate of medication errors reaching the patient.

## Patient partnering and relations

The organization's Safety, Quality & Performance Improvement Framework, launched in 2017, includes a patient and family engagement & experience framework: a three-year plan which will guide GMCH in developing interventions and policies that support patient and family engagement in all of the work we do to the end of 2019. In February 2018 GMCH established its first Patient and Family Advisory Council, with our Alliance partner NWHC. The council has partnered with the organization on a variety of initiatives, including several related to the new Groves Hospital and actively participated in the Accreditation survey in September. In compliance with the regulations and amendments of the Excellent Care for All Act (ECFAA), GMCH engaged with current and former patients serving on the council to inform the development of our 2019-20 quality improvement plan.

GMCH has a robust patient relations process, in compliance with ECFAA. Patients and families are provided with information on how to contact the patient representative via email, letter, telephone, or may provide electronic feedback through the hospital website. Patient feedback is documented, tracked and trended using the RL6 electronic reporting system, and those providing feedback are readily engaged in identifying opportunities for quality improvement. Patient feedback data is shared with staff and providers via program dashboards and committees, and is reported regularly to the SQPI Committee of the Board.

GMCH formally engages patients and families through quarterly longitudinal satisfaction surveys in the inpatient areas and emergency department, as well as through informal surveys in the obstetrical and ambulatory care populations. Results of surveying are shared with programs and the SQPI Committee of the Board and have been used to identify improvement opportunities and inform the development of program dashboards.

We will continue to focus on engaging patients and family in the development and implementation of quality improvement initiatives. Integrating patients' values, experiences and perspectives will be a priority at all levels of care.

## Workplace Violence Prevention

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

Our Workplace Violence Prevention Program and policy is compliant with current legislation and best practices, and met all Accreditation standards during our on-site survey in September 2018. A process is in place for identifying patients at risk of violence and clearly communicating this information to all staff, visitors and other in a manner that respects the dignity and privacy of patients. General orientation for all new hires includes workplace violence prevention training.

In 2018 GMCH made an important investment, along with Alliance partner NWHC, to deliver Crisis Awareness and Response (CARE) training across the organization. This 2 day program, offered through our partnership with Homewood Health Centre, provides clinical staff both physical and non-physical intervention skills that can be used to deescalate and manage violent or potentially violent situations. Additionally, GMCH has GEM nurses who provide staff education related to cognitive behavioural issues and responsive behaviours related to dementia and delirium that can contribute to incidents of workplace violence, and provide gentle persuasive technique training.

We have an active Health and Safety Committee that prioritizes violence in the workplace and utilizes inspections to dialogue with staff throughout the facility on processes and strategies for the prevention of workplace violence. Emergency Code policies and procedures are current and well developed. Following emergency codes, such as Code Whites, staff, providers and leaders debrief to identify any gaps in process, and learnings are implemented.

## Executive 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 is 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, will have performance based compensation based on the Quality Improvement indicators as shown below:

## **SAFETY**

Medication Errors Reaching the Patient (Severity 1-5) – Target  $\leq 6.9$

	Rate per 1000 Days	Points
Within > 10% of Target	$\geq 7.7$	0
Within 10% of Target	7.3 – 7.6	1
Within 5% of Target	7.0 – 7.2	2
Meets or Exceeds Target	$\leq 6.9$	3

## **EFFICIENT**

Total Margin

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

TOTAL FULL SUCCESS POINTS = 6

A total of 4 of 6 points for 2019/20 overall would provide for full performance pay entitlement. A score under 4 would provide for a proportionate reduction of 1/4 of performance compensation for every point below 4.

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.

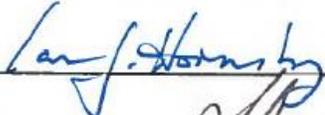
Compensation at risk will be determined with each executive at the beginning of the year as a combination of dollars, vacation and any other earning entitlements. The performance payment will be completed once the end of the year results has been calculated. Anyone working a partial year will be proportionately affected by the year end.

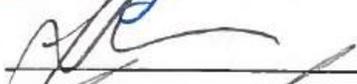
## **Contact Information**

Rebecca Stuart RN, BSc, BScN  
Manager, Quality and Patient Safety  
Groves Memorial Community Hospital  
235 Union Street East, Fergus, ON N1M 1W3  
PH: 519-843.2010 x 3216 | [rstuart@gmch.fergus.net](mailto:rstuart@gmch.fergus.net)

## Sign-off

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

Board Chair  (signature)

Board Quality Committee Chair  (signature)

Chief Executive Officer  (signature)