

Let's Make Healthy
Change Happen.



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



3/29/2017

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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Overview

The 16/17 QIP year continued to be a challenging one for GBGH. As an organization, tremendous energy was devoted to addressing the 108 recommendations from the organization's 15/16 Operational Review. One of the more significant recommendations focused on closing our Obstetrical program. However based on extensive internal and external consultations and through the support of the Ministry of Health and Long Term Care (MOHLTC) GBGH will be proceeding with a Shared Services Clinical Project with our LHIN partner hospital Orillia Soldiers Memorial (OSMH). The goal of this project is an integrated and safe birthing program to meet the needs of our community that will target providing low risk birthing services at GBGH and facilitating the provision of higher risk birthing services at OSMH.

During this past year, we were able to successfully meet a number (3/7) of our QIP targets. The organization noted a challenge with respect to the timeliness of data for which the QIP indicators were measured. In particular, the data populated for select indicators did not provide a real-time picture of performance due to delayed reporting periods. Although, we acknowledge there is much work to be completed during the 17/18 QIP year, we believe we are poised for great momentum; we have built a solid plan that will help facilitate forward movement in existing indicators such as re-admission rates for COPD patients, total number of ALC days and medication reconciliation at discharge.

In addition, the goal this year will be to complete foundational work to help mobilize improvements in 18/19 within three key priority areas:

- Discharge summaries sent within 48 hours of discharge to primary care provider;
- Medication reconciliation at discharge;
- Palliative care patients discharged home with supports and end of life care provided in the patient's preferred place of death.

This year, GBGH is strongly focused on strengthening collaboration with LHIN community partners. Our objective is to build capacity in the community and strengthen services provided to our patients. We have already begun work with our partners and we have a plan to support continuous engagement throughout the year. Our vision includes creating mechanisms that facilitate and support the use of shared data to help inform decision making at the community level. Our goal this year is to work collectively through shared initiatives in order to align our approaches to care provision, enhance supports to patients in our community, optimize safe transitions across the continuum, and ultimately improve the patient experience.

Patient and Family Centered Care (PFCC) will be another key strategic priority this year as we embark upon engaging our patients in a formalized way through the establishment of a Patient and Family Advisory Council. GBGH has been successful in sustaining the Aboriginal Patient Navigator role for the upcoming 17/18 fiscal year and we will continue to integrate this role into our processes to better meet the needs of our indigenous clients. We are planning to continue educating our internal stakeholders and our community on this unique role and the incumbent will be an integral resource in supporting the implementation of Patient and Family Centered Care at GBGH.

QI Achievements From the Past Year

GBGH was recognized by Health Quality Ontario (HQO) for our partnership with our local Health Link and received an Award of Distinction for our abstract submission. This presentation was titled: "Together We Are Better through Partnerships to Improve Quality" and highlighted our achievements in effecting change for our high user population (decreased ED visits, readmissions, etc.).

As an organization, our greatest quality improvement achievements during the 16/17 QIP year have been realized in the Medication Reconciliation at time of Admission indicator and the Emergency Department Length of Stay (LOS) for Admitted Patients indicator performance. Although, further improvement in these areas was noted to be a projected challenge at the beginning of the 16/17 QIP year, GBGH has been successful in achieving sustained improvements; this highlights our continued commitment to timely access to safe care. Our biggest challenge for 17/18 centers around moving the organization forward with improvement in the Medication Reconciliation at time of discharge indicator and the percentage of patients discharged from hospital for which discharge summaries are delivered to primary care providers within 48 hours of discharge. The organizational energy invested this coming year on timely access to discharge summaries will be focused on foundational work aimed at facilitating an in-depth understanding of our processes and preparing the organization for further improvement in this indicator during the 18/19 QIP year. The Medication Reconciliation at time of discharge indicator will require the organization to change our processes to a 24 hour cMAR and require intensive partnership with our LHIN Meditech acute care facility(RVH). Both of these priorities have been recently supported in an internal operational pharmacy program review and will enable forward movement on a number of initiatives to support safer medication management practices at GBGH.

Population Health

From a population health perspective, the Midland area sub LHIN region experiences a high rate of chronic disease, an aging population, and a significant demand for palliative and end of life care. GBGH has worked with our community partners to define key priorities for collaborative action. The priorities include the care and services provided to our COPD patient population. This includes initiating earlier referrals to Health Links and CCAC, strengthening ED admission avoidance processes, optimizing the telehomecare program, pilot testing the Patient Orientated Discharge Summary (PODS) on the COPD patient cohort; this initiative will include representation from our local community Family Health team. Additionally, we will be working with our community partners to ensure palliative patients are supported to palliate at home or receive end of life care in their preferred place of death. The focus for palliative patients will also include the initiation of earlier referrals to CCAC, Health Link and the Palliative Care Network and will include optimizing care for end stage COPD patients. This focus includes GBGH supporting a recent Expression of Interest for Tele Palliative Care by our local Palliative Care Network which will increase our ability to provide our patients with services that surround them post hospital and strengthen their transitions back to their homes.

Equity

GBGH has worked to incorporate an equity lens into our quality initiatives by offering resources/materials in French and English as we serve a large Francophone population and are currently working on obtaining our French Language designation. GBGH is also providing focused staff training through the Aging Friendly initiative which is aimed at improving the care provided to the senior population. GBGH has

been successful in sustaining the Aboriginal Patient Navigator role for the upcoming 17/18 fiscal year and continues to integrate the role of this navigator into our processes to better meet the needs of our indigenous clients. This year we will establish a feedback mechanism for patient and families served through this

role that will help identify strengths and opportunities for improvement. We will also continue to educate internal stakeholders and our community on this unique role and the incumbent will be an integral resource in supporting the implementation of Patient and Family Centered Care (PFCC) at GBGH. This area of focus will also be considered as part of our strategic plan update as we have identified that we serve unique populations related to the social determinants of health and this requires us to adjust our approaches to service delivery.

Integration and Continuity of Care

The Midland area sub LHIN region have been engaged in the development of our first collaborative QIP. Partners at the table are representatives from all agencies across the continuum and include the following:

North Simcoe Muskoka CCAC, North Simcoe Muskoka Hospice Palliative Care Network, Wendat, Waypoint, North Simcoe Community Health Link, Long term Care, North Simcoe Family Health Team, CSC Chigamik CHC, Georgian Bay General Hospital, and Health Quality Ontario.

We have agreed that our priorities will be:

- To decrease COPD readmissions (optimize telehomecare, strengthen admission avoidance processes, facilitate primary care provider follow up in 7 days, etc);
- Decrease ED visits by promoting earlier referrals to CCAC, Palliative Care Network and Health Link to ensure timelier access to service;
- Ensure that our patients are supported to palliate at home or for end-of-life care in their preferred place of death. Support has been provided to our local palliative care network for a submission of an Expression of Interest- Ontario TelePalliative Care.

Another collaboration will be to work with the family health team on the Patient Orientated Discharge Summary(PODS) to strengthen our ability to optimize transitions in the care of QBP patients (COPD, CHF, Stroke). GBGH has committed to our partner providers to make it our priority to provide discharge summaries within 48 hours and to ensure our patients have medication reconciliation completed at time of discharge. Collectively these initiatives support safe transitions across the continuum and align with a collaborative approach to care provision that surrounds the patients of our community (Patient's First).

GBGH is also working to strengthen the coordination of care for Health Link patients by providing H/L staff with access to GBGH's electronic health record system (Meditech)for flagged H/L patients. This will provide Health Link staff will timely access to Health Link patient's discharge summaries. To ensure success we will consider and mitigate identifiable privacy risks through the provision of appropriate administrative and technical safeguards.

We will also work to formalize the linkage between GBGH PFNs and Health Link Navigators to improve communication and support effective ED admission avoidance efforts. Health Link will establish a working group (H/L, GBGH, and CCAC) focused on ED admission avoidance when Health Link patients present to the ED. Collaboratively we will develop and implement a protocol to support this work.

Access to the Right Level of Care - Addressing ALC Issues

GBGH is committed to the Home First philosophy and implemented a Home First policy in August 2016. GBGH is committed to working with our LHIN partners to ensure

patients receive the right level of care in the right place. We are working to strengthen our partnership with NSM CCAC in order to create conditions that support safe and effective care transitions; this includes strategies to improve communication, advocating for increased, equitable CCAC services, engaging CCAC staff in developing standardized discharge processes and admission avoidance measures.

To further support this work, GBGH will be implementing a seven day per work Patient Flow Navigator (PFN) model. An enhanced PFN model aligns with the need to provide discharge services 7 days a week and with GBGH's Home First policy as it will enable staff to proactively initiate discharge planning earlier on in the patient's hospital stay, help foster meaningful partnerships with patients and families and support the development of standard inter-professional discharge processes. In addition, this initiative is targeted at provisioning the Emergency Department with education and support in order to effectively manage admission avoidance processes.

GBGH is actively participating in the work of the LHIN wide ALC Standardization Task Force who have been charged with implementing the recommendations from the NSM LHIN ALC Review.

GBGH is working to create an ALC status board. This initiative will be coupled with increasing the frequency of inter-professional ALC rounds with a view to actively monitor GBGH's ALC patient population in order to proactively identify and mitigate needs and barriers (i.e. social, equipment, behavioral, mental health, wound care, etc.)and facilitate safe, timely, and effective transitions in care.

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. In particular, GBGH has selected nine indicators to focus on during the 17/18 QIP year. The development and implementation of each indicator's quality improvement plan is lead/co-lead by leaders across the organization. This provides the opportunity engage clinicians, leadership and staff in the development of key organizational priorities. GBGH will be embarking upon a strategic planning refresh in the coming year. As such, it will be integral moving forward that QIP priorities align with the overall strategic directions of the organization, and that staff and clinicians at all levels of the organization are engaged in, knowledgeable of, and all working towards a common vision and strategy.

Resident, Patient, Client Engagement

As a result of the energy required to address the recommendations of the 15/16 Operational Review, GBGH continues to be early in the process of formalizing our work and engagement efforts with our patient population. We were successful in engaging a patient and family representative in our QIP design processes for 17/18 and have validated our approaches for quality as outlined.

We have strengthened our patient satisfaction survey process and surveys are now available electronically to patients and our volunteers have been engaged to help facilitate the process with patients prior to discharge. We are in the early stages of this initiative, however, preliminary results suggest the change in modality will help us achieve our goal of increasing our response rate. With more robust data, we will be better able to use the information received from patients to identify and action quality improvements. We have also incorporated within our 17/18 QIP further progression of patient and family engagement through the

establishment of a Patient and Family Advisory Council. This year we will bring together the members of the Council in order to develop the Council's Terms of Reference, provide education and training to Council members and begin work on the top three approved priority areas as defined by the Council.

Staff Safety & Workplace Violence

Over the past year, Occupational Health has been working diligently to ensure that annual Workplace Violence Department/Unit risk assessments are completed for every department and unit within the organization. All managers work with their employees to complete the risk assessment for their departments and then develop a improvement plan for the recommendations that are identified. These assessments are repeated after any workplace violence risks are identified through employee reported incidents.

In terms of staff safety and workplace violence, the most significant achievement for our organization this year is the startup of the Non-Violent Crisis Intervention (NVC) training course that is up and running. We now have an in-house trainer, who is a front line staff member. We have scheduled 2 days per month with a total of 23 course dates that will be run this year, in which we hope to train 15-20 employees per day, in de-escalation of any crisis they may find themselves in. Whether it is with a patient, a visitor or a fellow co-worker, we feel that this course will help people better understand how to "read" a crisis situation and interact appropriately to avoid any situations that could escalate to violence. Within 2 years, our goal is to have 100% of our full time employees trained, and 75% of our part-time and casual employees trained as outlined in our organizational Patient Safety Plan. Our long term goal is to then continue to provide this training on a bi-annual basis.

Performance Based Compensation

Accountability Management:

As per ECFAA, GBGH has integrated Performance Based Compensation into QIP performance for our indicators for the CEO and executive members as described in further detail in the section below.

Performance Based Compensation (As part of Accountability Management):
Incumbents in the following positions are bound by this legislation. Where the incumbent is at the maximum rate of classification scale, 2.5% of their base salary is withheld. Subject to the achievement of agreed upon QIP performance targets all or part of the withholding is paid to the incumbent at the end of the fiscal year.

- (Vacant) President & CEO
- John Kurvink, Interim President & CEO/VP, Corporate Services & CFO
- Liliana Canadic, VP, Patient Services & CNE

Three of the nine QIP indicators are selected by the Board and the CEO as the focus for executive performance for the year.

33.3% of the incumbents 'performance based compensation', (aka 2.5% withholding) is tied to the annual performance results against target for each of the 3 QIP's selected.

QIP results are recorded and reported to the Board with a calculation of the performance based compensation earned. The Board Chair and CEO signoff on results and authorize the amount of lump sum performance compensation to be paid.

Verification is reported to the LHIN/MOH.

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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

Quality Committee Chair - Yes I have reviewed

Chief Executive Officer - Yes I have reviewed

Other leadership as appropriate - Senior Team & Board have approved