

Let's Make Healthy
Change Happen.



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



CAMPBELLFORD
MEMORIAL HOSPITAL

3/4/2016

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.

Overview

Thank you for taking the time to locate and read this narrative introduction to our annual Quality Improvement Plan. The staff and Board of Campbellford Memorial Hospital are the authors of our 2016/2017 Quality Improvement Plan (QIP). Our goal is to communicate our "quest" for looking for areas to improve and make your hospital visit as safe and family-centered as possible.

We have written this QIP not only for our patients but families as well. We value your input and are honoured to have your expertise in this matter.

Posting this QIP on our website speaks to our commitment to transparency and accountability.

Please consider this QIP as our commitment to providing safe, quality care to the Northumberland, Peterborough and Hastings counties.

QI Achievements From the Past Year

At this time of year we reflect on our past year's achievements. This helps us to differentiate between "stretch goals" and goals that have been consistently achieved. On that note we have elected not to include financial total margin as we continue to balance or realize a small surplus.

Our Barthel and CAM assessment tools also continue to score 100% so you will not see these in the 2016/2017 QIP.

Communication between the Family Health Team and Campbellford Memorial Hospital will continue in terms of discharge notification, however, we are eliminating this indicator from our QIP as we continue to achieve 100% compliance.

We have excluded the above goals but will continue to monitor and track progress, ensuring our success is sustainable.

Although our patient satisfaction continues to exceed the target we are continuing to put it in our QIP as we see this as one of the many key indicators that helps us ensure patient and family engagement remains a priority.

Integration & Continuity of Care

Our quality improvement is in alignment with our Strategic Plan 2014 to 2017. Our three year strategic plan was developed after consultation with our community, staff and volunteers.

Our objectives are in alignment with the Central East LHIN, Ministry of Health and Long-Term Care and Health Quality Ontario. Campbellford Memorial Hospital is an innovative, visionary leader in that we have promoted the "health hub model" for several years. We have learned that providing a successful journey for our patients is very much dependant on our partners. A rural health hub is defined as a local integrated health service model whereby most, if not all, sectors of the health care system are formally linked in order to improve access.

Our participation in Health Links and palliative care are just two examples of ensuring access to care for our rural patients.

A variety of health care providers, physician groups, supportive housing agencies and hospitals within Northumberland County have completed a Health Links business case. Health Links provides the opportunity for

the whole system to collectively design a model of care that embeds the patient at the centre of their case, and develops enablers to facilitate communication, information sharing, care planning and care delivery among service providers and the patient/family.

Another new partnership is that Trent Hills Palliative Collaboration (Chaired by CMH) has been involved in the creation of a proposal to implement a community palliative care team within Northumberland. We were able to share the goals and achievements with our regional partners. Palliative care continues to be an important focus for CMH.

Engagement of Leadership, Clinicians and Staff

Our QIP is shared with our front-line staff, physicians and most importantly our community who we are privileged to serve. It is also a time to reflect and ensure our objectives are in alignment with the Central East LHIN Strategic Plan as well as the Hospital Strategic Plan. (These can be found on our website).

We also encourage front-line staff to participate in this process as they are key in ensuring we meet and succeed our targets and goals.

Finally we report quarterly to our Quality Committee of the Board for approval. Throughout the year we share our successes/challenges quarterly at open forums and team meetings, and post hard copies.

Patient/Resident/Client Engagement

With guidance from Health Quality Ontario and the Ontario Hospital Association, Campbellford Memorial Hospital developed a patient care experience model. We recruited two members of the community whose role was to:

- 1) assist us in the development of our QIP
- 2) review complaints with our leadership team and provide input;
- 3) be active committee members on our bi-monthly Patient Safety and Quality of Care Committee
- 4) interview patients and family members to get input as to how we could improve upon their experience

Volunteers from the community continue to be valued members of our team. As of April 2015, the Emergency Department has had a select group of community volunteers to act as a liaison and a communication person between the Emergency Waiting Room and the Emergency Department.

We have realized an increase in patient satisfaction and an increase in staff satisfaction as well as a decrease in complaints.

Performance Based Compensation [part of Accountability Mgmt]

Executive compensation at Campbellford Memorial Hospital is linked to performance. A portion of executive compensation is linked to achieving the goals in the 2016/17 Quality Improvement Plan.

Other

Challenges

Our challenge continues to be our patient demographics. Our patients tend to be senior whose healthcare needs increase as they age.

An example of this is patients who present with COPD and CHF. These two diagnoses require increasing health care resources as the disease progresses. If you are a patient that presents to the hospital with a chronic disease, it is not just your hospital visit that is important but all of the other healthcare partners who are there to support your recovery; partners such as CCAC, Family Health Team, GAIN Clinic, and Health Links. If you live in our surrounding communities all of these resources can be made available to help you manage your disease.

The challenge for both the patient and family is to navigate and access these resources.

The hospital participates as a “health hub” participant in order to ensure our rural patients have access and a seamless journey.

HSFR

Campbellford Memorial Hospital has developed clinical pathways based on Quality Based Procedures – Best Practice Guidelines and are incorporated in our workplan. As part of our ongoing commitment to continuous quality improvement we will continue to modify our care plans as appropriate based on Ministry of Health and Long Term Care Clinical Guidelines and Health Quality Ontario Quality Best Practices.

Although Campbellford Memorial Hospital is not in receipt of quality based funding, CMH has continuously created the link between these best practices by incorporating the directions into our annual objectives.

We will continue to:

- attend educational sessions and participate in provincial/LHIN sponsored programs that will assist us to disseminate accurate and timely information to all staff
- ensure a thorough understanding and familiarity with our patient case mix and the factors that influence cost and volume
- develop pathways and guidelines associated with QBP's
- evaluate and measure the impact of QBP's on patient care and outcomes

We have assured that relevant QBPs will be adhered to as this is an opportunity to drive change from the bedside to the Board.

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan.

Board Chair

Quality Committee Chair

Chief Executive Officer