Let's Make Healthy Change Happen.

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

CHATHAM-KENT Health Alliance

3/30/2017

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

Our Quality Improvement Plan (QIP) is a documented set of commitments that the Chatham-Kent Health Alliance is making to our patients, our staff and our community. These commitments focus on quality issues that have been identified provincially and locally and represent what we believe are some of the key drivers that affect the quality of care our patients and community receive from CKHA. We determine our quality improvement priorities by;

- closely examining our past performance on important quality measures
- by listening to what our patients and their families are telling us about the care they received and
- the experiences they had while receiving care at our hospital.

The last year has been a challenging one for CKHA. In August of 2016 the Minister of Health and Long-Term Care appointed a Supervisor to oversee all management and governance responsibilities at CKHA. There were significant concerns raised about the organizational culture, leadership structure and governance. New senior management and physician leadership is now in place and the organization has taken appropriate actions to begin building a culture that is transparent, safe and fosters trust and collaboration between staff, physicians and leadership. The Supervisor has implemented internal tools and processes to support effective governance and is now turning his attention to examining the appropriate governance model to support CKHA in future. We believe that the work being lead by the Supervisor and the development and execution of this year's quality improvement plan will allow us to achieve our goal of providing safe, high quality, patient centered care.

For the 2017/18 Quality Improvement Plan we have set objectives;

- to create a safe environment for patients and staff,
- to create safe transitions as patients move through our healthcare system and
- to provide an experience our patients and their families can describe as excellent.

In selecting the quality improvements we would commit to for the coming year we engaged our patients, our staff and physicians as well as community partners where applicable. Seven (7) key objectives were identified with their own measures and targets reflecting our commitment to our patients and our community in fulfilling CKHA's mission - Together...advancing compassionate, quality care; as well as our Vision - An exceptional community hospital, setting standards, exceeding expectations.

Our objectives and targets for 2017/18 will:

- Decrease hospital readmission rates for our patients living with and overcoming complex medical conditions. We will achieve this by working to incorporate best practices and patient specific needs related to transitions from hospital to home.
- Increase the number of patients who receive comprehensive medication reviews at admission and discharge from hospital to ensure patients are prescribed the appropriate medication. We will also provide our patients with the knowledge and tools to safely manage their medications and their health when they return home.
- Improve access to safe, equitable, high quality care by reducing the time our patients wait to receive care in the Emergency Department with a focus on reducing the time it takes between arrival to the Emergency Department to the time it takes for an initial assessment by a provider.
- Listen to our patients as we strive to provide care that addresses every aspect of their experience at CKHA including physical comfort, educational, emotional and spiritual needs.

QI Achievements From the Past Year

Despite significant fiscal challenges in 2016/17 and the appointment of a Supervisor we have been able to meet or exceed targets in five (5) of the seven (7) QIP performance indicators. A highlight was the success of the delirium screening team. This team was compromised of management and frontline staff and were assisted by a very engaged physician, which were all factors that led to their success. The goal was to implement delirium screening for all admitted patients 65 years and older within 24 hours of their admission. Identifying delirium is critically important as it can result in very poor outcomes for patients. Early identification and treatment can reverse this condition and improve patient outcomes. We were able to achieve over 75% compliance and continue to strive to improve this rate of compliance.

Another quality improvement initiative that resulted in fewer incidents of patient violence toward healthcare workers was the formation of a multidisciplinary team that meets monthly to develop, review and update care plans for some of our longer stay patients that exhibit responsive behaviors that can result in physical or verbal violence towards healthcare providers. This team of clinical experts meet with a focus on finding interventions that not only reduce these behaviours but also improve the patient’s quality of life.

An important achievement for 2016/17 was our investment in training and supporting "clinical experts" or "champions". When quality issues are identified we have engaged front line staff interested in receiving additional training to become their unit experts. One example of where this

approach was used is when we identified quality of care issues related to central venous access devices (these are long flexible tubes inserted into the vein to give fluids, blood and medication). We brought 10 nurses together and provided training and support so that they were able to become certified nurses to care for patients with these tubes. The nurses are now available to teach and offer support on their units. We have seen a significant decrease in incidents related to the use of these tubes. We are applying this approach to address other quality issues with successful results.

Population Health

CKHA serves a number of unique populations. Within the broader community, the population has significant and high rates of COPD and CHF as well as an aging population. There are also two distinct indigenous communities within the hospital's catchment area.

Over the past number of years, CKHA has supported a number of innovative quality improvement initiatives, including supporting IDEAS projects that focused on these particular patient population needs (ie. COPD, Seniors). More recently, a key initiative to support these populations has been the CK Health Link, which in addition to focusing on the highest users of the healthcare system (typically with many comorbidities), has cohorts that focus on First Nations and Mental Health. These efforts are bringing focused attention and collaborative responses to the needs of these unique populations. The results also point to reduced and/or more appropriate use of hospital resources as well as reduced dependency and frequency of visits to the Emergency Department.

Beyond traditional clinical collaborations, at the invitation of Chatham-Kent Mayor, Randy Hope, CKHA leadership is part of the Community Cabinet, which brings together community leaders to help improve the health outcomes of the entire region.

Equity

CKHA is committed to driving quality of care improvements across all dimensions. By working with the LHIN, CKHA secured Indigenous Cultural Safety training for over 25 staff over the coming months. 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, 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". CKHA's newly created

Rural Health Advisory Committee, with representation of both First Nation communities, public health, primary care and academia will help to inform strategies to address current QIP targets and inform the development of future improvement strategies.

Integration and Continuity of Care

CKHA continues to demonstrate its commitment to collaborate with our community partners with a focus on ensuring our patients experience a safe, seamless transition as they move through the healthcare system.
We work with agencies such as Community Care Access Centre (CCAC), Family Health Teams, Community Health Centers and 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 our healthcare system. This team whose membership is cross-sectoral 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 2016/2017 was on evaluating our Community Care Access (CCAC) referral rates for patients discharged with CHF as well as the referral process. An appropriate, seamless referral can greatly improve the quality of life of someone living with this disease as well as prevent admissions to hospital. The team identified process improvement opportunities with the referral process that are currently being implemented

A process was developed to ensure CKHA Social Workers and the patient's community case managers are notified when patients identified as "high users" are admitted to hospital. The social worker, case manager and patient meet in person or they use electronic devices to meet through a video conferencing appointment. This helps ensure the patient's individualized care plans are communicated to team members and the patient can be an active partner in their plan of care.

Access to the Right Level of Care - Addressing ALC Issues

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 us to learn from others but also allows us to evaluate our own current practices and identify areas for improvement. Hospitals from across our Local

Integrated Health Network (LHIN) work together with CCAC to identify gaps in our practice related to ALC avoidance.

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

Patients and families engage in multidisciplinary meetings to work together to find innovative solutions to overcoming these barriers. Our CCAC Care Coordinators work very closely with our patients, families and multidisciplinary teams to ensure our patients are being cared for in the place that best meets their needs and wishes.

Engagement of Clinicians, Leadership & Staff

In 2016, it was identified that there were significant gaps in our Medical Leadership structure as well as significant organizational culture concerns 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.

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 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 this model was very recently established, we have begun to see our medical leaders and clinical program leaders working together to develop action plans and set targets for the 2017/18 QIP initiatives.

In November, an organizational wide staff engagement survey was administered to all staff and physicians. The results confirm significant gaps between CKHA's results and those of our peers (other community hospitals in Ontario). The results are currently being communicated across the organization. Next steps include establishing a multidisciplinary working group to define strategies to improve our 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 our 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 across the organization to set a positive tone and reflect corporate values of transparency and accountability.

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

Resident, Patient, Client Engagement

Our Patient Experience Council meets monthly and is co-chaired by our Patient Relations Specialist and a Patient Experience Advisor. Patient Experience Advisors participate in most committees within CKHA and ensure that we consider the perspective of our patients and families as we make decisions that impact their care. Our organization has embarked on an extensive financial recovery plan and patient advisors are members of our financial recovery working groups. They are able to consider the effect proposed changes may have on patient care and help us to remain focused on the patients we serve.

Our patient experience advisors have been part of the 2017/18 QIP process from the beginning. Our patient experience advisors do patient rounding routinely asking 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 us to improve the quality of the care we are providing as well as the patient experience. They share their findings and we use that information when selecting goals for the 2017/18 QIP.

In October of this year we began a new approach to sharing the stories our patients were telling us about the experiences they had while receiving care at CKHA. These videos are shared with our frontline and leadership team so that we can understand our patient's perspectives and look for opportunities to improve the experience we provide.

Staff Safety & Workplace Violence

Workers in hospitals face significant risks of workplace violence. The healthcare setting has many unique factors that increase the risk of violence. In this context, violence can refer to a physical or verbal assault toward a person and can harm workers both physically and emotionally. At CKHA workplace violence has been made a priority.

A workplace Violence Prevention Committee has been established and began meeting in February 2017. The committee membership includes administrative leaders, front line staff and union leaders who together are focusing on reducing work place violence and educating healthcare workers on the importance of identifying and reporting incidences of workplace violence.

Healthcare workers and patients might perceive that violence is tolerated as "part of the job" and need to be educated that this is not the case. To demonstrate the organizational commitment to stop workplace violence to staff all incidences of workplace violence are reported to the Chief Executive Officer (CEO) and a personal call from the CEO is made to the employee to discuss the incident, ensure the employee feels supported and discuss ideas of how to reduce the risk of this type of incident happening in the future.

Performance Based Compensation

The QIP is integral to the operations of Chatham-Kent health Alliance.
When selecting goals and targets for the QIP we engage individuals from across the organization including our patient and family advisors these results in an organization that is committed to the work and resources required to achieve these quality improvements. Throughout the year, performance on all targets will be monitored and communicated across the organization to ensure that the plan is on target and corrective action is initiated if we are not achieving our targets.
Executives within our organization do not have any of their base pay at risk for performance and tied to the achievement of targets in our 2017/18 QIP. We firmly believe that the QIP is a key performance indicator for the organization. It is our ongoing expectation that senior leadership makes continuous quality improvement part of their regular and ongoing responsibilities.
We are confident that we have put appropriate processes in place to ensure accountability.

Sign-off

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

Supervisor- Robert Devitt

Chief Executive Officer - Lori Marshall