



Campbellford Memorial Hospital Focuses on Service Excellence and Safety for Patients – Ensuring Best Patient Care for All

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News:

Campbellford Memorial Hospital's Board of Directors received an update on the hospital's Quality Improvement Plan (QIP) at its meeting on December 3, 2015. As part of the Ministry of Health and Long-Term Care's Excellent Care for All Act, 2010, all Ontario hospitals are required to have quality improvement plans. CMH's results to date in fiscal 2015/16 show the hospital's focus on service excellence and safety for patients is producing the right results and ultimately, ensuring the best care for its patients.

"We are always looking at how we operate and work together to improve our performance. Our QIP is a way for us to make sure that our team shares an understanding of our priorities for the year and enables us to measure our performance against our peers, while being aligned with Central East Local Health Integration Network strategic aims, our hospital's strategic plan and other health care organizations focused on quality care," explains Brad Hilker, President and CEO, Campbellford Memorial Hospital.

For fiscal 2015/16, CMH is focused on the following areas as part of its Quality Improvement Plan:

- **Access:** To reduce CMH's wait time in the Emergency Department for admitted patients. CMH anticipates that it will continue to see improvements in ED wait times with an increase in Nurse Practitioner coverage to assist people visiting the ED. The hospital is developing a Volunteer role in the ED to provide communication between people in the waiting area and the nursing team.
 - CMH has a targeted ED wait time for admitted patients of 15.0 hours. This quarter the hospital reported its ED wait time score for admitted patients is 12.90.
 - CMH has a targeted ED length of stay for Non-admitted Complex patients of 6.20 hours; the hospital reported an ED length of stay for Non-Admitted Complex patients of 5.90 in Q2.
 - CMH has a targeted ED length of stay for Non-admitted Minor patients of 3.80 hours; the hospital reported an ED length of stay for Non-admitted Minor patients of 3.90.
- **Effectiveness:** To continue to improve the hospital's financial health and to maintain a balanced budget including finding new revenue sources and continuing to focus on fostering and supporting a healthy workplace for its staff. The hospital will also continue to implement best practices and developing partnerships that ensure our patients receive the best care possible, safely and with positive outcomes.
- **Integration and Continuity of Care:** To strengthen links and communication with other area health care providers such as Community Care Access Centre (CCAC) and Trent Hills Family Health Team to improve the patient discharge process, patient satisfaction and to reduce unnecessary hospital readmission. A CCAC health care provider is now part of the CMH daily rounds team and decision-making around a patient's discharge from the hospital's care into community care. The hospital is also working closely with the Trent Hills Family Health Team to ensure that patients discharged from the hospital receive a timely follow-up with the Family Health

Team. A hospital Discharger Planner or Nurse will remind the patient to follow-up with the Family Health Team if they are not notified of a follow-up appointment with their family physician within 7 days of returning home from their hospital stay.

- In Q2 the hospital reported that 100% of Family Health Team patients from CMH received notification of a follow-up appointment with the Family Health Team within 7 days of discharge versus a target of 75%.

CMH also continues to focus on successful programs such as its Restorative Care program for frail older adults and the use of screening tools upon admission to identify frail, high-risk patients who might be susceptible to functional decline upon hospital admission.

- 100% of inpatients 65 years and older received delirium screening using a validated tool on admission to hospital
- **Patient-Centred:** Initiatives to improve patient satisfaction in particular around the patient discharge process including providing clear, written discharge instructions for patients upon discharge and providing post-discharge follow-up (48 hours) to ensure patients are satisfied with their experience and to determine if patients would recommend the hospital to friends and family based on this experience. The hospital is introducing a Patient Experience Advisor Role to ensure patient and family feedback is heard and to ensure patient needs are being met in terms of quality of care and services. It is also introducing senior friendly walkabouts in alignment with the Seniors Care Network strategic aim to improve care for seniors. In Q2, 2015/16
 - 91.4% of inpatients noted they would recommend CMH to friends and family
 - 94.1 % of inpatients gave their hospital experience a rating of “Excellent, Very Good and Good”
 - 95.3% of ED patients noted they would recommend CMH to friends and family
 - 95.3% of ED patients gave their ED experience a rating of “Excellent, Very Good and Good”
 - 95.3% of patients overall gave their hospital experience a rating of “Excellent, Very Good and Good”

Safety: The hospital is continuing its focus on reducing hospital acquired infections and other possible adverse events such as fractures and pressure ulcers. This includes taking steps to complete falls risk assessments on all new inpatient admissions and patients who present at the ED who are at risk for falls and monitoring patients at risk of pressure ulcers. One hundred percent (100%) of patients received Barthel assessment within 48 hours of admission and upon discharge to assess patient risk of functional decline during their stay and to ensure nursing care is provided so that the patient has the best health experience. The hospital will ensure it has 100% compliance to its Antibiotic Stewardship Program which reduces the chances of patients getting hospital acquired Clostridium Difficile (c-Diff) diseases. Introduced in 2008, CMH’s Antibiotic Stewardship Program is about having medical personnel at the hospital find reasonable alternatives to antibiotics and to discourage the use of those antibiotics most typically associated with the presence of c-Diff most likely prescribed to treat pneumonia.

QUICK FACTS:

CMH’s Board of Directors approves a Quality Improvement Plan (QIP) for the hospital each fiscal year and measures its progress against specific measures and targets each quarter. More information on the hospital’s quality performance and reporting can be found at www.cmh.ca.

QIPs are an opportunity for organizations to focus on how and what to improve, in the name of better patient-focused care. Overall, a QIP should be seen as a tool, providing a structured format and common language that focuses an organization on continuous improvement. The QIP drives change by formalizing a plan and facilitating shared dialogue to support continuous quality improvement processes.

QIPs are legislative requirements. The Excellent Care for All Act fosters a culture of continuous improvement in health care, where the needs of patients come first. The Excellent Care for All Act requires that every year, health care organizations develop QIP for the following fiscal year and make that plan available to the public.

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