

Let's Make Healthy
Change Happen.



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



4/4/2019

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.

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Overview

Quinte Health Care (QHC) is situated within the South East Local Health Integration Network (SE LHIN) and serves an area of over 2000 square kilometres with a population of 160,000.

Quinte Health Care is comprised of four hospitals, with one system of care.

- Three primary care hospitals - Trenton Memorial Hospital (TMH), Prince Edward County Memorial Hospital (PECMH) and North Hastings Hospital (NHH). These hospitals have 24 x 7 emergency rooms, acute inpatient beds, basic diagnostics for the emergency room and inpatient units, CT at TMH, and ambulatory clinics appropriate for hospital-based delivery and based on local need. All patients also have access to services at QHC's regional secondary hospital if needed.
- One regional secondary hospital-Belleville General Hospital (BGH). BGH offers primary care services - 24 x 7 emergency room care, acute inpatient beds, diagnostics and clinics. Regional services at BGH include obstetrics, paediatrics, intensive care (ICU), surgical services, internal medicine, oncology, inpatient and outpatient mental health, inpatient and outpatient rehabilitation, and advanced diagnostics - MRI, CT, cardiopulmonary, bone mineral density, nuclear medicine and interventional radiology. BGH also has a regional Behavioural Support Transitions Unit and Children's Treatment Centre.

Our people:

Our team is comprised of 1800 staff members, 1200 volunteers and 300 medical staff (doctors, nurse practitioners and midwives). Our QHC Values are very well known by our teams. They define the way we treat our patients and their loved ones, and one another in the workplace. They are: Imagine it's you, Respect Everyone, Take Ownership, We all help to provide care and Always strive to improve.

Our culture of continuous improvement:

We continue to build a culture of continuous improvement at QHC. We are so dedicated to 'Always striving to improve' that over the past few years, we have developed a 'Transformation office'. This small, but mighty team of change and improvement experts help to guide high priority initiatives to improve quality, safety and systems at our four hospitals. They ensure frontline staff are engaged and leading improvement changes - which is the basis for what we refer to as "Grassroots Transformation". Only projects considered of the highest priority in the organization, make it to the Grassroots Transformation process. Approved initiatives are required to report each week on the progress - this ensures all our priorities remain in focus and that the champions leading change have the resources and attention they need to move forward and the opportunity to ask for help and share successes. This approach provides a strong foundation for the success of our Quality Improvement Plans (QIPs).

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

Supporting Seamless Care is one of QHC's strategic priorities for 2018-2021. Patients have indicated through surveys that, upon discharge, they don't always feel well-informed about their condition, their medications, or symptoms to look for that may indicate they're getting sick again. To remedy that, a multi-disciplinary working group began researching and determining the most helpful information to include in discharge packages for patients. We want to ensure patients leave feeling supported and informed and to improve the transition home for the patient/family. Increasing a patient's ability to manage after hospital discharge may reduce the risk of re-admission.

Over the past year, our teams have trialed discharge packages - Patient Oriented Discharge Summaries (PODS) - for patients with the following conditions: Chronic Obstructive Pulmonary Disease (COPD), congestive heart failure, diabetes, viral pneumonia and hip fracture. As part of the improvement efforts to better support and inform patients, follow up calls were completed within 72 hours following discharge home for the patients receiving PODS.

To support the use of PODS, a number of QHC nursing staff have been trained on the teach-back process - a communication method used to confirm a patient (or care taker) understands what is being explained to them. If a patient understands, they are able to accurately "teach-back" the information.

The development and evaluation processes used to implement PODS included the input of patients and their loved ones. The pilot departments evaluated the process and tools based on patient/family, provider/staff feedback before roll out to other inpatient units. The working group is continuing this important quality improvement work into the coming year to expand the use of the existing PODS and to develop packages for other patient conditions.

Patient/client/resident partnering and relations

In addition to the input provided by patient and family representatives serving on QHC's Advisory Council and the input received on an ongoing basis by our patient experience office, our teams continue to look for ways to welcome and meaningfully engage Patient Experience Partners (PEPs).

Over the past year we've made great strides in this area. We have successfully engaged patient experience partners in numerous roles including quality improvement initiatives such as workplace violence prevention efforts, supporting seamless care, and in our grassroots transformation strategy events. We've recently welcomed a Patient Experience Partner on our Ethics Committee. Also, PEPs are active with a number of hospital departments including maternal/child, surgery, emergency, and rehabilitation. These departments have benefited tremendously from the involvement of PEPs to help ensure a strong patient perspective is considered in planning discussions.

Our ultimate goal is to have at least one PEP for every program team and for each quality improvement initiative that has a patient intersection/interaction.

Workplace Violence Prevention

Being a Healthy Workplace is one of QHC's strategic priorities for 2018-2021. Part of improving workplace health, is ensuring we make our workplace as safe as possible for our teams, including empowering our teams to be their own safety champions by taking action to protect themselves and each other.

This year, our Human Resources team (includes Occupational Health and Safety) led the implementation a comprehensive Violence and Harassment Program across QHC in all departments. The Workplace Violence Prevention Program is intended to support Quinte Health Care's (QHC) Violence Prevention Policy by defining specific procedures and responsibilities. This program promotes a work environment free from workplace violence, provides definitions for workplace violence, and establishes detailed responsibilities of all persons at QHC hospitals to maintain a workplace free of actual, attempted or threatened violence.

The program implementation included de-escalation training for staff, physicians and volunteers. To reinforce the importance of the Violence and Harassment program

on an ongoing basis, a learning module has been created and is a mandatory part of the annual education requirements for staff at QHC hospitals.

This year, our teams began the roll-out of patient flagging. Patients with a higher potential for violence are flagged with a purple triangle sticker on their chart/whiteboard, so staff are aware. All patients presenting for admission or treatment in the pilot emergency departments are assessed for potential risk of violence. Higher risk individuals require a care plan that may include information about triggers to aggressive behaviour, recommended treatment strategies and interventions to manage or prevent harm. This care planning is a collaborative process that involves patients, families, and the Interprofessional Team. The flagging process will continue to be implemented across the organization in the coming year.

In addition, new and improved signage related to violence prevention was rolled out across the organization. Our teams worked to improve the process for reporting and investigating workplace incidents and began exploring ways to share the learnings across the organization.

We take great pride in the results of this year's Worklife Pulse Survey, showing a 17% improvement in staff responses to questions related to safety compared to the previous year. We will continue to build on this success in the coming year.

Executive Compensation

A fully developed compensation plan for 2019/20 will be presented to the QHC Board for final approval in June. Once approved, we will notify HQO of the plan and post an updated plan on the QHC website.

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 Stuart Wright _____ (signature)
Board Quality Committee Chair Patrick Johnston _____ (signature)
Chief Executive Officer Mary Clare Egberts _____ (signature)
Other leadership as appropriate Peggy Payne for Patrick Johnston _____ (signature)