

Let's Make Healthy
Change Happen.



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



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



QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2018-2019)

1. OVERVIEW?

Please use the Overview to provide HQO and the public with contextual information about your QIP, including information about broader organizational strategy, key considerations, significant challenges that might influence your QIP. The Overview should also include information about how progress to date, strategic documents (e.g. strategic plan, SAAs), patient/client/resident feedback, and other important inputs have come together to inform this year's QIP priorities, targets, and activities. Put another way, the Overview should help your patients/clients/residents, staff members, and members of the public understand the goals and objectives of your QIP

In 2016, Erie Shores HealthCare (ESHC) developed our strategic plan for 2016-2020, with the focus on *Access to Care, Improving Performance and Investing in our People*. Located in Southwestern Ontario, ESHC has a catchment area of approximately 48,000 residents. Our 58 bed acute care hospital annually serves over 31,000 ED visits, 300 births and 3,100 inpatient admissions per year (inclusive of level 2 ICU, rehabilitation and acute care).

With a renewed focus on quality and patient safety, we have undertaken the task of redefining our quality program. The 2018-19 QIP initiatives action plans and measured outcomes reflect this endeavour (see Engagement of Clinicians, Leadership and Staff for further details).

Significant challenges in the next year are, funding model changes, the sustainability of services, and access and flow of services through the community health care system (ex. Long Term Care). These 3 components will challenge our capacity to meet the needs of our patients and families in timely care - the right patient, in the right place at the right time.

Acknowledging this challenge, our community partners and residents support and work closely with us as we continue to invest in our talented people who's "outside the box" thinking continues to support our strategic plan.

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2018-2019)

2. Describe your organization's greatest QI achievements from the past year

Think of this as an opportunity to tell a story about a specific achievement that your organization is proud of - for example, last year we heard from a long-term care home who got their local community to assist with developing a music program for their residents. It should also not be merely a reiteration of the indicators you chose in your quality improvement plan - try to think of it as a "bright spot" that can be shared with other organizations. Consider including information about how patients/clients/residents were engaged or were impacted by this achievement. Have any of these focused on equity, mental health and addictions, palliative care, or mental health? Please provide as much detail as possible to help us understand the significance of this achievement to your organization and the patients/clients/residents you serve. For more ideas about stories, go to the [Query QIPs](#) to read examples from other organization's achievement section. Please also visit the QIP Navigator site to learn about other tools that may help.

Our 2017-18 Quality Improvement Plan/Priorities:

- 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?
- Coordinating care - Health Links referral
- Safe - Medication reconciliation upon admission
- Safe - Medication reconciliation on discharge
- Timely access to care - ED length of stay for complex patients

Progress of 2017-18 priorities:

- We will be reviewing our internal processes regarding discharge information to improve on this regarding patient information/education.
- Due to staffing challenges, the Health Links referral plan was initiated in November 2017, and will continue to identify those individuals who would benefit from this program in providing care at home and decreasing hospital admissions.
- We were successful in achieving the goal of > 90% in both medication reconciliation measures.
- Timely access to care for ED complex patients has improved slightly in the 3rd quarter in 2017-18 (8.68 to 8.1 hours- target of 9.48 hours).

ESHC will pursue strategies and intervention that will continue to improve our patient and family experience, both in the emergency department and on inpatient units.

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2018-2019)

3. Resident, Patient, Client Engagement and Relations

There is a spectrum of approaches for engaging patients / clients / residents, including sharing, consulting, deliberating, and collaborating with advisors. Describe how your organization has engaged your patients / clients / residents in the development and implementation of your Quality Improvement Plan and quality improvement activities over the past year. What do you have planned for the year ahead?

Our approach to the development of this year's QIP, was consultative and collaborative.

In review of 2017-18 QIP, we engaged the Physician Chair of Quality Committee, Chief of Staff, Board Quality Committee chair, community partner representative, staff and clinicians. We have reviewed our corporate quality/ safety/ utilization indicators, and patient experience feedback. This allowed us to reflect upon what we do well and how can we can continue to improve on providing quality, safe and equitable patient care. Further interactive discussion occurred with the prioritization of our QIP measures.

This year we plan to enhance our Patient/Family experience from a "doing for" to "doing with" model by establishing a Patient Family Advisory Council (PFAC). This PFAC will move us from the present "informing" phase of patient experience, to a more "consultative, involvement and partnership" discussions with our patients and families who choose ESHC for their health care needs.

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2018-2019)

4. Collaboration and Integration

Many of the indicators in the QIPs can only achieve large-scale improvement with collaboration with other partners. In this section, please describe who your organization is working with to improve integration and continuity of care as your patients move across the system. (For example, how you're working with other sectors to support transitions in care.) If you are part of a Health Link, consider describing how this fits into your quality improvement initiatives related to integration and continuity of care, specifically how you are supporting complex patients as they move across the system. Please provide information about specific partnerships and how they support your QIP and QI initiatives, as well as any successes that you attribute to these partnerships.

Connecting with and accessing our community resources is essential in supporting our patients as they transition through the health care system. We continue to identify and refer our patients to programs such as Health Links, Leamington Area Family Health Team (LAFHT), Home and Community Care Services, Hospice of Windsor/Essex County, in order to provide the best care plan for the community population group.

The opioid crisis in Ontario has a significant impact on the residents in the area. According to the Narcotic Monitoring System (2014/15), Erie St. Clair LHIN has the highest per population rate in Ontario of individually dispensed opioid prescriptions: >1859.1/ 10,000 residents (lowest Toronto Central LHIN at 0.0 ->1162.2).

This alarming trend in opioid prescription usage/access highlights the challenge our community faces in meeting the needs of the mental health addiction population living in our catchment area. We are focused on reviewing and improving our internal and external strategies and will continue to engage and connect with other community resources (such as CMHA, CHC, WRH, and HDMU).

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2018-2019)

5. Engagement of Clinicians, Leadership & Staff

Please describe how your organization is engaging your leadership, clinicians, and staff in your QIP. How does staff/clinician experience impact your quality improvement initiatives?

Throughout the year, we have engaged our physician leaders, staff and clinicians in care reviews and patient complaints with the goal of identifying root causes for quality improvement learning opportunities. These reviews led us to reflect on how our various committee structure could be improved.

Below is the Quality Framework that will enhance the reporting and accountability of various committees to provide the Board a comprehensive approach to quality and safety at ESHC.



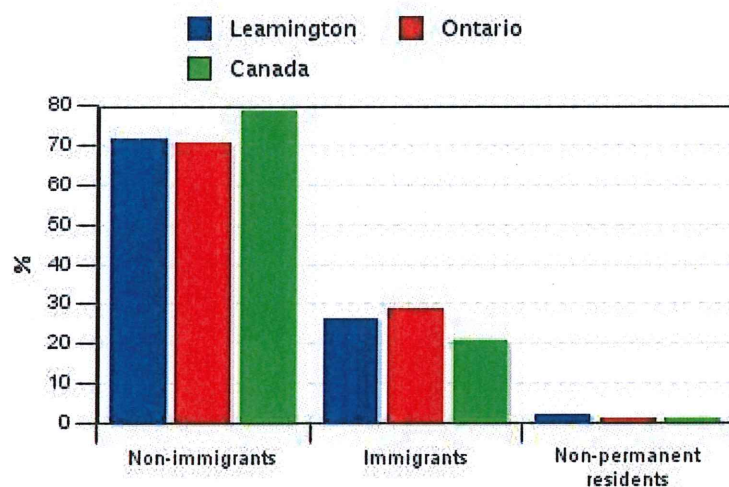
QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2018-2019)

6. Population Health and Equity Considerations

How has your organization addressed/recognized the needs of unique populations in its quality improvement efforts including, for example, indigenous and francophone communities? How has your organization worked to promote health equity through your quality improvement initiatives?

The cultural diversity in the region is evident as approximately 26% of the areas' population are identified as immigrants. (Stats Canada - 2016). Acknowledging the diverse population and cultural differences provides ESHC with continued opportunity to ensure that we provide equality in access to care.



Providing qualified interpreters and acknowledging differences in cultural belief is important to our organization to ensure equity in access to care. We will continue to provide discharge medication information by our Spanish speaking Pharmacy team members and in print for this specific population group.

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2018-2019)

7. Access to the Right Level of Care - Addressing ALC

Alternate Level of Care (ALC) refers to patients who no longer need treatment in a hospital, but who continue to occupy hospital beds as they wait to be discharged or transferred to another care environment. While the QIP has traditionally included an indicator related to this issue for the hospital sector, ALC is truly a cross-sector challenge. To reflect this and to learn more about what organizations across the system are doing to address ALC, please describe the work that your organization is doing to support ALC initiatives in your region and to ensure that patients have access to the right level of care

Recognizing the complex needs of our patients, we have reviewed our current processes for the designation of ALC. To reduce the ALC rate we will be conducting a self-assessment using the MOHLTC ALC leading practices tools. This will assist ESHC in identifying best practice initiatives that will avoid the ALC designation in the acute care setting.

Our staff work closely with the external partners in ensuring that all patients are provided the opportunity to return to their home setting, while awaiting placement in LTC facility.

Internal resources:

- Implementation of Mobilizing of Vulnerable Elderly in Ontario (MOVE ON) program in April 2018
 - uses an interprofessional approach that consists of early and consistent mobilization of older patients during their hospital stay which have shown to:
 - Decrease length of stay
 - Shorten duration of delirium
 - Improve return to independent functional status
 - Increase rates of discharge home
- Social Worker position - new March 2018
 - Provide support/access to external resources needed by the elderly to transition home
 - identification of Health Links patients in ED to prevent admission and transition home with appropriate services
- Rehabilitation team: (Physiotherapy, Occupational Therapy, Speech Language Pathologist, Dietitian)
- GEM nurse in ED

External resources:

- Home Community Services
- Hospice of Windsor/Essex County
- Retirement Homes
- Long Term Care Facilities

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2018-2019)

8. Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

Describe what steps your organization is taking to support the effective treatment of pain, including reviewing opioid prescribing practices and promoting alternatives to opioids. Think about access to addiction services, social services, (sub) populations, etc

The systems approach will enable ESHC to partner with our community partners to support this patient population.

The following are measures that will be implemented to address the addiction, and in some cases underlying mental health disorders in these individuals:

- a review of current pain medication order sets (ED and inpatient) to ensure that these orders align with evidence-based pain medication treatment
- implementation of evidence-based quality guidelines that outline appropriate medication/treatment intervention for patients presenting in ED with pain and/or addiction diagnosis
- Implementation of Psychiatric Assessment Nurse (PAN) in ED. This nurse will:
 - facilitate appropriate assessment and transfer to level 1 psychiatric facility when necessary
 - Make referrals to appropriate community partners (CMHA, Addictions Counselling, MHRU etc.)

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2018-2019)

9. Workplace Violence Prevention

Please describe how workplace violence prevention is a strategic priority for your organization. For example, is it included in your strategic plan or do you report on it to your board?

We will identify our current baseline data on the number/types of workplace violence incidents (WPV) in the 2018-19 QIP. Recognizing that WPV incidents are underreported, we will utilize the assessment tools and guidelines available from Public Services Health and Safety Association (PSHSA) to identify the risks and reduce workplace violence incidents.

The implementation of the RL6 incident reporting system in December 2017, has enabled us to better capture this information. Engagement of the staff and physicians to report violent incidents is crucial for us to support a “reporting culture” – learning from incident reporting to make changes in the organization.

Action plans will focus on:

- Identification of patients who are at risk of acting out
- risk mitigation – utilize interventions to reduce the risk of violent incidents
- education and training of staff to reduce number of violent incidents or injury that may occur

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2018-2019)

10. Performance Based Compensation –

As outlined in the Excellent Care for All Act, organizations are expected to strive for performance improvement in every aspect of implementation, including performance-based compensation. Our Quality Improvement Plan is approved by the Board Chair/Quality and ESHC Board of Directors and selected core measures linked to the following Executive compensation:

5% CEO

2%-CNE, CFO, COS, Director of Corporate Services, Director of Human Resources

| Quality Dimension | Objective | Outcome measure/Indicator | Current Performance 17/18 | Target 2018/19 | Weighting |
|-------------------|--|---|---------------------------|----------------|-----------|
| Effective | Reduce ED revisits for people experiencing Mental Health conditions within 30 days | Decrease repeat unscheduled Emergency Department visits within 30 days | 18.6% | 16% | 20% |
| Patient Centered | Increase patient experience in ED and inpatient units | Percentage of respondents who responded positively to the following question. "Would you recommend this ED to your friends and family?" | 39.9% | 43.3% | 10% |
| | | Percentage of respondents who responded positively to the following question. "Would you recommend this hospital to your friends and family?" | 58.7% | 64.6% | 10% |
| Timely | Decrease LOS for complex patients admitted/non-admitted CTAS 1-3 | 90 th percentile hours | 7.14 hours | 6.42 | 20% |
| Timely | Decrease LOS for Non-admitted patients CTAS 4, 5 | 90 th percentile hours | 4.78 | 4.0 | 20% |
| Safety | Increase medication safety at discharge | Medication reconciliation at discharge | 90% | 98% | 20% |

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2018-2019)

Contact Information

We encourage organizations to learn from each other and to work together on their quality improvement activities. If you are open to having another organization contact you to learn more about the activities described in your QIP, please include your name and contact information. Please note that this is optional and that anything included in this field will be publicly posted along with your QIP.

Erie Shores HealthCare
194 Talbot St. W
Leamington, ON
N8H 1N9
(519) 326-2373

<http://www.erieshoreshealthcare.ca/>

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

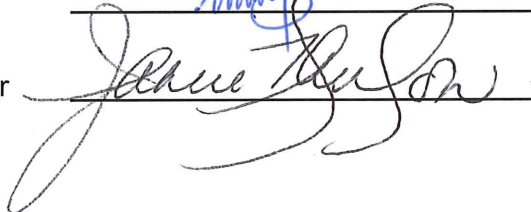
Tyler Chadwick, Board Chair


_____ (signature)

Matt Snoei, Quality Committee Chair


_____ (signature)

Janice Dawson, Chief Executive Officer


_____ (signature)