

Let's Make Healthy
Change Happen.



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



3/30/2017

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

Located between Belleville and Peterborough, Campbellford Memorial Hospital (CMH) provides a comprehensive array of acute care services. The hospital's 24-hour Emergency Department has approximately 20,000 visits each year. To ensure comprehensive, coordinated, patient and family-centred care that meets local needs, the Campbellford Memorial Hospital's community health care campus partners include: Trent Hills Family Health Team; Campbellford Memorial Health Centre; Campbellford Memorial Multicare Lodge; as well as other community agencies. These partners ensure patients receive the right care in the right place at the right time.

CMH is dedicated to relief of illness, pain and suffering, and to promotion of health for the communities we serve. CMH provides a comprehensive array of acute care services in a rural setting. To ensure comprehensive, coordinated, patient and family-centered care that meets local needs, CMH has partnered with other health care providers as well as other area hospitals. Our values are CLEAR - Compassion, Learning & Innovation, Excellence, Accountability, Respect - and are embedded in everything we do for our patients and families.

Our 2017/18 QIP is aligned with provincial priorities and supports our drive for excellence and our commitment to the patients and families we serve. CMH has been an innovative, visionary leader in developing a successful rural "health hub model" for many years.

Our 2017/18 plan identifies objectives and change ideas across the five quality dimensions.

1. Effective/Co-ordinating Care:

- Complete a coordinated care plan for GAIN (Geriatric Assessment Intervention Network) clients to ensure complex seniors have a clear plan of their care.
- Improve discharge information by providing clear discharge instruction and producing discharge summaries to family physicians within 48 hours of discharge.
- Monitor readmission for patients with COPD and CHF by utilizing treatment guidelines (order sets) and ensuring referrals to CCAC programs.

2. Efficient:

- Facilitate discharge support meetings to discuss discharge options with the patient and family.
- The GAIN team will attend clinical rounds to enhance specialized support.

3. Patient Centred:

- Our aim is to continue to focus on palliative care. This will be achieved by ensuring patients have an opportunity to discuss their preferred discharge destination to assist in a collaborative discharge plan.
- Patient engagement remains a priority for CMH. This year we want to concentrate on enhancing patient experiences through patient advisor interviews, nursing introductions, improvements in communication regarding change in patient condition, and estimated date of discharge.

4. Safe:

- We have identified medication, prevention of pressure sores, hand hygiene and safer care as a priority.
- Nurses and physicians will be educated on best possible medication history
- Patients will be screened for risk of pressure sores utilizing the Braden scale
- Nurses will continue to implement hourly rounding
- We will continue to strive to improve our hand hygiene compliance through education.

5. Timely:

- Emergency wait time reduction remains important. We will be reviewing current data and processes to identify trends and look for areas for improvement.

This current quality improvement plan outlines our initiatives in our journey to make CMH a great place for care to the patients and families we serve.

QI Achievements From the Past Year

CMH values itself on ensuring ongoing quality improvement for its patients. In the Spring of 2016 our hospital recognized the need to review the model of nursing within the Inpatient Unit and increase quality of care delivered. CMH implemented hourly rounding that aims to ensure the patients are safe, cared for and confident in their care through regular interactions. There are multiple benefits of hourly rounding including:

- increased inpatient satisfaction
- a decrease in the number of times a patient needs to use the call bell for assistance
- a reduction in falls
- improved patient and family experience
- enhanced team communication and teamwork

In alignment with the hourly rounding, nursing documentation was reviewed and changed. This process involved several PDSA (Plan, Do, Study, Act) completed by frontline staff. This improvement enhanced the interaction between patients and nurses.

The Emergency Department documentation was also reviewed to create an opportunity to introduce quality improvement initiatives relating to communication at triage. This change idea has been incorporated in our 2017/18 QIP plan.

We have successfully led a pilot project to identify patients who have had four or more visits in a month to the Emergency Department and who do not have a family physician. Comprehensive care plans were completed as appropriate and staff have linked patients to other resources. This project is now in the process of expansion across Northumberland Health Links.

CMH continues to build strong partnerships with community partners. Examples of this are the implementation of an adult day program facilitated by VON and a collaboration with Campbellford Community Living to ensure seniors with learning disabilities can remain in their home.

CMH has also increased accessibility to Diagnostic Imaging on weekends. The Laboratory Department has revised processes to benefit turnaround times for results, improving patient outcomes.

Population Health

CMH serves approximately 30,000 Northumberland, Peterborough and Hastings County residents, as well as a large seasonal population of cottagers and tourists.

The catchment area includes a higher population of residents over the age of 75 and who require services delivered by CMH. Senior friendly care has been a hospital priority for a number of years. We actively participate on the Senior Friendly Care Committee within the CE LHIN. We have adopted the initiatives laid out in the workplan created by the Senior Friendly Care Committee. These include senior friendly walkabouts, delirium and functional screening, ethical framework and organizational support. The GAIN Team was implemented in 2015 and has looked for quality improvements to ensure seniors live longer within their own homes.

CMH also serves a population which includes a high number of low income households. The CE LHIN has the third highest population living in low income households when ranked with the 14 LHINs in Ontario. This creates additional challenges to find accommodations for patients post-discharge. Early intervention by discharge planning and the CCAC is beneficial.

Equity

CMH works with other health care providers to assure patients equitable access to services while living in rural settings. This includes specialists who come to CMH to care for their patients in an outpatient basis.

Although CMH rarely sees patients whose first language is not English, we do have appropriate policies in place if translation is required. In 2015/16 CMH reviewed its ethical framework and is in the process of adapting to a new framework utilized by many hospitals across the CE LHIN.

In all recruitment activities we promote employment equity and encourage applicants from Aboriginal persons, immigrants, members of minority groups, women and persons with disabilities to apply.

Integration and Continuity of Care

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

Our objectives are in alignment with the CE 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. Another partnership is the involvement of the Trent Hills Palliative Collaboration (Chaired by CMH) 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.

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.

CMH has built a new partnership with Community Living Brighton and Campbellford to allow more aging individuals to live in their homes.

Access to the Right Level of Care - Addressing ALC Issues

CMH has seen an increase in the ALC rate with significant financial and operational impact. Our results for the Fall of 2016 are:

- September 32.93%
- October 45.80%
- November 36.70%
- December 28.32%

Since September we have seen a rise in our ALC rate with the highest at 45.8% in October. At our highest, we had 15 ALC patients in acute care beds awaiting placement. The daily census was above 34 which had a significant impact upon staffing and costs.

CMH took several actions in an attempt to mitigate the number of ALC patients:

- Early engagement with CCAC
- Early engagement with Discharge Planning
- ALC process
- Length of stay review
- Utilization of Restorative Care Program.

In addition to the above, new initiatives included:

- Development of an identifier for GAIN clients presenting to the Emergency Department with the goal to encourage early intervention and prevention of unnecessary admissions.
- GAIN attends hospital rounds once a week to assist in early identification of frail seniors who could be supported within the community.

Engagement of Clinicians, Leadership & Staff

Our QIP was created in collaboration with all departments. CMH feels it is vital to ensure that frontline staff are involved in creating and implementing quality improvement initiatives. This will ensure greater engagement and increase quality of care. This is a priority for CMH.

QIP results are presented quarterly to the Quality Committee of the Board and displayed on quality boards throughout the organization. This information is also discussed at internal committee meetings as we continually seek opportunities for improvement.

Resident, Patient, Client Engagement

CMH has welcomed two patient advisers to our team. The patient advisers have played an active role in our Patient Quality & Safety of Care Committee and Senior Friendly Walkabouts, and have met with patients to gain feedback about their experience while in hospital. It is envisioned that this role will develop in 2017/18.

Volunteers from the community continue to be valid members of our team. They have been integrated in patient departments such as the Emergency Department and Restorative Care. Their involvement has had a significant impact upon the well-being of our patients.

CMH recognizes the importance of community and how they are an integral part of our organization. We value input and feedback from our community. An example of this is the Feasibility study to determine the ability to support our multi-year infrastructure plan that was performed in the Spring 2016.

Staff Safety & Workplace Violence

Staff safety and workplace violence is a priority at CMH. During 2016/2017 CMH saw an increase in the number of code white situations. A root cause analysis was performed to identify any areas for improvement. This led to the adaption of current policies and procedures, staff education, purchase of new equipment and installation of safety barriers.

We offer quarterly training sessions on non-violent crisis intervention. We report incidents at the Joint Health and Safety Committee for review and possible recommendations to Management on preventative strategies. We provide emergency code training to staff on a regular and recurring basis.

We continue to look for areas of improvement relating to staff safety.

Performance Based Compensation

The Chief Executive Officer, Chief Nursing Officer and the Director of Human Resources are included in the Performance Enhancement Plan. The Board of Directors establishes the amount of compensation at risk each year. The performance pay is linked to certain indicators included in the plan. Payouts will occur following verification of the results achieved in 2017/18.

Sign-off

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



Valerie J. Pyper

Board Chair



Quality Committee Chair



Chief Executive Officer