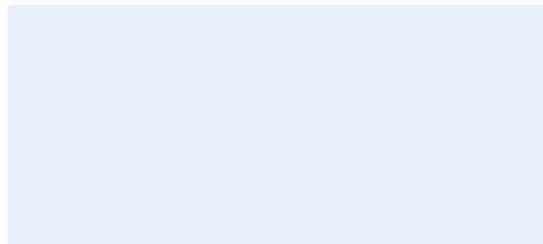


Let's Make Healthy  
Change Happen.



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



**3/29/2018**

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 documented set of commitments that the Chatham-Kent Health Alliance (CKHA) is making to their patients, staff and community. These commitments focus on quality issues that have been identified provincially and locally and represent what CKHA believes are some of the key drivers that affect the quality of care the patients and 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
- by listening to what patients and their families report about the care they received and their experiences while at CKHA and
- by engaging the staff and physicians to understand what they identify as priorities in delivering safe, high quality, patient-centred care to our patients

Building a culture that is transparent, safe and fosters trust and collaboration between staff, physicians, leadership and the community has been a priority for CKHA through 2017. There has been a substantial investment of energy and time in redeveloping the corporate and governance structures. The corporation has adopted a program management model to better serve patients and families. This model allows the interdisciplinary teams of providers and physicians the opportunity to coordinate their efforts around a patient population; improving patient outcomes and patient and family experiences. CKHA believes that it has developed a solid foundation, supported by effective structures, tools and processes, to ensure consistently safe, high quality, patient-centred care is provided.

A Supervisor, appointed by the Ministry of Health and Long Term Care (MOHLTC) in August 2016 to oversee the management and governance structure at CKHA currently remains in place. The governance structure was a high priority for the Supervisor and on February 1, 2018, the MOHLTC approved the voluntary integration of CKHA's three corporations to a single corporation. Likewise, a new Board of Directors of CKHA was announced. This is the final step in the move to a new single hospital corporation governing both the Chatham and Wallaceburg hospital sites with a single Board of Directors. The Supervisor's work over the last 18 months, culminating in a dedicated, skills-based Board, will provide strong support for this year's quality improvement plan and will allow the corporation to achieve its goal of providing safe, high quality, patient-centred care.

For the 2018/19 Quality Improvement Plan objectives are;

- to create a safe environment for patients and staff,
- to create safe transitions as patients move through the healthcare system
- to provide an experience patients and their families can describe as excellent and
- to improve staff satisfaction and engagement leading to enhanced experiences for patients and families

In selecting the quality improvements, CKHA will commit for the coming year to engage patients, staff and physicians as well as community partners where applicable. Seven (7) key objectives were identified with their own measures and targets reflecting the corporate commitment to patients, staff and the community

CKHA objectives and targets for 2018/19 will:

- Improve staff satisfaction and engagement, leading to enhanced patient and family experience. Staff and physicians will want to tell others that CKHA is a great place to work and will be inspired to perform their best.

- Decrease hospital readmission rates for patients living with and overcoming complex medical conditions. CKHA will achieve this by working to incorporate best practices and patient specific needs related to transitions from hospital to home, working with partners across the health care system.
- Acknowledge patients' input and incorporate their perspective into program design to ensure patients' and families' physical, comfort, educational, emotional and spiritual needs are addressed.

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

The corporation faced significant fiscal challenges through 2017, with much focus and attention on improving efficiencies while maintaining quality care. At the end of the 2017/18 QIP, CKHA is trending towards the targets in five (5) of the seven (7) QIP performance indicators.

Improvement is noted in both Patient Experience indicators; How would you rate this hospital? - Medicine/Surgery and How you would rate your care? - Emergency Department (ED). By optimizing the navigator boards with patient goals and a focused effort on manager rounding with patients CKHA is moving towards the target. Likewise in ED, facilitated learning sessions for the staff and physicians assures competency of the ED team in patient education, communication and cultural appreciation through staff training sessions. Additionally, established expectations and standards for patient rounding in several of our patient care areas were developed. This rounding is done by unit managers, nurse leaders and patient advisors and provides valuable learning on what matters to the patients and families.

CKHA is making great strides to ensure patients are receiving the required information at discharge to ensure a seamless transition to their home. In the fall of 2017, the Patient-Oriented Discharge Summary (PODS) initiative was rolled out on our Rehab Unit. PODS provides a fulsome approach to discharge for patients, encompassing: medication instructions; follow-up appointments and phone numbers, expected signs and symptoms and what to do; possible lifestyle issues; patient resources and information. The 2018/19 QIP work plan outlines the plan to spread PODS across the corporation.

CKHA has made a commitment to engage in an independent third party review of at least one of our seven programs annually. The goal of these reviews is to get an objective review of quality improvement opportunities within the program. In 2017/18 the Emergency Services Program and Mental Health Program were reviewed by an external party. The reviews resulted in recommendations that were shared with the programs, action plans were developed and implementation of recommendations are being monitored at the program and Senior Leadership Team levels. A review of CKHA's Obstetrical Program is already planned for 2018/19.

### **Resident, Patient, Client Engagement and relations**

Patient Experience Council meets monthly and is co-chaired by the Patient Relations Specialist and a Patient Advisor. Patient Advisors have been involved at various levels at CKHA for many years, but through the organizational structure re-alignment and move towards a new program model, Patient Advisors are mandatory members of all councils and working groups and some of our committees. Also, Patient Advisors are now mandatory members of the interview panel for all non-union roles at CKHA. The corporate decision to make membership mandatory ensures that the patient voice is heard at the point of decision-making. As such, CKHA is actively supporting a recruitment initiative for more Patient Advisors. This initiative is co-led by our current Patient Advisors.

The organization continues on its path of fiscal recovery and Patient Advisors are members of the recovery working groups. They are able to consider the effect proposed changes may have on patient care and help CKHA to remain focused on patients and families.

Patient Advisors have been part of the 2018/19 QIP process from the beginning. CKHA launched this year's QIP development plan with a Dragons' Den event, where potential QIP indicators were "pitched" to the Dragons by various organizational leaders. CKHA was very pleased that one of the Patient Advisors agreed to be a Dragon. It was a great kick-off!

Patient rounding continues to be completed by Patient Advisors, who routinely ask our patients about their experiences while receiving care. They also "shadow" patients through some of their experiences. These activities inform them of areas where there are opportunities for CKHA to improve the quality of the care provided as well as the patient experience. Their findings are shared with the organization and are considered when selecting goals for the 2018/19 QIP.

In October 2017, CKHA launched a new approach to sharing patient stories about their experiences while receiving care here. Videos were created and shared with frontline staff and the leadership team to ensure a broader understanding of the patient/family perspective. This leads to improved awareness, as well as the ability to better identify opportunities to improve the CKHA experience. The organizational expectation is that insight and knowledge gained will be shared as well as how it is applied to improve the patient experience.

### **Collaboration and Integration**

CKHA continues to demonstrate its commitment to collaborate with our community partners with a focus on ensuring patients experience a safe, seamless transition as they move through the healthcare system.

The organization works with agencies such as Home and Community Care (HACC), Family Health Teams, Community Health Centers and the Canadian Mental Health Association to assist patients to remain in their homes or return home after a hospital admission.

CKHA is a member of a Local Health Integration Network (LHIN) team that focuses on transitions through the healthcare system. This cross-sectorial team meets quarterly as an entire team. As well, smaller groups meet ad hoc to work on specific improvement initiatives that are identified by the larger group. The focus for 2018/2019 will be on safe and smooth transitions for patients and families in Chatham-Kent (CK). Mapping sessions, including contributions from Patient Experience Advisors, will be utilized to identify the gaps in organizational processes.

CKHA is voluntarily participating in a Ministry of Health innovative funding model for knee and hip joint replacements. The model is referred to as a "bundled payment" The funding model is designed to promote greater integration in health care delivery and drive high quality, efficient care and improve outcomes for patients.

The transition out of hospital presents many and varied challenges. By working together, across sectors, CKHA can enhance this experience for patients and families and limit patient's vulnerability to medication incidents, miscommunication and misunderstanding as they move through the health care system.

### **Engagement of Clinicians, Leadership & Staff**

As part of the Investigator's Report, leading to the appointment of the supervisor in late 2016, it was identified that there were significant gaps in our Medical Leadership structure as well as significant organizational concerns about a culture that did not encourage engagement or collaboration between staff, leadership and physicians. These opportunities for improvement were identified and a strong commitment was made to change the leadership models, both medical and administrative, as well as to build a culture of transparency, trust and collaboration.

CKHA has recently completed a year long Leadership Bootcamp for physician leaders and hospital administrators. Topics included engaging others, dealing with difficult behaviours, managing change as well as fundamentals around finance and budgeting. Onboarding many new leaders has pushed the organization to ramp up our New Manager 101 program, to ensure the newest leaders are feeling supported and confident in their new roles as they work towards engaging their teams. Satisfied, engaged staff make for better healthcare experiences for patients and families.

The new medical leadership structure reflects a program management model where physician leaders hold both the position of Chief, reporting to the Chief of Staff, and Medical Director, reporting to the Vice President/Chief Nursing Executive, with responsibility for the clinical program. This model requires physician leaders and hospital administrators to work collaboratively to support quality care and resource utilization within each program. Although still quite new at CKHA, this model is already supporting the medical leaders and clinical program leaders as they work together to develop action plans and set targets for the 2018/19 QIP initiatives.

CKHA is into the second year of an organizational wide staff engagement survey, administered to all staff and physicians. Initial results confirmed significant gaps between CKHA's results and those of our peers (other community hospitals in Ontario) so the organization has committed to annual surveys to measure improvement. A multidisciplinary working group has been established to define strategies to improve the top indicators across the organization, with work also occurring at the unit/department level. The goal is to create a comprehensive process to address and monitor progress in order to create a safe, transparent environment that promotes open communication and improved shared decision making between leadership, physicians and frontline staff. New communication mechanisms have been introduced and continue to evolve across the organization to set a positive tone and reflect corporate values of transparency and accountability.

CKHA believes that these elements of engagement, accountability, transparency and trust are imperative for an organization to achieve the goal of providing safe, high quality care.

### **Population Health and Equity Considerations**

CKHA is committed to driving quality of care improvements across all dimensions. By working with the LHIN, the organization has secured Indigenous Cultural Safety training for over 25 staff. This training is being delivered to CKHA's senior leadership to ensure the organization's attention and focus remains on access to safe, culturally appropriate services. The remainder of the training is allocated to frontline staff in areas that serve our most vulnerable: emergency, women and children's, dialysis and diabetes, mental health crisis, as well as spiritual care and social work.

CKHA is working to further enhance understanding of health equity in serving the needs of the broader community, particularly in the new sub-LHIN region of "Rural

Kent". We have incorporated Rural Health and Indigenous Health into our program management model. CKHA's newly created Rural Health Advisory Committee is chaired by our physician head of rural health. With representation from both First Nation communities, public health, primary care and academia, the committee will work to inform strategies to address current QIP targets and inform the development of future improvement strategies.

## **Access to the Right Level of Care - Addressing ALC**

CKHA continues to implement many of the practices outlined in the Alternate Level of Care (ALC) avoidance framework. This framework brings together best practices in ALC avoidance from across the province. This framework not only allows the organization to learn from others but also allows the evaluation of current practices and identification of areas for improvement. Hospitals from across the LHIN work together with Home and Community Care (HACC) to identify gaps in practice related to ALC avoidance.

With the ultimate goal of ensuring patients are discharged or transferred to the most appropriate place for them, a multidisciplinary team meets weekly to discuss barriers that patients are experiencing in returning to home from hospital.

Patients and families engage in multidisciplinary meetings to work together to find innovative solutions to overcoming these barriers. Home and Community Care (HACC) Coordinators work along side our patients, families and multidisciplinary teams to ensure patients are being cared for in the place that best meets their needs and wishes.

## **Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**

Chatham-Kent has experienced first-hand the heart ache that accompanies the opioid crisis in Canada. Over recent years CKHA has had the opportunity to be involved in several community efforts to reduce harm associated with drug use/misuse. The organization continues to work collaboratively with the Chatham-Kent Drug Awareness Council (CKDAC) and the Chatham-Kent Public Health Unit on various initiatives across the municipality.

Over the last decade, the risks of harm from opioid medications have become very apparent; addiction, deadly overdoses, and sleep disorders. Prescription opioids, along with illicit use of opioids, have thrust Ontario into a public health crisis.

Recent Canadian guidelines on opioid prescribing recommend first considering treatments other than opioids for patients experiencing chronic, non-cancer pain. If opioids are prescribed later, the guideline also strongly recommends limiting the daily dose of opioids to reduce the risk of unintentional overdose or death.

Much of the data on opioid use in Ontario is a function of the Narcotics Monitoring System (NMS) but opioid use in hospital is not reflected in this data.

Over many years CKHA has been working to reduce opioid use by guiding therapy through standard care plans and order sets. As an organization, traditional opioids have been replaced with non-narcotics like tramadol and non-steroidal anti-inflammatory drugs, as well as encouraging acetaminophen use regularly and appropriately for pain relief. Likewise, several opioids have been removed from CKHA formulary to reduce risk to patients.

CKHA's pharmacists were instrumental in rallying local pharmacies/pharmacists and motivating the CK physician group to work towards a fentanyl patch-4-patch return program. This expectation for all prescriptions filled for fentanyl in the community has contributed to a reduction in fentanyl prescribing/usage and reduced the risk of fentanyl being used by those for whom it has not been prescribed.

CKHA has worked with local police and fire services to help ensure firefighters and police officers have naloxone nasal spray kits at hand, and have been trained in their use. This effort ensures timely lifesaving support for victims, as well as protection for those carrying the kit, in certain circumstances.

The organization has recently developed an acute opioid withdrawal order set, to be started in the ED. This allows for a consistent, evidence-informed approach to these cases every time.

CKHA's ED Department, Mental Health services are working in collaboration with the LHIN to develop and implement a Rapid Access Addiction Medicine program.

### **Workplace Violence Prevention**

CKHA's first Workplace Violence Prevention (WVP) Committee meeting took place in February of 2017. Since that time a group of 26 dedicated individuals representing all areas of the organization, including unions, meet quarterly. The ultimate goal of this committee is to create and maintain a safe working environment for all staff.

The committee has worked to put structures in place to ensure risk assessments of organizational and environmental factors that can contribute to workplace violence are completed. The committee is currently working on reviewing new risk assessment tools and determining how often areas should be assessed. The findings of these assessments are taken very seriously and identified risks are reported to the Joint Health and Safety Committee as well as the WVP Committee. As a result of findings from an assessment of the Chatham Campus ED, the organization has committed to increased security presence of a security guard 24 hours per day in the ED. The security guard will assist in the ED as required and also control access into other areas of the hospital after hours. An investment is also being made to have access points within and surrounding the ED controlled with staff-only swipe access to secure entry into the department.

In order to build a culture of safety, the committee recognized that awareness of the issue is key. Work in choosing appropriate signage to increase awareness of the issue as well as signage to share with patients and families that staff safety is a priority at CKHA is underway. The committee also recognized that reporting of incidents by staff needed to be streamlined to encourage accurate reporting. A working group is currently working on our reporting system to support this.

To demonstrate the organization's commitment to stop workplace violence, all incidents of workplace violence are reported to the Chief Executive Officer (CEO) of CKHA. A personal call from the CEO is made to the employee who experienced the violence to discuss the incident, ensure the employee feels supported, and discuss ideas of how to reduce the risk of similar incidents happening in the future.

A working group has also been established to examine opportunities to improve how we identify patients who have had a history of violent behaviour while here or from a previous admission. Not only is this group identifying the best way to communicate this to staff, they are also looking at strategies to help communicate

and work with patients and families to identify what triggered this behaviour to prevent it in the future.

One of the goals of the WVP committee is to identify opportunities and options related to education and knowledge transfer. An elearning module is being developed and will be shared with all staff. This module will educate staff on how to become more aware of risks/hazards of workplace violence and what measures staff can take to eliminate risks/hazards. Since February 2017, 259 staff have been certified or recertified in non-violent crisis intervention training. This training focusses on defusing anxious, hostile or violent behaviour at the earliest stage possible. We continue to provide this training to new staff and recertify staff every 18 months.

In November, CKHA developed and implemented a "Code Silver" policy. A "Code Silver" should be called in response to a threat, attempt, or active use of a weapon to cause harm, regardless of the type of weapon. Awareness and education regarding this new code was carried out in November and December and will become part of CKHA's annual code review for all staff.

Workplace violence prevention is a high priority in Ontario's healthcare sector and for the leadership at CKHA. The annual Quality Improvement Plan will include an indicator that measures the number of workplace violence incidents experienced by our staff. This will ensure there continues to be a focus on workplace violence prevention.

### Performance Based Compensation

Total potential for Performance Based Compensation has been determined for designated executives, with a weighting multiplier attached to each criteria.

For Patient Experience and Staff Engagement criteria: there will be no impact to compensation if the target is achieved, impact multiplied at 50% if performance matches that of previous fiscal year and multiplied at 0% if performance drops below previous year's performance.

For financial performance: there will be no impact to compensation if accounting surplus achieved and a multiplier of 0% if total margin is less than zero.

For Strategic Plan progress: no impact if strategic goals and objectives are on target or within 90% of target for completion, multiplier of 50% applied if between 80 and 90% of target and multiplier of 0% if less than 80% completion.

### Sign-off

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

Board Chair *Greg Aarssen*

Quality Committee Chair *Sharon Pfaff*

Chief Executive Officer [Click here to enter text.](#) *Lori Marshall*

## WORKPLAN

<http://bit.ly/2J0SYWG>