

Let's Make Healthy
Change Happen.



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



3/27/2014

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 HQO (if required) in the format described herein.

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Overview

The Dryden Regional Health Centre is on a "Quest for the Best": Because at DRHC, You Deserve the Best! Our strategic plan provides the framework for our "Quest for the Best" and is supported by the organizational mission, vision and values.

The "Quest for the Best" focuses on implementing evidenced-based tactics and strategies to *Hardwire Excellence* within the organization. This is a journey that supports the organization's commitment to excellence with a renewed focus on vision, mission and values. Critical success factors include:

- Aligning goals, behaviours and processes with mission, vision, values and strategy;
- Applying tactics that are evidence based;
- Defining targets and objective measurable goals;
- Ensuring effective accountability and performance management;
- Measuring progress and aligning resources and focus as necessary;
- Improving and accelerating performance by "creating a culture where employees, physicians and volunteers are connected to purpose, model behaviours consistent with the organization's values and are well-supported in delivering high quality care and patient experience".

Mission:

The Dryden Regional Health Centre, as a partner in the health system, is committed to delivering comprehensive patient and family centered healthcare through the provision of quality of service.

Vision:

Improving quality of life through excellence in rural health care delivery.

Values:

Respect, Integrity, Humility, Compassion, Accountability

As an organization we strive to embed our core values throughout all the services that we provide to our patients, visitors, staff and volunteers.

DRHC Quality Improvement Plan will focus on the Quality Dimensions/ Objectives as outlined below:

Safety:

- Maintain current excellent performance in Clostridium Difficile infections rates, Ventilator Associated Pneumonia [VAP], Central Line Bloodstream Infections [CLI] and Safe Surgical Checklist compliance
- Improve on gains seen over the past year in Hand Hygiene. The DRHC intends to utilize the NRC Picker survey to query patients regarding hand hygiene within the facility.
- Maintain gains on Medication Reconciliation at Admission with an overall goal of 100% compliance
- Meet all Accreditation Canada Required Organizational Practice's and a minimum of 95% of all other related standards (including high priority).

Effectiveness:

- Maintain a positive total margin
- Improve employee and physician engagement and work-life satisfaction. Utilize tactics that include: Focused Leadership Evaluation, rounding on staff, department huddles
- Reduce short term sick time- the DRHC will provide leaders/managers with the skills and training in critical conversations and employee rounding to support employee attendance

Access:

- Reduce wait times in the emergency department for CTAS 4/5 patients: improve patient flow with the utilization of "fast track rooms" triggering strategies to reduce wait time i.e. second on call physician
- ED wait times: 90th percentile ED length of stay for admitted patients: DRHC is a small and rural hospital that typically has low ER volumes coupled with bed vacancies. Patients in the ER wait for diagnostic test results to ensure that they are appropriately admitted. They remain in the ER where they receive appropriate, safe and quality care during that time.

Patient Centred:

- Improve patient satisfaction- Inpatient and Emergency Department: "Would you recommend hospital to friends or family?" Change ideas will focus on nursing supervisor rounding on patients, ED communication regarding wait times, inpatient discharge phone calls, increased signage in the ED.
- Improve culturally sensitive care: the DRHC will provide education to all active full/part time staff focusing on culturally, safe care.

Integrated:

- Continue to collaborate with the North West LHIN and community partners to decrease utilization of hospital inpatient beds for patients designated as Alternate Level of Care.
- Reduce unnecessary hospital readmissions within 30 days for selected patients by focusing on change ideas that include: inpatient discharge home phone calls, multi disciplinary meeting within 5 days of admission, OT/PT/SLP assess and restore program, partnering with the Dryden Area Family Health Team to expand home visiting program to include AMI

Integration & Continuity of Care

The Dryden Regional Health Centre (DRHC) is both a hospital and community-based organization that fosters innovation and collaboration. As a small, rural health centre, the DRHC has been innovative in its approach to serving the community of Dryden and area and mirrors the local health hub concepts. Over the years, the DRHC has provided leadership to the community and sought opportunities to partner with agencies to increase access to service, improve health outcomes and enhance the patient experience.

The DRHC QIP threads integration/ partnerships throughout the document as exemplified by:

- Discharge home phone calls: supporting transitions home by linking patients to community-based service agencies;
 - Multi-disciplinary meetings within 5 days of admission: community-based agencies are included as appropriate;
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- OT/PT/SLP assess and restore program;
- Linkages with the Family Health Team to reduce readmissions with the expansion of the post discharge home visit program to include AMI patients;
- Highlighted in previous QIPs/ MOHLTC submissions:
 - The continued support of the Ontario Telehealth Network (OTN) program with formal linkages between the DRHC ED, Long Term Care Facility and Supportive Housing facility;
 - Lead for the following committees: Cross Cultural Care Committee, Dryden Drug Abuse Council, Dryden Age Friendly System Integration Working Group
 - Nurse Practitioner community outreach program: supportive housing; long term care; Dryden Native Friendship Centre and 2 First Nation communities (Wabigoon and Eagle Lake)
 - Lead for several cross organizational proposals: End of Life Community-Based Hospice Beds, Community-Based Dialysis Program, Expansion of OTN program.
 - Governance of local Mental Health and Addictions Program, Dryden and Area Family Health Team and Regional Crisis Response Program

Dryden recognizes that the key to an integrated service delivery model is the strength of the partnerships. The evolution of the partnerships is forming the foundation of the Dryden and Area Health Hub model. The creation of the Dryden and Area Health Hub will leverage our limited community resources to support agencies, including the DRHC, to provide safe, appropriate, quality health care in an accessible and comprehensive manner.

Challenges, Risks & Mitigation Strategies

The DRHC provides service utilizing a structured framework based on quality improvement and performance management. The DRHC aligns with the Excellent Care for all Act (ECFAA) and is in accordance with the legislation. Staff, medical staff and volunteers contribute to the creation of goals and objectives that are practical, obtainable and follow best practice guidelines supported by scientific evidence. The CEO delegates accountability for the change projects to senior leads, acting as executive sponsors, supporting staff to successfully achieve the objectives of the plan.

The chart below outlines the committees and roles that are responsible for the development, implementation and evaluation of the QI plan throughout the fiscal period.

Dryden Regional Health Centre- Quality Improvement and Performance Management Framework	
Committee	Role/ Responsibility
DRHC Accountability and Performance Management Team	Responsible for managing the Leadership Evaluation Management Process (LEM). Responsible for developing and implementing the QI plan with feedback and consultation with appropriate stakeholders. Monitors progress on a monthly basis to mitigate risks, challenges and develop actions plans with strategies focused on ensuring the success of the projects. Reports to the DRHC Quality Committee of the Board, medical staff leadership as appropriate and posts departmental reports on the huddle boards throughout the organization.
DRHC Medical Advisory Committee	The Medical Advisory Committee is responsible for identifying and making recommendations to the Board of Directors/ CEO with respect to systemic or recurring quality of care issues. Reports to the DRHC Quality Committee of the Board (linking to the Board of Directors)

DRHC Quality Committee of the Board	Responsible to ensure that the DRHC is in accordance with the ECFAA by monitoring and reporting to the Board of Directors on quality issues, risk management related to quality and safety and overall quality of services. The committee utilizes reports provided by the DRHC Accountability and Performance Management Team and Medical Advisory Committee to make recommendations to the Board of Directors regarding quality improvement initiatives and policies. The committee is responsible for overseeing the preparation of the annual quality improvement plans.
DRHC Board of Directors	Receives reports from the Quality Committee of the Board including: Quality indicators report (safety, clinical quality, patient safety and access); patient satisfaction/ experience; employee / physician engagement survey results; progress on major quality improvement initiatives; accreditation status- including patient safety culture report). Responsible for approving the quality improvement plan upon recommendation of the Quality Committee of the Board of Directors.

Information Management Systems

The DRHC utilizes Meditec for our electronic record information system. Meditec is the EMR that is applied widely across the North West LHIN by all acute care centres. Meditec is implemented at various levels across the organization depending on the department and EMR system function comparatively to service offered. The Family Health Team, governed by the DRHC, operates with the Bell EMR system and is accessible in targeted areas of the hospital- Meditec electronically shares information with the FHT Bell EMR (i.e. lab report). In turn, the FHT accesses Meditec on site at the clinic, closing the loop of communication. In addition to the primary and acute care records, CCAC has an office on site and can access their electronic record within the hospital grounds.

With access to the three systems, the DRHC can effectively address patient needs in a timely manner that is both based on quality and safety at times in transitions of care across the continuum.

Engagement of Clinical Staff & Broader Leadership

The DRHC is striving to improve clinical staff, staff and leadership engagement opportunities across the organization. This is highlighted in the quality improvement plan as submitted to Health Quality Ontario.

Key Milestones:

Our journey began in 2013 with the **DRHC Strategic Plan** identifying priority focus areas based on an internal and external environmental scan and stakeholder engagement focus groups.

With the approval of the strategic plan, the DRHC Senior Management and Board of Directors are committed to **excellence** in the organization utilizing a number of tactics highlighted throughout this document. The tactics and associated training will be provided to the organizational leaders as tools to support the change ideas (projects) and creating the desired organizational culture.

Senior Management identified the broad goals of the organization and physicians, staff, clinical leads and leaders/managers were engaged at a departmental level including various teams: quality improvement, medical staff and medical advisory. The objective was to **ensure that the QI plan aligned** with the organizational strategic direction of improving patient safety, effectiveness, satisfaction, integration and access to care.

Members of the DRHC leadership attended a **North West LHIN quality planning session** to focus on common concerns across the geographic region. The meeting identified regional opportunities to collaboratively plan utilizing the Health Quality Ontario framework. The goal is to build consensus across the 10 rural hospitals in the NWLHIN through a group process that will inform modifications to the current patient survey's. It is intended that indicators will take into account efforts to align to emerging national standards and the work of the rural hospitals in the NW.

Accountability Management

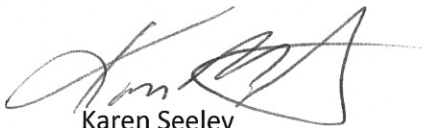
As a mandatory component of the *Excellent Care for All Act, 2010* (ECFAA), compensation of the CEO and other executive leads are linked to the achievement of performance improvement targets laid out in the QIP.

The senior management team members that will participate in the executive compensation program include:

Position	Performance Based Compensation
Chief Executive Officer	5%
Chief of Staff	1%
Senior Vice President, Patient Services & Chief Nursing Officer	1%
Vice President, Corporate Services	1%
Admin. Director, Workplace Culture and Organizational Health	1%
Admin. Director, Service Transformation	1%

Sign-off

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



Karen Seeley
Board Chair



Wade Petranik
Chief Executive Officer



Robert Stevens
Quality Committee Chair