

Let's Make Healthy
Change Happen.



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



12/8/2017

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.

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[Click here to enter text.](#)**Overview**

Following an extensive consultation process with GBGH staff, physicians, volunteers, patients and families and local community members, Georgian Bay General Hospital (GBGH) will proudly introduce our new Strategic Plan in early 2018.

Our strategic direction and objectives are defined by three main pillars; Engagement & Inclusiveness, Quality & Safety, and Accountability & Sustainability.

This annual Quality Improvement Plan represents our formal, public commitment to fulfilling these objectives and is a demonstration of how we incorporate our mission, vision and values into our care and service delivery.

Our 2018-19 Quality Improvement Pledge to our patients and families is focused on providing safe, effective and efficient care transitions. Transitions in care occur any time a patient moves from one healthcare setting to another or to home.

Our 2018-19 Quality Improvement Pledge

- **Discharge communications**
 - Within 48 hours of your discharge from GBGH we will ensure that a description of your hospital stay including recommended action steps reaches your local/family care provider(s).
 - We will ensure you receive enough information about what to do if you were worried about your condition or treatment after you left our hospital.
- **COPD re-admissions**
 - We will prevent unnecessary re-hospitalization for our patients with Chronic Obstructive Pulmonary Disease by improving coordination of services between care settings.
- **Medication reconciliation**

We will keep you safe by comparing your up-to-date complete list of medication that you take at home versus medications ordered during your hospital stay.
- **Workplace Safety**
 - We will make our workplace safer, reduce incidents of violence and improve workplace safety culture by making workplace violence prevention a priority.

The following key inputs were used in the preparation of this 2018-19 plan:

Health Quality Ontario guidance documents and the Common Quality Agenda
North Simcoe Muskoka Local Health Integration Network (NSM LHIN) priorities
Legislative requirements (Hospital Service Accountability Agreement (H-SAA))
GBGH performance on 2017-18 Quality Improvement Plan initiatives
Performance trends – Quality and Safety Scorecards and performance against peer benchmarks
Patient and family experience feedback
Consultation with GBGH Patient and Family Advisory Council
Input from hospital leadership and credentialed staff

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

Health Links

Health Links is an integrated approach to patient care that creates seamless care coordination for patients living with chronic conditions and complex needs. This coordinated approach brings health care providers together to share information and coordinate services.

GBGH has fostered a strong partnership with the North Simcoe Health Link and has significantly improved care for the high users of healthcare services at the hospital. In a Health Link presentation to the GBGH Board of Directors highlighted a 39.3% decrease in ER visits and a 63.7% decrease in inpatient stays from pre to post Health Link coordinated care.

This partnership and the outcomes for Health Links clients have been shared and highlighted both provincially and internationally. Our next step is to actively participate in building a spread and sustainability plan to ensure this type of approach within our region continues to meet the needs of its recipients.

Patient Oriented Discharge Summary

GBGH is proud to be one of 27 hospitals from across Ontario to participate in a joint project supported by the ARTIC (Adopting Research to Improve Care) Program and Health Quality Ontario. The project is designed to support hospitals in implementing a new tool to help patients better manage their own care once discharged from hospital. This new tool - the Patient Oriented Discharge Summary (PODS) - provides patients with easy to understand instructions upon discharge and includes information about when to take medications, what symptoms to be concerned about and when to see your doctor next.

The PODS tool was developed in consultation with our Patient and Family Advisory Council to ensure that it meets the needs of patients and families at the time of discharge when they transition back to the community.

In 2017-18 staff from our hospital transformation office have been working with hospital staff, physicians and patients to introduce the tool to GBGH. Because the summary was developed with patients, it highlights what is important to our patients from their perspective. The Patient Oriented Discharge Summary (PODS) has been very well received by our patients.

In addition to providing our patients with this patient-friendly discharge summary we have been focused on improving the discharge process for our patients. Coordinating a complete and timely discharge requires a team of health professionals to work together. Each has important discharge information for our patients. To facilitate this process, we are working at integrating a Safe Discharge Checklist into our electronic medical record to standardize and simplify the discharge process. We have made significant process improvements and interprofessional team members report satisfaction with new and improved discharge initiatives.

Implementation of Electronic Patient Experience Surveying

In 2017-18 GBGH transitioned from paper-based post discharge patient experience surveys to an electronic survey administered at discharge in real-time by GBGH volunteers. This move to real time electronic surveying has allowed us to:

- Reach out to survey respondents immediately to rectify less than optimal experiences
- Improve response rates as opposed to a survey they receive after discharge (by mail)
- Increase sample size to validate feedback
- Act on emerging trends before they escalate to larger problems
- Identify root causes and prioritize improvement efforts

Post Op Phone Calls

GBGH's surgery team is conducting post-op discharge phone calls with patients to gather feedback to improve the quality of care and patient experience in the surgical program. The most recent phone call report (April – Nov 2017) indicated the surgical nursing team contacted 98.6 per cent of patients and spoke to 65.8 per cent.

ED Return Visits Program

In 2015, Ontario introduced the Emergency department (ED) Return Visit Program for hospitals to measure the number of patients returning to EDs across the province. There are two factors measured in the program. The first is the number of patients who return within 72 hours of discharge from their initial ED non-admit visit to any hospital, and require admission to the hospital. The other type of return visit measured is the number of patients who return to any ED within seven days of discharge from an initial non-admit ED visit with a sentinel diagnosis (intracranial bleed, pediatric sepsis or heart attack).

GBGH's most recent data (2016 data reviewed during 2017) indicates the hospital is doing well in other areas measured for return visits.

- GBGH had the lowest return rate - 0.38 per 1,000 visits - for patients with a sentinel diagnosis
 - The LHIN average was 0.55 per 1,000 visits
 - The provincial average was 0.40 per 1,000 visits
- GBGH was among the lowest in the LHIN, below the LHIN average and well below the provincial average for return visits within 72 hours with a score of 8.62 per 1,000 visits
 - The LHIN average is 9.48 per 1,000 visits
 - The provincial average is 10.29 per 1,000 visits

ED Return Visit Program results are signed by the CEO and sent to Health Quality Ontario.

Resident, Patient, Client Engagement and Relations

Patient and Family Advisory Committee

GBGH held its inaugural Patient and Family Advisory Committee (PFAC) meeting on April 26, 2017. Through the PFAC, GBGH can gather unique perspectives about the interest of patients and families. Our PFAC offers a formal way in which patients and family members can contribute to the success of the hospital in the best interests of patients. Contributions include.

- Providing the perspective of patients and their families on the planning, delivery and evaluation of care to identify gaps
- Contributing to the understanding and improvement of the patient and family experience
- Providing input on policy and program development which impact service delivery for patients and families

In January of 2018, the PFAC was presented with an overview of the 2018/19 QIP, and a review of progress to improvement goals for initiatives undertaken in 2017/18. The PFAC will be involved in developing a communication strategy to make this publically reported plan more meaningful and visible to the patients and families we serve.

Improved Incident Management System – Compliments and Complaints

In October 2017, our existing manual incident reporting system was replaced with an electronic incident management system. This new electronic system standardizes reporting processes and provides more timely, accurate and thorough patient and family feedback.

GBGH is expanding its patient relations service by making an investment in a full-time Patient Relations Coordinator position. This investment will ensure seamless, timely responsiveness to patient and family complaints. As part of our commitment to optimize the delivery of Francophone services for our community and in alignment with our French language partial designation, we are planning for this role to become bilingual.

Collaboration and Integration

Integration and Collaboration

In 2017-18 the North Simcoe sub-geography of the LHIN formalized a shared goal of preventing the re-hospitalization of patients with Chronic Obstructive Pulmonary Disease (COPD) through the development of its first sub-regional QIP for the indicator of 30 day readmission for COPD. Partners in this collaboration include NSM LHIN Home and Community Care, NSM Hospice Palliative Care Network, Wendat, Waypoint Centre for Mental Health Care, North Simcoe Community Health Link, Long Term Care, North Simcoe Family Health Team, CSC Chigamik, Georgian Bay General Hospital (GBGH) and Health Quality Ontario. Through our collective efforts, we have achieved a significant reduction in the number of COPD patients re-admitted to hospital. The collaborative is committed to sustaining these improvements in 2018-19.

Recognizing that poverty, housing and mental health are among the most significant issues in the North Simcoe sub-geography for our high users of health services, in 2018-19 this group will expand its focus to supporting strong transitions for our mental health patient population.

Our 2018-19 focus will be on:

- Expanding our stakeholder group
- Addressing gaps in local access to specialized psychogeriatric services
- Exploring challenges with access to affordable housing
- Facilitating adolescent mental health patient assessment and intervention

Bundled Care Funding Regional Committee

Bundled Care Funding: GBGH is participating in regional committees to work on submissions for new “bundled-care” funding opportunities (Hip and Knee). Increased funds available for rehab service provision (e.g. inpatient, outpatient, and group setting). This new model is anticipated to be released in a number of our current QBPs (e.g. stroke) and may be an opportunity for GBGH to partner differently with regional acute care partners, not necessarily as the acute services lead site (surgical site), but rather the rehab, post-acute management site

Regional Collaboration

- Participation and planning with regional partners on Surge planning; we anticipate capacity will be challenged during current influenza season across the province and within our LHIN and sub-geography.
- Regional Risk Management collaborations have resulted in standardized policy templates related to the management of critical incidents, disclosure, joint reviews, and terms of reference for Quality of Care Committees.
- The Inter-disciplinary stroke working group met in September to discuss improvement opportunities across the stroke continuum. Seven team members have volunteered to participate in a free e-learning program offered through the Central East Stroke Network.

Provincial Collaboration - Linking Quality to Funding (LQ2F) Pilot Project

In 2018-19 Ontario hospitals will participate in a one-year pilot project to test an approach that would link funding to outcomes of care that matter to patients.

This pilot is an important step to advance the Hospital Specific Funding Reform (HSFR) goal of achieving better quality care and improved outcomes and supports the implementation of *Patients First Action Plan for Health Care*.

At GBGH we will continue to align our quality improvement agenda to maximize success with this new type of funding. The pilot project is focused on 5 pilot indicators.

	LQ2F Pilot Indicators	GBGH 18-19 Quality Improvement Initiatives
1	Did you feel there was good communication about your care between doctors, nurses and other hospital staff	<ul style="list-style-type: none"> • NRC inpatient surveys • Discharge summaries to primary care providers within 48 hours
2	Before you left hospital did you have a clear understanding about all of our prescribed medications	<ul style="list-style-type: none"> • Medication Reconciliation at Admission, discharge & transfer • Pharmacist participation in Care Rounds • Patient Oriented Discharge Summary
3	Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left hospital?	<ul style="list-style-type: none"> • Patient Oriented Discharge Summary (PODS) • Patient & Family Advisory Council input on design and layout of PODS tool.
4	Medication Reconciliation at Discharge	<ul style="list-style-type: none"> • Medication Reconciliation at Discharge
5	Readmission within 30 days for selected conditions, CHF, COPD, pneumonia, diabetes, stroke and gastrointestinal disease	<ul style="list-style-type: none"> • NSM LHIN collaborative QIP – reducing COPD readmissions • New Role – Manager of System Navigation • Discharge Summary Checklist

GBGH Nurse Practitioner Clinic

When GBGH opened the Nurse Practitioner Clinic in 2002, it was intended to provide temporary care and help clients transition to a permanent primary care provider in the community. Fortunately for patients, our community has welcomed many new physicians in the past several years. Through our discussions with the LHIN, they agreed there are still important benefits to keeping the clinic operating. Some of these include:

- Keeping patients out of the Emergency department (ED) - patients have consistent monitoring of their health, enabling more serious issues to be caught before a visit to the ED is needed.
- Improves timely discharges - physicians may be hesitant to discharge patients knowing they don't have a family physician to provide follow-up care - the NP Clinic is available to provide this care, reducing their chance of re-admission to the hospital.
- Continuing to work with the community to transition patients to family physicians, freeing up space on the NP Clinic patient roster.
- Appealing to physicians considering establishing a practice in our community because there is an identified pool of patients in need of a family doctor.

OBS/Gyne Partnership with OSMH

GBGH has partnered with other organizations to provide better service to our community, including partnering with OSMH to grow a low-risk birthing program and a gynecological clinic at GBGH. The Gynecology Clinic opened at GBGH in October 2017 and provides care for up to 20 women every other Monday, significantly improving access to gynecology services for women in the communities GBGH serves. Two OSMH physicians lead the clinic which provides consultations and surgical procedures.

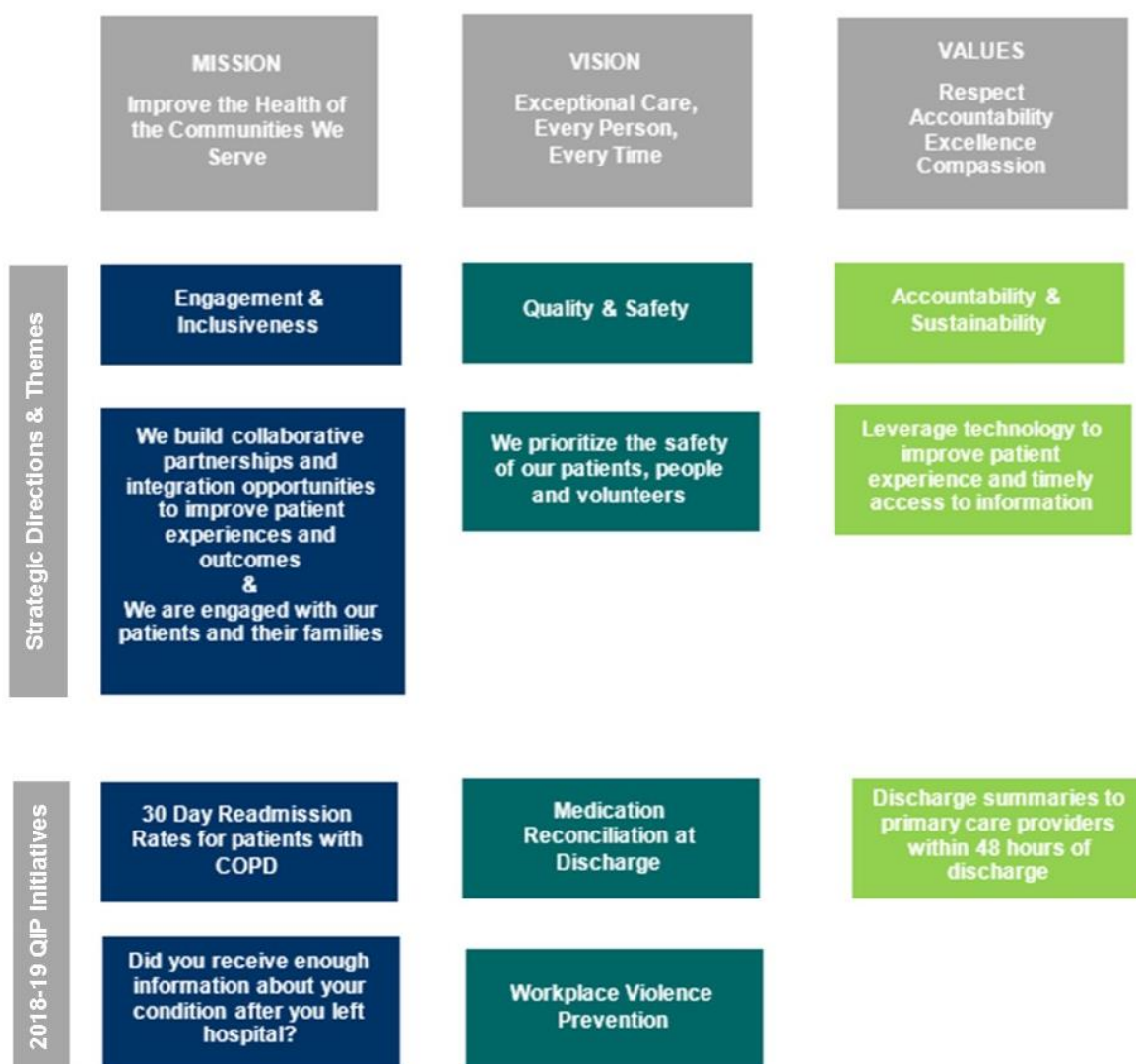
To manage the birthing partnership, a shared Manager and Professional Practice Leader (Educator) have been hired, as has a full roster of nurses for Obstetrics. Equipment is being purchased and an extensive training plan is in development.

Engagement of Clinicians, Leadership & Staff

At GBGH, quality is a shared responsibility across the organization. This is evidenced by the engagement of leaders and staff in the development of the annual QIP. GBGH has selected five indicators to focus on in the 2018/19 improvement plan. The development and implementation of each indicator's quality improvement plan is lead/co-lead by leaders across the organization. This provides the opportunity to engage clinicians, leadership and staff in the development of key organizational priorities.

Strategic Plan Re-refresh

Our newly introduced 2018-2022 Strategic Plan is defined by three main strategic directions - Engagement & Inclusiveness, Quality & Safety, and Accountability & Sustainability. As illustrated below, our 2018/19 QIP priorities align with many of the strategic directions and objectives of the organization. This demonstrated alignment will enable clinicians and staff at all levels of the organization to clearly see how this work contributes to a shared vision and strategy.



Population Health and Equity Considerations

The North Simcoe sub-region of the LHIN is characterized by significant need for services due to poor socioeconomic determinants of health.

Among the sub-geographies in the North Simcoe Muskoka LHIN:

- We have the highest percentage of population living below the low-income cut-off at 8.1% (we are well-above the LHIN average of 6.8%)
- We have the highest percentage of population without an educational certificate, degree or diploma
- The second highest density of mentally ill people in Ontario (ODSB);
- The average household income in our catchment area is well below the provincial average

We experience a high rate of chronic disease, mental illness, an aging population, and a significant demand for palliative and end of life care.

Within the sub-geographies of our LHIN, North Simcoe has the largest First Nations, Metis and Inuit (FMNI) population at 11.1% of our population. Other sub-geographies range between 1.0 and 4.2% of their population. The FNMI population accounts for 9.1% of total Emergency Department visits.

GBGH is an active partner with the Beausoleil Island Health Team, Chigamik and the Georgian Bay Native Women's Association. Due to the latter partnership, GBGH employs an Indigenous Patient Navigator. This program will continue with funding being identified from the Beausoleil First Nation. To date, the results indicate this program has a significant impact for patients.

There are approximately 12,000 Francophone individuals living in North Simcoe and the majority reside within our catchment area. Penetanguishene and Tiny Township are two of the three designated francophone municipalities in Simcoe County. In September 2017, GBGH was granted its French Language Partial Designation. This designation is important for the hospital. We are committed to maintaining this designation and expanding the provision of bilingual services at GBGH.

Access to the Right Level of Care - Addressing ALC

Improving access and connecting patients to the right level of care is a key priority for GBGH.

Our 2018-19 Quality Improvement Pledge to our patients and families is focused on providing safe, effective and efficient care transitions. Transitions in care occur any time a patient moves from one healthcare setting to another or to home.

A comprehensive analysis within the NSM LHIN was conducted in 2015-2016 to develop a regional ALC Strategy. An ALC Steering Committee was established to govern the implementation of 24 recommendations identified in the regional ALC strategy. GBGH is committed to aligning our practices and policies with the NSM LHIN by adopting recommendations using a staged implementation approach. In 2017-18 GBGH adopted the NSM LHIN ALC Designation Policy to support a standardized approach to ALC.

Surge beds

In the fall of 2017, GBGH received funding to open seven surge/flex beds (four opened November 15, three opened December 1) to help alleviate some capacity challenges. Early activity reports since opening the beds indicate they have had some positive impact on easing overcapacity. In February 2018 the Ministry of Long Term Care and Health announced it will extend surge bed funding into 2018-19.

Patient Flow Manager and Patient Flow Navigators (PFN)

In February 2018, GBGH created a new Patient Flow Manager position. The manager in this new role is responsible for the day to day activity of patient flow and repatriation and to lead the Patient Flow Navigators, Aboriginal Patient Navigator, Social Workers, Falls Prevention and Nursing Float Pool.

A seven day per week Patient Flow Navigator (PFN) scheduling model was implemented effective April 1, 2017. The team is in the midst of piloting standardized communication practices aimed at ensuring continuity of service through staff transitions. The patient feedback received to date has been very positive – the weekend staffing has proven to be very productive in transitioning patients to the appropriate level of care sooner.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

The North Simcoe Muskoka LHIN and the Simcoe Muskoka Public Health Unit are jointly leading a multi-sector collaborative effort to create a regional, comprehensive opioid strategy inclusive of prevention, harm reduction, treatment and enforcement.

This “pillared” approach is underpinned by the development of a strong surveillance system. This work has included a high level gap analysis and the development of pillar action plans to improve collaboration and prioritization of efforts in the short and long term.

At GBGH our Performance Excellence Committee is committed to systematic, ongoing, physician-led opioid overdose chart reviews. These chart reviews are integral to understanding the scope and nature of the problem in our community. The chart reviews enable us to understand our unique local context to ensure that we are able to formulate an effective response for our population.

Workplace Violence Prevention

In GBGH's 2018-2022 Strategic Plan – Workplace Violence Prevention is a priority under our Quality & Safety strategic direction. We prioritize the safety of our patients, people and volunteers, and will work to improve safety and well-being at work.

In 2018-19 our organization will look beyond the number of incidents reported to truly understand the types of incidents being reported and the current state of workplace violence within our organization. This will be a year of standardizing data collection methods and ensuring data quality. This data will be shared across the organization.

To ensure we are reducing the incidence of workplace violence at GBGH, the hospital has included four initiatives in its 2018-19 QIP:

- Non-violent crisis intervention education for staff and physicians
- Maximizing capability of electronic incident management system to capture workplace violence events
- Engaging and educating the public about their role in workplace violence prevention and hospital expectations for a workplace that is free of violence
- Increased Security to two workers 24/7

Performance-Based Compensation

As per the Excellent Care For All Act (ECFAA), a portion of designated executives' compensation is tied to QIP performance. The CEO and other designated executives as described in Broader Public Sector Executive Compensation Act (BPSECA) and the Executive Compensation Framework Regulation will have 3% of their total compensation tied to the achievement of agreed upon QIP performance targets.

For the 2018-19 fiscal year a comprehensive performance focused Accountability Agreement is being developed for the CEO in collaboration with the Board. QIP performance will be an integrated part of the Accountability Agreement framework and will be prepared for the following Designated Executives positions once GBGH compensation framework has been approved by the MOHLTC and the Treasury Board:

- President & CEO
- Vice President Patient Services & CNE
- Vice President Corporate Services & CFO
- Vice President Human Resources & Organizational Development
- Chief Quality & Performance Officer

Performance indicators and targets (including QIP) will be agreed upon at the beginning of the fiscal year by the Board and the CEO. Performance results will be reported regularly to the Board and a formal review of both CEO and Designated Executive performance will be conducted at the end of the fiscal year by the Board and CEO respectively.

The Board Chair will sign-off on the QIP results achieved and will authorize the performance compensation tied to QIP performance to be paid to the CEO and the other Designated Executives.

Contact Information

Other

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 Yes, I have reviewed (signature)

Quality Committee Chair Yes, I have reviewed (signature)

Chief Executive Officer Yes, I have reviewed (signature)

Other leadership as appropriate Senior Team and Board have approved (signature)