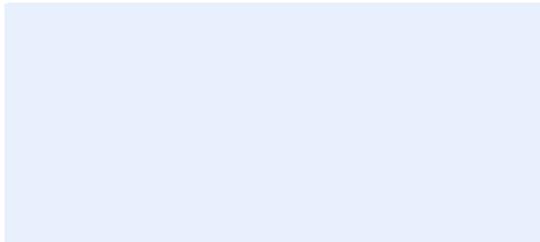


Let's Make Healthy
Change Happen.



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



3/14/2019

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

The Quality Improvement Plan (QIP) is a set of commitments that the Chatham-Kent Health Alliance (CKHA) is making for patients, staff and the community. These commitments focus on quality issues identified provincially and locally, and represent what CKHA believes are some of the key drivers that affect the quality of care patients and the community receive. CKHA believes the QIP complements both system and provincial priorities while addressing local opportunities for priority improvements. Priorities for quality improvement are determined by;

- closely examining the past performance on important quality measures,
- listening to what patients and their families report about the care they received and their experiences while at CKHA, and,
- engaging staff and physicians to understand what they identify as priorities in delivering safe, high quality, patient-centred care.

CKHA's three year strategic plan (2018-2021) was developed with staff, patients, partners and the community and its deliverables will enable CKHA's vision of, "Together, Growing a Healthier Community". The plan's strategic directions focus on improving access to quality, safe care that is co-designed with patients and families. These strategic directions are enabled by a commitment to demonstrate effective and efficient use of resources, optimize CKHA's workplace culture and provide a safe environment for our people to be their best. CKHA's 2019/20 QIP and the associated workplan will assist the organization in achieving the goals of the strategic plan.

The 2019/20 Quality Improvement Plan goals are to;

- create a safe environment for patients and staff,
- provide an experience patients and their families can describe as excellent,
- improve staff satisfaction and engagement leading to enhanced experiences and quality care for patients and families, and,
- improve patients' access to the appropriate level of care.

Six(6) key objectives were identified with their own measures and targets and associated workplans.

CKHA's objectives for 2019/20 are;

- 1&2) improving the patient experience in the Emergency Department and Medical and Surgical units
- 3) improving staff engagement
- 4) ensuring medications prescribed to patients are reconciled upon discharge from hospital
- 5) improving workplace safety by monitoring workplace violence incidents
- 6) decreasing the time from arrival in the Emergency Department to arrival in an inpatient bed for those patients who are admitted to hospital

A major focus for the organization over the next two years is the implementation of a new Health Information System (HIS), which will be designed to provide patients with safe and seamless transitions in care as well as improve the safety of the care received. CKHA will leverage this as well as other new and existing technologies to enhance care to patients in rural Kent and strengthen communication and partnerships with other healthcare agencies and providers. Developing new, while enhancing existing partnerships with various providers will ensure CKHA delivers on the strategic direction to enhance access to healthcare for our community.

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

CKHA began surveying our staff and physicians about workplace engagement in 2016. Results indicated that there was opportunity for improvement in several areas including staff perception related to senior leaders' commitment to quality. These results caused CKHA senior leaders to examine their responsibilities related to fostering excellence, communicating organizational priorities and accountability to quality. In 2017/18, a balanced scorecard was developed and accountability was fostered through monthly leadership performance meetings where quality improvement achievements are shared and celebrated and improvement opportunities are identified with the expectation that quality improvement initiatives will be initiated or spread. In 2018/19 CKHA made clear the organization's strategic priorities related to quality with the development of the 3 year Strategic Plan.

The initiative that CKHA is most proud of in 2018/19 resulted in engagement of the front line staff in performance improvement. In August of 2018, CKHA's CEO and Director of Quality launched the "Quality/Huddle Board Quest". This quest was a healthy competition across the entire organization for all departments to showcase their commitment to quality and their own performance. Complete standardization was not a requirement - there were several key indicators that were to be included on boards but teams were also encouraged to design and incorporate in the board what was meaningful to their unit/department. Participation from the unit/department leader, frontline staff members and patient advisors was mandatory. The CEO and Director of Quality judged the boards on the following; inclusion of all mandatory information and indicators, creativity and design, staff engagement and effectiveness. This initiative was a huge success and boards are monitored to ensure teams are keeping them up to date and to ensure quality board huddles are continuing. This quality improvement initiative has increased staff understanding of how their individual work impacts overall quality of care and how the unit/department work ties into achieving the strategic plan goals. The quality board huddle gives managers an opportunity to facilitate/enable active, in-the-moment problem solving with their teams and helps connect staff to their purpose.

Patient/client/resident partnering and relations

CKHA engaged with many stakeholders, including community partners, patients, and CKHA staff and physicians when developing the three year strategic plan. That engagement informed CKHA that a renewed commitment to creating genuine partnerships with patients and families should be included as a strategic direction. Our Patient and Family Centered Care (PFCC) Framework was created to support this work and ensure we meet the strategic direction; "We will engage with patients, families and the community to deliver patient-centered care,"

Key outcomes CKHA wants to achieve include all patients and families will be able to say that their perspective, wishes and choices have been heard and honoured; all patients and families will be able to say that their knowledge, values, belief's and culture have been incorporated into the plan and delivery of their care.

The effectiveness of our strategies related to PFCC will be evaluated through several methods such as a quarterly review of Patient Satisfaction results at the Quality Committee of the Board, ongoing monthly operational team reviews of corporate and unit specific patient survey results, annual 360 performance evaluations of PECAC members, annual PECAC Workplan updates to Senior Leadership Team and the Quality Committee of the Board.

A key component in establishing our PFCC Framework was becoming a Pinwheel Sponsor of the Institute for Patient and Family Centred Care (IPFCC). This international organization offers us support in best practices, strategies, tools, and resources.

To ensure CKHA is co-designing care delivery with patients and families, all CKHA Program Councils have Patient Advisors included in the membership. All non-union leadership positions that CKHA recruits for have a Patient Advisor included on the interview panel.

Workplace Violence Prevention

A priority of the CKHA Board of Directors in 2018 was the addition of Safety as one of the organization's values. It reflects the organization's commitment to patient and staff safety. CKHA's commitment to optimize our culture and provide a safe environment for our people to be their best is a key enabler to achieving the 2018-2021 strategic plan.

The CKHA Workplace Violence Committee membership includes patient advisors, senior leadership, union leadership, human resources, professional practice and security staff. A contracted clinical ethicist is consulted as needed and workplace violence is an agenda item at quarterly ethics committee meetings. The Workplace Violence committee began meeting in 2017 with a focus on fostering a culture of reporting and a culture of safety as it relates to workplace violence. CKHA continues to encourage reporting of incidents. Last year, with the Committee's support and to ensure the ease of the reporting process for staff modifications were made to the safety reporting system

Significant work has been done in 2018/19 on collecting data to understand the problem of workplace violence at CKHA. Employee and physician engagement surveys are done three times annually on a rotating basis so that every staff member is surveyed once yearly. The rotation assists CKHA in gaging the safety culture and measuring impact of improvements. The results of these surveys show that there has been a significant improvement from 2016 to 2018 in positive response to the questions, "Was action taken if staff attacked by patients/public?" and the question, "Was action taken if staff bullied/abused by patient/ public?"

In 2018, CKHA implemented a process to notify the senior leadership when a workplace violence incident occurs. A senior leader contacts the employee(s) to discuss the incident and ensure the employee feels supported. The organization's 2019/20 QIP workplan will include the implementation of a "Safety Review" after an incident occurs that results in physical violence. These reviews will be led by a senior leader and will bring together all involved in the incident to analyze what happened and identify opportunities for improvement.

The organization has committed in the strategic plan to create a psychologically safe and healthy workplace. An enabler to that is the creation of the CKHA Critical Incident Stress Management Peer Support Group. Several staff have been trained to assist and support staff and physicians who may be experiencing critical incident stress. This support is offered to staff and physicians when they experience workplace violence and can be activated 24 hours a day.

The organization will focus on sustaining initiatives from last year. New initiatives for 2019/20 include the purchase and implementation of a staff duress system, creating consistent communication protocols between internal and external care environments, as well as continue to improve/expand education and knowledge transfer.

Following engagement with patient advisors, staff, physicians and the Board of Directors a decision was made to continue with the goal to achieve an increase in the number of incidents reported. The organization will continue to focus on building a culture of reporting and taking action on incidents reported. The

Workplace Violence Committee is accountable to the Senior Team and provides progress reports and recommendations through the Workplace Violence Prevention Committee Chair. The Chair of the Workplace Violence Prevention Committee also provides a yearly report to the Board of Directors.

Executive Compensation

None of the indicators in CKHA's 2019/20 QIP are linked to executive compensation.

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 *Greg Aarssen*

Board Quality Committee Chair *Sharon Pfaff*

Chief Executive Officer *Lori Marshall*