

Let's Make Healthy  
Change Happen.



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



CAMPBELLFORD  
MEMORIAL HOSPITAL

3/7/2019

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.

## 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.

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 strong partnerships with regional centers ensures timely access to tertiary level care services. Our values are CLEAR - Compassion, Learning & Innovation, Excellence, Accountability, Respect - and are embedded in everything we do for our patients and families.

Our 2019/20 QIP is aligned with both regional and 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 2019/20 plan identifies objectives and change ideas across the five quality dimensions.

1. Effective/Co-ordinating Care:
  - Implement a new program - Behavioural Support Ontario (BSO) - for our inpatient population.
  - Ensure discharge information complies within the Patient Oriented Discharge Summary (PODS) format.
  - Utilization of standardized order sets for high-risk populations through the 'Choosing Wisely' campaign.
2. Efficient:
  - To improve patient care management flow and effective discharge planning through the development of a documented plan of care, estimated date of discharge and clear communication and expectation setting with patients and/or substitute decision-makers.
  - To advance the safe and effective care of our geriatric patients to achieve the best possible care and outcomes through early intervention, assessment, collaboration and ongoing monitoring.
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 will concentrate on the implementation of the Patient and Family Advisory Council, continued work with real-time surveys and integration of the BSO program with our acute care population.
4. Safe:
  - We will integrate the BSO principles within our geriatric population.
  - All staff will participate in non-violent crisis intervention education.
  - We will continue monitoring for sustainability of best practice guidelines: Braden scales, hand hygiene, antimicrobial stewardship and hourly rounding.
5. Timely:
  - Continue to improve on the wait-time reduction in the Emergency Department through innovative programs such as the Physician Assistant model and the Nurse Practitioner Model.
  - We are re-modeling the discharge planning, including the implementation of an electronic tracking board.
  - We are implementing a process that identifies patients at a high risk for being designated ALC and compliance with the practices implemented to mitigate the risk.



## **Describe your organization's greatest QI achievement from the past year**

CMH values itself on ensuring ongoing quality improvement for its patients, families and staff. On this journey to enhance patient experiences, we have implemented a Physician Assistant model of care in the Emergency Department. This change will provide a more seamless transition of care in the ED. With respect to the inpatient model, we have introduced the nurse practitioner role to facilitate transitions throughout the healthcare continuum.

We have successfully implemented new automated dispensing units within our organization that will utilize the latest technology to ensure safe medication administration to our patients.

We have completed a LEAN project in relation to streamlining documentation. This has eliminated the redundancy of clinical documentation and having patients and families having to repeat their story throughout their hospital stay. Moreover it allows more time for nurses to remain where they are needed most, at the bedside. In relation to supporting the new documentation project, we have successfully launched the electronic standardized order sets (Entry Point) for physicians and we currently continue to achieve our goal of 100% electronic order sets by the end of 2019.

CMH continues to build and strengthen partnerships with both our internal and external partners. An example is the implementation of the BSO role between Northumberland Hills Hospital and CMH. This program will assist in meeting the unique needs of some of our senior patient population.

## **Patient/client/resident partnering and relations**

CMH will have successfully launched a Patient and Family Advisory Council by March 31, 2019. We continue to utilize client engagement with the senior friendly walkabouts and have completed signage throughout the organization based upon our clients' feedback.

We have begun to engage our volunteers in a wider range of supporting our patients and families. We have implemented with the assistance of our volunteers, the 'Dining with Dignity' program. Without the help of the volunteers many of our clients would not have been able to access this program.

## **Workplace Violence Prevention**

Ensuring staff safety and reduction in workplace violence remains a priority at CMH. During 2018/19 we successfully educated 80% of our staff on the non-violent crisis intervention program. In addition we have trained nine staff in our inpatient area in Gentle Persuasive Approaches (GPA) and this has reduced our number of workplace violence incidents.

We have participated in a Code White Debrief with both internal and external partners that has resulted in identifying key priorities for 2019/20 to implement throughout the Emergency Department. To date we have implemented a violent assessment tool and developed a process for identifying potential risk to staff and other patients through an electronic alert.

## **Executive Compensation**

The Board of Directors establishes the amount of compensation at risk each year for CMH Executives. The new Executive Compensation Plan identifies a 3% pay for performance component in executive compensation at CMH.

## Contact Information

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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  (signature)

Board Quality Committee Chair  (signature)

Chief Executive Officer  (signature)