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Change Happen.



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



St. Thomas Elgin
General Hospital

3/1/2018

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

St. Thomas Elgin General Hospital's (STEGH) Vision is to deliver an excellent patient care experience, in a safe and compassionate environment, in collaboration with our healthcare partners. To fulfill our Vision, we utilize a Lean philosophy and framework that gives direction to everything we do. Lean is an approach that focuses on continuous improvement in the pursuit of excellence with an emphasis on respect for people including patients, families, providers, and volunteers. Our Lean approach has helped us achieve a multitude of successes and improvements to positively impact patient experience.

In developing our Quality Improvement Plan (QIP), we aligned our strategic priorities with that of the Ministry of Health, the South West Local Health Integration Network (SWLHIN) and our partner community health services providers. These priorities include Patient Experience, Safe Care, Integration of Care and Efficient Use of Resources. STEGH's QIP demonstrates our commitment to safe, quality, patient and family-centred care, and to our CARES Values (Compassion, Accountability, Respect, Excellence and Safety).

Our quality agenda is driven from the bedside to the boardroom with a robust reporting process to solicit and share feedback and identify new opportunities. Patient/family feedback from surveys are reviewed weekly; quality and safety metrics are reviewed weekly at our leadership huddle; staff attend daily huddles and are able to identify continuous improvement opportunities; we share improvement initiatives across the organization bi-weekly; and the Board monthly scorecard measures the metrics from our QIP. These scorecards are posted on our huddle boards within the hospital and on our external website.

As a leading hospital in the province in both Emergency Department wait times and advancing patient experience strategies, we continue to deliver quality in all aspects of the care we provide and continue to be open and transparent with our stakeholders. Through the development and subsequent public posting of our QIP, we encourage continued dialogue with our patients and community about the quality of care they are receiving and encourage engagement through our Patient Experience Council, our volunteer Patient Advisors, and our Patient Experience Office.

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

Over the past year, a major focus for the organization was planning for the opening of a new 106,000 square foot addition. The new North Building features a state-of-the-art Medical Device Reprocessing Department, Emergency Department, Surgical Suites and Mental Health Unit. Construction of the North Building began in November of 2015 and in February 2018; all units of the North building were in full operation. During this time of transformation, we were able to achieve our QIP targets and continued to deliver an excellent patient care experience.

The greatest QI achievement is STEGH's success in meeting all of the targets for 2017 despite operating during a major construction and operational move. The completion of the targeted Quality Based Procedure order sets and the follow up plans at discharge for our mental health patients have been a great accomplishment in 2017.

Patient Experience:

- Did you receive enough information when you left hospital?

Safety:

- % of mental health patients with follow up plan at discharge
- % of medically complex patients with specialist follow up appointments booked on discharge from medical units

- % of workplace safety events in targeted categories (violence, needle sticks/sharps, strains/sprains)
- % of discharge summaries dictated within 48 hours of discharge.

Quality:

- % of Quality Based Procedures (QBP) Order Sets implemented
- % of Choosing Wisely Toolkits implemented
- % of Baby Friendly Measures implemented for Baby Friendly Certification

People:

- Number of Wellness opportunities held for staff and physicians
- Number of staff recognized corporately at Leadership Huddles

Financial Stewardship:

- Direct cost per inpatient day (RN,RPN,PSW,Unit Clerk hours per day over census)

Resident, Patient, Client Engagement and Relations

Listening to and involving patients, families and caregivers in all stages of the care design and delivery process is a key driver of STEGH's operational platform. Patient and family engagement is critical to STEGH's daily work and quality improvement efforts. Patient surveys are distributed to every discharged patient and the survey is also available electronically. We are pleased to report a return rate of more than 39%, which provides us with robust and rich data on which to base our quality improvement work. STEGH will be introducing the CPES survey tool this year in conjunction with our internal survey.

STEGH will continue to measure patient experience in the area of receiving enough information on discharge. We were able to achieve 83% of patients responded 'Yes – Completely' to this question in 2017 and we are aiming to improve the measure in this year's QIP. Clinical managers make follow up phone calls to patients who do not respond yes – completely so they can ascertain what additional information is needed for a successful discharge.

Our Patient Experience Council has been involved in the development and launch of STEGH's Patient Family-Centred Care Framework and Patient and Provider Engagement Strategies to improve the care experience for those we are privileged to serve.

In 2017, the organization collaborated with Studer Group Canada to elevate our Leadership Practices. We rolled out staff rounding and recognition and the next step in our leadership evolution is patient and customer rounding. Patient and customer rounding is a proactive, evidence-based intervention that helps the organization address patient and customer service needs in real-time by facilitating a two-way communication between leaders, patients and customers. Evidence shows with focused patient and customer rounding the organization improves the overall patient and staff experience.

Collaboration and Integration

In 2017, the Elgin Health Links were funded and continue to be focused on the hospitals highest-use patients – those with four or more chronic conditions.

This new model of care aimed at improving care for high needs patients, sees all providers working at the local level to integrate clinical care and coordinate plans at the patient level.

The team uses common principles for coordinated care plans so all complex patients have the same experience and help in navigating the healthcare system.

There were sixty-six coordinated care plans developed for Elgin patients by December 2017 for Fiscal 2017/18. The coordinated care plans have led to a decrease in unplanned admissions, reduction of unscheduled ED visits and a reduced length of stay for admitted complex patients.

Engagement of Clinicians, Leadership & Staff

The QIP continues to be developed in partnership with key stakeholders, including staff, leaders, physicians, and our Board of Governors, all of whom provided input into determining the QIP metrics. STEGH utilizes a continuous daily improvement approach that allows staff at the bedside to identify continuous improvement opportunities. Using a daily huddle board, these ideas are tracked and reported out to the broader organization on a bi-weekly schedule. These continuous improvement initiatives are shared at the Board of Governors' meetings and monthly at a public staff Kaizen reporting event. This is a highly engaging model for all staff, leaders, and board volunteers.

This year's QIP continues to build on our Lean culture. We are asking all employees to use their problem solving skills to improve care and work life by completing two continuous improvements (two improvements per employee). The hospital is targeting 80% of staff to complete the basic Lean training in a LMS module.

Recognizing that engaged employees drive the patient experience, STEGH has committed to completing an employee experience survey twice annually with the goal of improving the percentage of staff who respond 'very good' or 'excellent' to the question 'how would you rate STEGH as a place to work'.

STEGH's goal is to shift the culture to be more positive through increased staff recognition, staff appreciation and collective problem solving. Tactics to improve in this area include five thank-you notes issued monthly by each leader, monthly rounding on employees asking a series of prescribed questions, staff recognition at huddles and the implementation of departmental newsletters. In addition, STEGH continues its focus on a healthy workplace, providing health and wellness opportunities, including hosting our first annual health and wellness fair

The organization has completed the annual operating plan, which balances patient needs with our financial resources. The 2018/19 fiscal year is budgeted to have a small operating margin of 0.20%; therefore, we have more focused attention on all departmental expenses and outcomes as one of our QIP indicators. Healthcare spending is limited, so we are planning to allocate our funds where we can have the biggest impact on customer service and continue to be good stewards of taxpayer dollars.

Population Health and Equity Considerations

Good health depends on the *Determinants of Health* including food, housing, education, income, peace and justice, physical environment, healthy child development, and social supports. Health is everyone's responsibility and all sectors of society take part in influencing the determinants of health including government, community and health agencies and individuals.

STEGH's primary catchment is Elgin County. The total population of Elgin is 88,978 using the 2016 Census. The population only grew by 1.7% since the 2011 census. Elgin County has a large rural population with 35% of its residents in rural areas. The county covers a size of 1,845.41 km² (712.52 square miles).

Seniors made up 18% of the population and that rate continues to grow over time. Conversely, children and youth account for 25% of the population but that rate continues to decrease.

People living in Elgin St. Thomas consider themselves healthy overall with 90% rating their health as good or better, although more people reported better health when they had a higher income. However, more residents of Elgin report drinking in excess of the low risk drinking guidelines and had higher smoking rates compared to the provincial average. This rate has not decreased over time. The residents of Elgin County have higher rates of chronic disease and higher mortality rates than their provincial counterparts. Local residents experience greater diabetes-related hospitalization rates than the province. Chronic disease is the biggest contributor to illness and death. STEGH opened a regional Integrated Stroke unit in April 2016 providing both acute and rehabilitation stroke services for our ageing population.

More than half of adults in Elgin St. Thomas had a Body Mass Index (BMI) above the normal weight range but this was similar to the provincial average.

To ensure that all of our vulnerable populations receive timely follow-up care when discharged from hospital, STEGH arranges follow-up appointments with primary care providers at the time of discharge. For those patients without a family doctor, we connect them with a Family Health Team to provide their follow-up care in the community.

In April 2017, STEGH implemented a new process that involves scheduling follow-up care appointments with specialists to ensure timely access to specialized care for medically complex patients. We have also extended our follow-up care plans to include mental health inpatients, one of our most vulnerable populations. We were very successful in ensuring there was an agreed upon follow-up plan prior to patient discharge for our Mental Health Inpatients.

Access to the Right Level of Care - Addressing ALC

STEGH is focused on Alternate Level of Care (ALC) patients in both acute and post-acute care streams. We have a higher than average ALC rate in our post-acute care stream and are working with the LHIN and long-term care partners to reduce this rate. With the implementation of coordinated access to rehab and complex care beds, STEGH has seen an increased rate in our acute patients. This process often adds a 2-3 day ALC length of stay for these patients.

STEGH has been working closely with the LHIN to create a Home First refresh strategy and has in place an ALC Committee that meets weekly by teleconference to review all ALC patients and to ensure that all appropriate options have been explored and applications have been made. This team also discusses complex patients who may have the potential to become ALC. This proactive approach is helping to reduce the ALC rate.

Accountabilities have been clarified to ensure that LHIN Home and Community Care Coordinators are the only individuals discussing disposition and discharge plans with patients and their families to ensure consistent messaging and adherence to policies and legislation. The Executive Team signs off on all ALC patients staying in hospital to await placement to ensure that all options have been explored and that the patient is accessing the right level of care within the right environment. STEGH continues to strongly encourage the use of the Wait At Home (IH2H) Program.

We have implemented an Expected Length of Stay (ELOS) program on the medicine floors as part of some of the best identified ALC strategies. The ELOS is posted on the patient information white board in every patient's room to ensure all team members are aware of the discharge plan and ELOS for the patient.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

ED physicians are very aware of the new Prescribing Opioid guidelines. They use non-narcotic options as first line treatment along with a No Narcotic Renewal Policy.

STEGH has three hospital representatives who participate at the Elgin St. Thomas Opioid Monitoring Group. The mandate of this group is to bring together local and regional stakeholders to increase communication and collaboration to reduce unintended overdoses related to drug misuse in Elgin County. They share expertise and best practices in the field of prevention, harm reduction and collaboration collection, and disseminate update to date surveillance data. They collaborate on local initiatives aligned to a four-pillar approach to prevention, harm reduction, treatment, and justice/enforcement.

Elgin St. Thomas Public Health (ESTPH) is working in partnership with STEGH to implement harm reduction strategies, including distribution of needle exchange program supplies and naloxone kits, to patients upon discharge deemed to be at risk. Naloxone kits have been deployed throughout the area. ESTPH is also working with local primary care physicians to facilitate the stabilization and referral from ED physicians to primary care physicians related to opioid agonist treatments.

Workplace Violence Prevention

This year's QIP was built on the QIP of 2017 where all incidence of violence, needle stick/sharps and strains/sprains were identified. We are setting a target to reduce violence incidents across the organization.

One of the QIP 2018 indicators is the implementation of a safety-focused Executive Gemba walk to each clinical area to reinforce the executive team commitment to reducing violence in the hospital and to hear the care providers concerns.

Performance Based Compensation

The executive compensation will be based on meeting 5 out of the 7 following indicators for a total of 5%:

- i) Number of Problems solved by employee
- ii) % of Patients who agreed Yes-Completely they received enough information on Discharge
- iii) % of Staff who rate STEGH as Excellent or Very Good
- iv) % of Employees who have completed the Lean LMS Module
- v) Maintain expenses to no more than 100% of Budget
- vi) Number of Safety Focused Executive Gemba Walks
- vii) Three of 6 ER P4R measures will be at MoHLTC 90th target by Dec 2018.

Contact Information

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Other

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

Cathy Crane, Board Chair _____ (signature)

Sally Martyn, Quality Committee Chair _____ (signature)

Dr. Nancy Whitmore, President & Chief Executive Officer _____ (signature)

Dr. Waleed Chehadi, Chief of Staff _____ (signature)