Let's Make Healthy Change Happen.

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

LDMH
COMPASSIONATE CARE CLOSE TO HOME

**3/31/2017**

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.



Ontario

# QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE
## Leamington District Memorial Hospital (2017-2018)

### 1. OVERVIEW?

The strategic plan is reviewed each year and new corporate priorities are established. The annual operating planning process is then initiated. The publically posted annual QIP is in the sixth year. The organization has a well-developed integrated quality improvement plan that has been in place for more than 10 years, which is an Accreditation Canada requirement. At the last Accreditation Canada review, LDMH was awarded "exemplary status".

Our quality plan integrates utilization management, medical quality of care and patient safety indicators. We use the QIP for Ontario hospital's template to identify the top priorities for improvement to the public, the LHIN and our external partners.

Looking ahead to the 2017/18 fiscal year, we will collaborate with our partners keeping in line with a patient-centered approach in our identified sub-LHIN region. LDMH and LAFHT continued the dialogue on building better processes to assist the patient in navigating the system sharing 5 priorities. Through improved discharge planning, medication reconciliation and coordination of care, patients would follow effective transitions between acute, primary and community care. Our aim is to create a Healthcare System that meets the needs and fills the gaps of our community collectively to improve patient services. In essence we are striving to be a hospital without walls, but rather a piece of a system that joins in caring for our people, our neighbours in the southern portion of Essex County Erie Shores.

This year there are 5 organizational priorities:

Priority 1 – Effective Transition - Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

Priority 2 – Coordinating Care - Percentage of patients identified with multiple conditions and complex needs (Health Link criteria) who are offered access to Health Links approach.

Priority 3 – Medication Safety - Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital.

Priority 4 – Medication Safety - Medication reconciliation at discharge: The total number of patients whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.

Priority 5 – Timely Access to Care/Service - 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.

## 2. QI Achievements From the Past Year?

In Fiscal year 2016 / 2017 ending March 31, 2017 we identified 12 priorities.

Actions that improved results included:

- Discharge education pamphlet developed
- Rapid Response Nurse referrals to community
- Stroke Resource Nurse in house monthly
- Weekly Complex Discharge Reviews
- Daily Multidisciplinary Rounds on all patients
- Complex Patient Plans of Care prepared by GEM & multidisciplinary team in advance for ED patients who frequent the department
- White board in patient rooms to enhance communication
- Medication reconciliation on all transfers to alternate services within hospital i.e. ICU to Med/Surg
- Addition of 2nd physician for 4 hours at peak time in the Emergency Department (when possible)

Corrective actions continue to be implemented to improve results on indicators where targets did not show improvements and include:

- Improving the ED experience by redesigning the waiting area and incorporating hospitality concepts including adding more IPADS and a complimentary beverage service;
- Continue to advocate for proper funding to support the ESC LHIN Integration order.
- Continue to work with partners to support the care of mental health and addictions. Advocate for equitable access and harm reduction education strategies locally.

## 3. Population Health?

We have a large population of older adults.

1. 15% of our FHT roster size is over age 75
2. At LDMH 53% of our inpatients in 2015/16 are over the age of 65 years
3. 26% of our ED visits in 2015/16 are over the age of 65 years

With this aging demographic comes some challenges with transportation as we are rural location. When patients need follow-up for treatments elsewhere, Windsor is 45 minutes to 1 hour away and London is 2 hours away. There is no public transportation.

We have an increasing number of older adults moving to our area as a retirement destination leaving their social supports behind. When health care declines we often look to extended family to provide supports and added caregiver support. This increases need for homecare and also affects the number of ED visits after regular business hours. We are working with LAFHT to develop a better system for navigating and care mapping this demographic that will include CCAC and other key organizations.

Vulnerable Patient Initiatives:

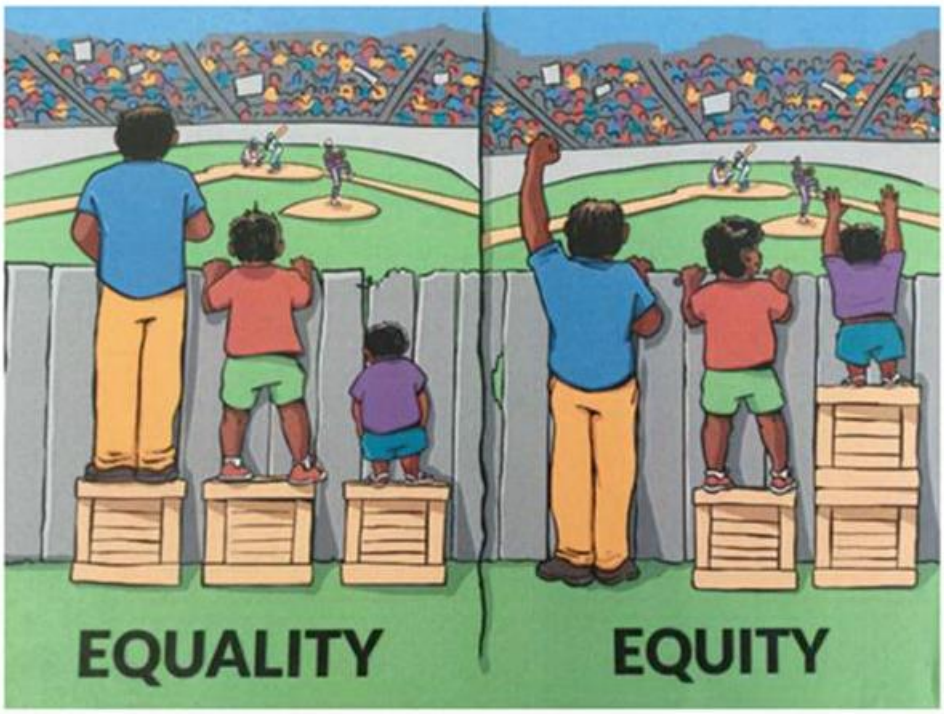
- EMS has a new vulnerable patient initiative which we have used for our patients who are at arm's length - they can do home visits and update us.
- MHRU - mental health response unit (community program SW and OPP). Memo of understanding with LDMH & OPP to coordinate efforts for our vulnerable population.
- Leveraging 22 partners in the Neighbourhood of Care operating in unused space at LDMH, helps provide local access to organizations traditionally available only in Windsor.
- Orthopedics is available Monday, Wednesday and Friday to see patients in ED or inpatient unit that previously would need to find transportation to Windsor.
- OTN consultations with specialties for patients and others is on site.
- Local psychiatry is available at LDMH and an on call partnership with a schedule one hospital (Windsor Regional Hospital) assists in streamline timely access.
- Partnered with Migrant Worker Consulate – host health fairs for migrant workers
- Partnered with local high schools for crisis management
- Hiatus House initiative for abused women and families
- Windsor Essex Community Health Centre (WECHC)/Lamb Centre
- Chemotherapy initiative working with Windsor Regional Hospital(WRH) to provide local access to select groups.

Migrant Workers: Our community recruits from 11 different countries to match employees with agricultural work. In addition to the approximate 72,000 residents in our area, we have approximately 9,000 migrant workers who join our population health.

Education: Nearly 40 percent of Leamington residents have not graduated from high school.
Housing: Transitional and supportive housing is desperately needed.

## 4. Equity?

This picture depicts equity to the LAFHT, LDMH and our local partners. Identifying barriers or gaps in service that interfere with a person's ability to achieve their goal and strategize how we can work together to achieve it with shared resources.




LDMH
COMPASSIONATE CARE CLOSE TO HOME

**Outreach Example**
**Regional Children's Centre, Mental Health**

| Unique Clients Who Received Service Through RCC | | | |
|---|---|---|---|
| | Clients | % of total clients | % of population |
| **Erie Shores Catchement Area** | **310** | **13.7** | **18.5** |
| All County Clients | 788 | 34.7 | 46.2 |
| Windsor Clients | 1331 | 58.6 | 53.8 |
| Total Clients | 2271 | 100 | 100 |

**The County is Underserviced Comparatively**

LDMH
COMPASSIONATE CARE CLOSE TO HOME

# EMS Mental Health Data Responses by Municipality

| Municipality | 2013 | 2014 | 2015 | 2016 P |
|---|---|---|---|---|
| Amherstburg | 48 | 78 | 73 | 72 |
| Chatham - Kent | 3 | 0 | 1 | 1 |
| Essex | 51 | 61 | 59 | 58 |
| Kingsville | 37 | 55 | 43 | 58 |
| Lakeshore | 73 | 69 | 73 | 66 |
| LaSalle | 67 | 79 | 65 | 98 |
| Leamington | 86 | 117 | 93 | 146 |
| Pelee Island | 0 | 0 | 1 | 0 |
| Tecumseh | 110 | 108 | 116 | 112 |
| Windsor | 1921 | 1941 | 2156 | 1970 |
| Un assigned | 153 | 144 | 139 | 504 |
| Not Identified - Allocated by Service Location | 3 | 7 | 10 | 3 |

LDMH is promoting local access and equitable share of programs that have been funded as Windsor/Essex. County citizens deserve equitable access, close to home. LDMH created a site partnership program for what we call the **Neighbourhood of Care.** The goal is to address the needs for Mental Health and addictions. More information regarding programming is available on our website and distributed on flyers at local clinics and physician office.

# QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

**For more information** about our Neighbourhood of Care, Site Partnership Program, or to download an **electronic version** of this document please visit our website at:
www.learningtonhospital.com

**OR**

Call our Mental Health and Addiction Department

**519.326.2373 ext. 4522**

Please Note:
All Programs, days and times are subject to change. While every effort is made to ensure accurate information, we recommend contacting LDMH or individual programs to avoid disappointment.

*Programs and service offerings are a result of your feedback in our community needs analysis. Thank you!*

**24 Hour Crisis Line**
519-973-4435

**ACCESS Emergency Housing Line**
519-981-2599 available 24hrs/day

**Ontario Provincial Police Mental Health Response Unit**
Monday through Friday
8am-6pm
519-324-0123
519-723-4600

**Fast Access to Community Experts (FACE)**
1-844-372-5446

**Helplines**
**Drug & Alcohol**
1-800-565-8603
**Mental Health**
1-866-531-2600
**Problem Gambling**
1-888-230-3505

Learnington District Memorial Hospital
194 Talbot St. West
Learnington, ON
N8H 1N9

Phone: 519.326.2373
Email: connect@ldmh.org
Twitter: @LDMHconnect
Facebook: /connectLDMH

## The LDMH Neighbourhood of Care

THE LDMH NEIGHBOURHOOD OF CARE

Community HOPE Project

**Call us at**
**519.326.2373**
**Ext. 4522**

## On Site Services at LDMH

**Walk In Counselling**
**Adult, Family & Couples**
**Family Services Windsor Essex**
Mondays 10am-4pm (except holidays)
NO WAIT LIST 1-888-933-1831

**Maryvale Counselling** Ages 13-17
**Walk-In- No appt needed**
Tuesdays & Wednesdays 10am-4pm
**Ongoing** Fridays 10am-4pm, by appointment
519-258-0484

**VON Chronic Pain Management**
**Assessment & Referral Program**
**Chronic Pain Counselling**
Available following Assessment by VON
Tuesdays by appointment
Call 1-855-419-5200 for more info

**Canadian Mental Health Association**
Wednesdays 10am-2pm
519-255-7440 ext. 357 or 387

**Family Services Windsor Essex**
**Client Intervention Program**
Thursdays 9 am to 12 pm
1-888-933-1831

**Hôtel-Dieu Grace Healthcare Counselling**
**Problem Gambling & Digital Dependency**
Fridays 8am to 4pm
519-254-2112

**Mental Health Resource Nurse**
Monday-Friday
8am to 4pm, by appointment
519-326-2373 ext. 4522

**Hiatus House**
**Intake & Service Co-Ordination**
Mondays 9am-4pm
519-252-1143 ext. 2249

## Local & On Site Services

**W5-Windsor Women Working with Immigrant Women (open to Men & Women)**
***Service in multiple languages***
Usually available Sunday-Friday
Call 519-326-2373 ext. 4529 or text 1-226-312-2699 to confirm availability

**STOP Program**
**(Smoking Treatment for Ontario Patients)**
**Partnership with CAMH**
Counselling and Nicotine Replacement
519-326-2373 ext. 4522

**Community University Partnership**
Individual and Group Programming & Support
Call 226-348-4548

**Legal Assistance of Windsor**
Tuesdays, contact to confirm availability
519-256-7831

**Stroke Community Navigator (WRH)**
2nd Tuesday of the month from 9am-3pm
By appointment, referral required
519-257-5111 ext. 72482

**Financial Fitness**
**Not-For-Profit Credit Counselling Services**
By appointment call 519-258-2030 for more info

**Erie St. Clair Clinic**
**Opiate Replacement/Addictions Counselling**
**Located at 15 John St**
519-977-9772

## Education & Support Groups

**National Alliance on Mental Illness (NAMI)**
**Family Education Program**
Call to reserve your spot in the next session
519-326.2373 ext. 4522

**Mood Disorders Support Group**
1st & 3rd Wednesdays of the month
7pm-9pm
519-733-0654

**Fresh Start Women's Program**
Weekly Group Run by Hiatus House
Call 519-252-1143 ext. 2249 for Intake

**Canadian Mental Health Association**
Free Public Education Sessions
4th Wednesday of Each Month
From 2-3pm in First Floor Training Room

**Coping with Anger Group**
provided by Community University Partnership
Call 226-348-4548 to enroll

## Ontario Telemedicine Studio (OTN)

Videoconference securely with service Providers from all across Ontario, while staying close to home! Ask your out of town specialist if they use OTN or call us to learn more

**Regional Children's Centre**
Crisis Assessments in *Emergency Department*
For Youth under 16 years old via OTN
Mon-Fri 8am-11pm, W/E's/Holidays 8am-10pm

## 5. Integration and Continuity of Care?

**Priority 1 –** Effective Transition - Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

Our currently performance is 50% and target performance of 58% represents the NRCC Average – CIHI CPES for the same time period (April – June 2016 Q1 FY 2016/17)

| | Not at all | Partly | Quite a bit | Completely |
|---|---|---|---|---|
| Total (Total n-size 30) | 16.7% | 16.7% | 16.7% | 50.0% |
| NRC Average | 6.6% | 9.5% | 25.7% | 58.2% |

In partnership with the LAFHT to build a cross sector discharge planning process, the team and patient representatives will come up with a patient centered discharge document that is clear and meaningful to the patient, family and community provider.

**Priority 2 –** Coordinating Care - Percentage of patients identified with multiple conditions and complex needs (Health Link criteria) who are offered access to Health Links approach

In partnership with the FHT we will collect the percentage of patents meeting the Health Link Criteria by reviewing in house data (both sites) over the last 3 months. We will review together opportunities for customizing the healthcare experience and access to care locally for these complex patients.

**Priority 3 –** Medication Safety - Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital.

**Priority 4 –** Medication Safety - Medication reconciliation at discharge: The total number of patients whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged

In partnership with the FHT pharmacist and LDMH pharmacist a reconciliation process and shared document at admission and discharge that is relevant to both organizations is in development. Patient centered-user friendly documentation that is a concise summary/integrated tool shared by both organizations that will be the best possible medication information.
Auditing of patients from a random group who are from the LAFHT who are admitted to LDMH will verify medication reconciliation accuracy at transitions of care.

**Priority 5 –** Timely Access to Care/Service - 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

Work in collaboration with LAFHT patients to ED with the “Community Physician to ED Physician report sheet". Patients already seen at LAFHT are fast tracked (1, 2 &3). A hand off from physician to physician, as well, patients identified at risk on weekend or off shift are flagged in a manageable system to ensure timely access to the correct level of care required.

## 6. Access to Right Level of Care – Addressing ALC Issues?

Efforts to support/address ALC initiatives are discussed at all levels in our organization.

Available resources in the county vary from what is available in Windsor. For example County residents would benefit having Assisted Living Southwestern Ontario (ALSO) to support persons wanting to go home but requiring more frequent assistance with activities of daily living than CCAC can provide. This and other fair distribution of service is advocated for at the ESC LHIN.

Participation on daily surge reports across sectors occurs, discussing barriers to discharge and transition to the appropriate care level.

Recent additions of Rehabilitation beds at LDMH is a proactive ESC LHIN strategy. Persons not wanting to leave the county for Rehab beds and elderly partners unable to manage the travel are now supported here.

A partnership with VON Physiotherapy allows VON staff to provide physiotherapy internally and externally reducing duplication and will improve wait times for home visits post discharge.

With our new integration of the LAFHT, knowledge transfer of ALC and ideas how LAFHT can help patients avoid deconditioning and crisis by working in tandem, is an added benefit. For example, the LAFHT has a regular memory clinic, LDMH plans to share the speech language pathologists service with the LAFHT.

An estimated 40% of patients admitted to hospital are already malnourished and malnutrition and dehydration in elders (>65 yrs.) has been associated with longer (LOS), additional medical complications, increased hospital costs, decreased participation in rehab and functional outcome. (Walton et al., 2008)

We believe this and other valuable opportunities will unfold as our engagement continues with the LAFHT.

Dysphagia is linked to increased morbidity, mortality, malnutrition and prolonged length of stay. Etiologies associated with dysphagia increase as people age, as do factors that may cause eating difficulties. (Wright et al., 2008)

## 7. Engagement of Clinicians, Leadership & Staff?

The planning cycle engages directors, managers, nurse leaders, care teams, advisory committees, the LHIN, external partners, governance committees and physician leaders in establishing goals, priorities and action plans for change.

All QIP plans and results are posted internally on quality boards. Successes are communicated at town hall meetings, in newsletters and via social media.

Outcomes are reviewed with the ESC LHIN for many of the indicators and are publically reported on the LDMH website.

## 8. Patient/Resident/Client Engagement?

At LDMH we gather information from our patients through patient satisfaction surveys, Facebook, Twitter, feedback received through our online website, patient feedback process and family meetings. Feedback from patients and families is critical to the success of the quality improvement work at LDMH. Patient stories are shared at the Quality Council Committee of the Board. These may stem from incidents, complaints, compliments or other means as appropriate.

All complaints or concerns are investigated and followed-up with the complainant. Complaints are centrally logged so that trends or themes can be assessed. A complaints/compliments report is developed twice per year for reporting purposes and presented to the Quality Council of the Board of Directors. Case reviews that originate from incident reporting, specifically those that result in a greater degree of harm or a critical incident, include patient/family engagement through disclosure and feedback. Patients, families, staff and partners in our Neighbourhood of Care are invited to share their story with our Quality Council on a monthly basis. All stories, both positive and those having negative impact are valued by the team. This team consists of Board members and also community members. The Chair of this committee is a Board member who reports to the Board of Directors, our Quality Council discussions on a monthly basis.

The information gathered from our patients, residents, caregivers and family members is used to identify what went well and what could have been improved. Suggested improvements are used to identify areas of focus which drive the development of this Quality Improvement Plan.

Town hall meetings are held with the community regarding program development and changes in service. Local newspapers and the media are communicated regularly with by our Director of Communications and CEO.

Our Emergency Department has been participating in a redesign of the patient/family experience. A consultant was brought in to assist and community members sit on this change teams.

This group directly influenced the QIP priorities as patients move across the continuum.

## 9. Staff Safety & Workplace Violence?

Development and implementation of a Workplace Violence and Harassment Prevention Policy and Program.
Annual e learning training to support above.
Focused efforts when there is an incident of individualized learning and group sessions with Employee Assistance Program (EAP).
Development and implementation of an Intimate Partner/Domestic Violence Policy.
Safety Alerts to all staff when required.
Poster campaign to support Zero Tolerance towards workplace violence and harassment.
In the developmental stages of a Flagging Patient Behaviour Policy.
Monthly review of all reported work related injuries and illnesses by Joint Health & Safety Committee (JHSC).
Security enhancement as needed.
Partnership with local OPP detachment

## 10. Performance Based Compensation -

The COS, the CEO and the direct reports of the CEO are linked to the achievement of performance improvement targets that are identified in the QIP. The percentage of salary that is linked to the achievement of the QIP targets are as follows:

- COS – 2%
- CFO – 2%
- CNE – 2%
- Senior Director Corporate Services – 2%
- Director of HR – 2%
- CEO – 5%

The specific QIP targets are identified on the 2017/18 LDMH QIP Work Plan and the justification for each target is established based on past performance or a combination of ESC LHIN or Ministry information.