

Let's Make Healthy
Change Happen.



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



2/11/2019

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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Overview

2018-19 marked the launch of a new five year strategic plan at Georgian Bay General Hospital. Our strategic plan and our annual Quality Improvement Plan are designed to be mutually reinforcing. Each of our quality improvement initiatives support at least one of our three strategic plan themes, engagement and inclusiveness, quality and safety and accountability and sustainability.

This annual Quality Improvement Plan (QIP) represents our formal, public commitment to continually improving the quality and safety of the care and service we deliver. By aligning our QIP initiatives under our strategic themes, we outline how they contribute to GBGH's overall strategy and relate to our mission, vision and values.

Driving Outcomes

In 2018-19 we successfully achieved established targets on 3 of our 4 quality outcome measures. We also achieved a 19% increase in the percentage of patients surveyed who responded positively to the question “did you receive enough information about what to do if you were worried about your condition or treatment after you left hospital”

Patient and Family Engagement

Georgian Bay General Hospital is very proud of the improvements we have made in 2018-19 to truly put the patient at the centre of our care and service delivery. We have accomplished this through the implementation of an evidence based Patient Relations Framework and providing dedicated resources to establish a Patient Relations Coordinator position. By focusing on supporting and growing our Patient and Family Council (PFAC) we are moving from informing our council of quality initiatives at GBGH to truly engaging our PFAC in quality improvement initiatives.

Measuring for Success

Our annual QIP is one way we engage our Board of Directors, senior leaders, clinicians, staff, cross sector partners and patients in quality improvement initiatives at GBGH. Improvements made to our quality improvement reporting tools and reporting methods have enabled us to focus on identifying improvement gaps, removing barriers and supporting improvement from the Board to the bedside. Year over year improvements in how we use data and standardized measurement tools to drive outcomes has enabled our success.

Our 2019-20 Quality Improvement Pledge

Creating a strong culture of continuous quality improvement by using the experiences, perspectives and needs of our patients and their caregivers to achieve our stated 2019-20 Quality Improvement Plan goals.

Ensuring Workplace Safety

We will make our workplace safer, reduce incidents of violence and improve workplace safety culture by making workplace violence prevention a priority.

Reducing Time Spent in Emergency Department

Work in collaboration with patients, families and care providers to optimize patient flow, improving how quickly patients admitted from the Emergency Department are placed in an inpatient bed.

Medication Safety

Care teams, patients and families work together to ensure an up-to-date, complete list of medications a patient takes home, includes any new medications ordered during the hospital stay.

Discharge Communications

We ensure you receive enough information to know what to do if worried about your condition or treatment after you left our hospital.

The following key inputs were used in the preparation of this 2019-20 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 2018-19 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 achievement from the past year

Discharge Communications

Leaving hospital can be stressful for patients and their families. This stress can make it difficult to remember instructions from hospital staff. Information about when to take medications, what symptoms to look out for and when to schedule follow up appointments can be a blur. To support our patients and families to manage their care after a hospital stay, GBGH focused our quality improvement efforts on two communication tools, the Patient Oriented Discharge Summary (PODS) and the Best Possible Medication Discharge Plan.

In 2017 GBGH implemented the Patient Oriented Discharge Summary. This tool was co-created with patients and provides easy to understand and easy to follow discharge information. Since its introduction, care teams and patient have had input into the continual improvement of this discharge summary tool. In 2018-19 we were successful in spreading the use of the improved tool to thousands of patients discharged from GBGH.

Medication Reconciliation

Medication safety is an important part of GBGH's overall commitment to quality and safety. Medication reconciliation is a process in which the patient's care team works together with the patient and family to ensure:

- An accurate and complete list of medications is collected when patients are admitted to hospital
- The list of medications is used to order medications during the hospital stay
- All changes are clearly communicated when patients are transferred or discharged home

For the past several years a multi-disciplinary team has been focused on implementing a high quality, consistent process for medication reconciliation at GBGH. We are proud to report, based on 2018-19 audit results, 93% of patients discharged from two acute medicine units received a Best Possible Medication Discharge Plan.

Other QI Achievements

The third and final phase of GBGH's Emergency Department (ED) redevelopment reached completion. GBGH patients and families provided input into how care is delivered in this new space. Renovations have nearly doubled the size and include new trauma, treatment and specialized examination rooms. We can now ensure that our patients arriving by ambulance will be offloaded indoors. As well, the special children's play area in the waiting room has improved the experience for our children and parents.

Good communication is integral to providing safe, high quality care. At GBGH we use a recognized, national patient survey tool to determine how our patient's rate the quality of our communication with them as they transition to home or another care facility. In 2018-19 the percentage of patients surveyed who responded positively to the survey question, "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?" increased from 66.44% to 79.0%.

Patient / Client / Resident Relations and Partnerships

The addition of a dedicated Patient Relations Coordinator at GBGH has greatly enhanced our ability to promote and support patient and family centred care, and to develop positive relationships with our patients and families. The Patient Relations Coordinator:

- Advocates on behalf of our patients and families
- Facilitates resolutions to individual complaints in a comprehensive, transparent, and impartial manner
- Works with our patients and families to reach common goals and reasonable resolutions

Patient Relations Program Highlights – 2018-19

- Patient Experience & Family Centred Care – Education sessions provided to Board of Directors
- Inclusion of patient stories at all quarterly Board Quality Committee meetings
- Monthly staff patient experience education provided in the GBGH Pulse newsletter and at GBGH Matters (informal town hall sessions)
- Creation and roll out of the 24/7 Family Presence Policy
- Re-design of GBGH website to include Patient Relations page
- Actively recruit, orientate and support for our Patient and Family Advisors
- Update to Patient Feedback Policy

What's ahead in 2019-20?

- Celebration of the first annual Patient Experience Week at GBGH – April 2019
- Patient Relations Coordinator will lead in the roll out of the Warm Welcome* and Fond Farewell patient experience initiatives.

** The Warm Welcome program helps patients understand what to expect when first arriving at hospital. GBGH volunteers assist patients by answering questions about such things as, parking, TV, ordering food, keeping belongings safe, etc.*

The Fond Farewell program connects volunteers and patients prior to discharge from hospital to provide information.

GBGH is incredibly fortunate to partner with 185 dedicated volunteers to deliver quality, compassionate care. From serving coffee and ringing in purchases from the gift shop to directing patients and visitors, our volunteers are actively involved with helping patients with registrations, assisting patients at meal times and assisting with the Patients in Motion program. Our volunteers are truly an essential part of the GBGH team.

Recognizing and meeting the unique needs of the First Nations Metis and Inuit (FNMI) in our region is a priority at GBGH. Our hospital and Beausoleil First Nation have partnered to fund an Indigenous Patient Navigator role for the hospital and our community. The goal of the Indigenous Patient Navigator is to support improved access to healthcare through navigation, case management and referrals to community health services. Raising awareness among GBGH staff, credentialed staff and volunteers about the cultural needs of indigenous patients is another important function of this role.

At GBGH we are very proud of our Partial French Language designation, it is an important part of our hospital's identity. In September 2018, GBGH participated in a French Language Forum as part of a panel discussion on offering partial French language services at our hospital. GBGH is the only hospital in our region to have a Partial French Language Services designation and we are committed to continuously improving the scope of the French language services we provide.

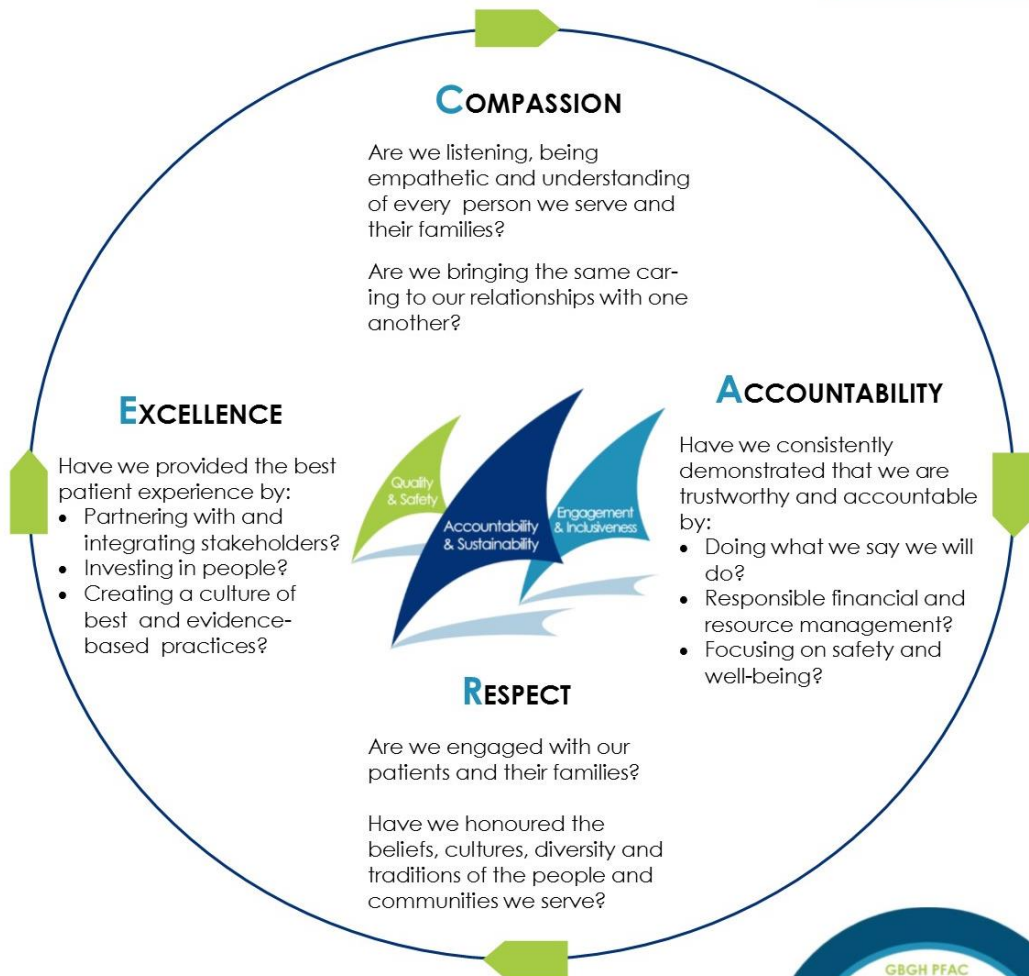
Our Values Compass

In 2018, GBGH developed its Values Compass to help guide decision-making at the hospital while always keeping in mind the needs and requests of patients and families. The compass was designed in consultation with the hospital's Patient & Family Advisory Council and has received their endorsement.



OUR VALUES COMPASS

All things considered



**GBGH Values =
C.A.R.E.**



Workplace Violence Prevention

GBGH 2018-2023 Strategic Plan

Workplace Violence Prevention is a stated 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 focus was on understanding the number and the nature of workplace violence incidents occurring at GBGH. In keeping with our commitment to ensure a safe, healthy respectful environment for patients, staff and volunteers, GBGH supplied personal safety alarms for all staff, professional staff and volunteers. When activated, these alarms alert others about a potentially violent situation.

In 2019-20, we will focus on evaluating our workplace violence prevention program to ensure that it functions efficiently and effectively. We will focus on evaluating and improving:

- The functioning of the GBGH Joint Health and Safety Committee
- The safety culture at GBGH
- The psychological health and safety of GBGH staff
- The current workplace violence cascading quarterly reporting system.

Collaboration and Integration

Complex health system priorities like access and timely transitions cannot be addressed without the combined efforts of cross sector partners. To support effective, patient centred transitions in the North Simcoe sub-region, we must first ensure partners are aligned with a common purpose, language and shared accountability to a multi-year quality improvement plan. This includes the development of a planning schedule, metrics, and the coordination of cross sector synergistic processes to drive improvements.

2019-20 Collaborative QIP Proposal

In 2019-20, GBGH will take the lead in establishing a collaborative QIP partnership with a shared goal of improving the care of socially and geographically isolated seniors in the North Simcoe Muskoka (NSM) sub-region. The first year of this multi-year collaborative will focus on developing a shared understanding of care and services currently delivered in the NSM sub-region, performing a gap analysis/needs assessment, and developing a shared, multi-year work plan in alignment with the North Simcoe Muskoka sub-region planning table goals and objectives.

Executive Compensation

In accordance with 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 have 3% of their total compensation at risk tied to the achievement of agreed upon QIP performance targets.

At the beginning of the year an Accountability Agreement is prepared by the CEO and approved by the Board. QIP performance for the 2019-20 fiscal year will be an integrated part of the Accountability Agreement which will also be prepared for the following Designated Executives positions in accordance with the approved compensation framework:

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

Performance targets (including QIP) are agreed upon at the beginning of the fiscal year. 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 and will authorize any pay at risk compensation tied to QIP performance to be paid to the CEO and the other Designated Executives for achieving QIP targets.

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 _____ (signature)

Board Quality Committee Chair _____ (signature)

Chief Executive Officer _____ (signature)

Other leadership as appropriate _____ (signature)