



2017/18 Quality Improvement Plan Narrative

Ross Memorial
Hospital



OVERVIEW

At Ross Memorial Hospital (RMH) we are committed to working with you to design programs and services that accomplish a single outcome: **exceptional care – together**. Your input as a patient, family or community member is vital to our ability to provide safe, quality care. Our relentless pursuit of continuous improvement is dependent on our ability to involve the voice of patients, families, staff, physicians, volunteers, and community members in the decisions made from the bedside to the boardroom. We thank you for your contribution and for taking the time to read our Quality Improvement Plan (QIP).

Our intent is to share our QIP in an open and transparent declaration of our pursuit of Quality. Our Strategic Plan for 2015-2021 was used as the foundation for building our QIP as we continue to strive to be an exceptional community hospital valued by you, our patients and partners. The core elements of our Strategic Plan are visualized below.

Figure 1: Ross Memorial Hospital Strategic Plan 2015-2021



Based on the values of Compassion, Respect, Excellence, and Integrity, RMH will accomplish its mission;
We provide quality acute and continuing care inspired by you, our patients and families, within a team that is committed to:

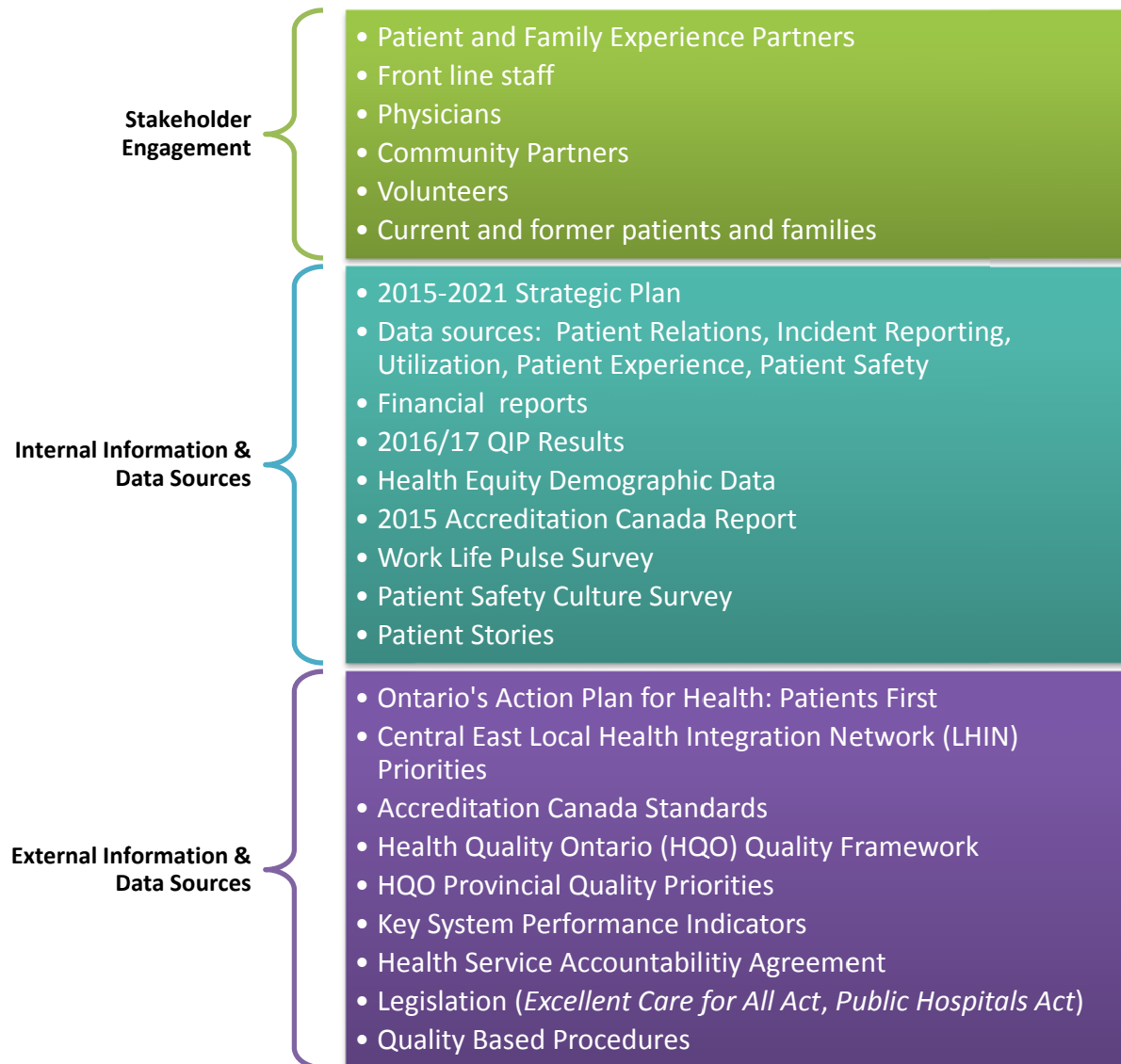
- *Improving health by anticipating and responding to the health needs of the community;*
- *Collaborating with our health services partners, both in our community and beyond; and,*
- *Promoting a progressive and healthy work environment.*

How is the QIP built?

Ultimately, it is your expressed needs as patients and family members that drives the development of the QIP. We perform a comprehensive review of data from multiple information sources and develop an inclusive engagement plan to ensure that the perspectives of the people who provide, seek, and require care are fully incorporated into our QIP (Figure 2).

The QIP is established by the leadership team in collaboration with the Board Quality Committee and is ultimately approved through the Ross Memorial Hospital Board of Governors.

Figure 2: Sources of Input for Quality Improvement Plan Development



QI ACHIEVEMENTS FROM THE PAST YEAR

A comprehensive QIP 2016/17 progress report from the past year is available on our website. Some key highlights include:

- In the third quarter of 2016/17 the Clostridium Difficile Infection (CDI) rate was 0.21/1000 patient days (9 cases) compared to 0.38/1000 patient days (16 cases) in the same time frame for 2015/16. This reduction in infection rates is likely attributable to implementing improved cleaning practices of high touch areas and direct patient care equipment. Audit results of bacteria present in patient rooms and on small multi-use patient care equipment have improved 70% on some units.
- Of the four process measures identified on our 2016/17 QIP, 100% were implemented to increase the level of home support for discharged palliative patients. This has resulted in 91% of palliative patients going home with support which exceeds the performance target identified in our Hospital Service Accountability Agreement of 81.1%. Cross-sector collaboration with community partners, the Palliative Care Community Team (PCCT), Emergency Medical Service (EMS) providers and the Continuing Care Access Center (CCAC) is essential to the achievements realized in this indicator.
- The Better Together Project Team conducted a self-assessment survey on elements of the patient experience and providing Patient-and-Family Centered Care (PFCC). From this survey, key focus areas were identified and work began to improve the patient experience. Some significant physical changes were made to ensure the Hospital was more welcoming to patients. External and internal welcome signage was installed and way-finding at all entrances was improved with the development of accessible maps to guide our patients, families and visitors to hard-to-find patient care areas. A patient-handbook was also developed which guides patients in their partnership with the health care team. Finally, staff were educated on PFCC practices in regards to communicating health information of patients to family and external care givers.
- During pharmacy hours, 99.8% of acute patients admitted through the Emergency Department had a pre-admission Best Possible Medication History (BPMH) completed. 82.3% of the patients who are admitted through the Emergency Department overall (during and beyond pharmacy hours) receive a BPMH within 24 hours of admission. While we have realized improvement from last year, Medication Reconciliation will continue to be a focus for quality improvement due to the impact of this activity on patient safety.

INTEGRATION AND CONTINUITY OF CARE

In an effort to ensure we are integrating across our Local Health Integrated Network (LHIN), multiple leadership roles have been established that are shared between two or more sites. This fosters collaboration and allows for more effective use of resources across the region. The shared multi-site and/or regional positions are:

- Integrated Chief Financial Officer
- Regional Chief Information Officer
- Integrated Director, Information and Communication Technology
- Integrated Director, Mental Health
- Integrated Director, Diagnostic Imaging & Laboratory

- Medical Laboratory Director
- Chief of Radiology

Championing partnerships is one of our Strategic Directions for 2015-21 which has led to a number of innovative practices, programs and collaborations with community partners. The City of Kawartha Lakes Palliative Care Community Team (PCCT) is an example where integration has positively contributed to continuity of care for our patients. Led by Community Care Health and Care Network, the PCCT is a partnership between RMH, the Continuing Care Access Center (CCAC), the Central East LHIN, City of Kawartha Lakes Family Health Team and



Kawartha North Family Health Team. The PCCT has been crucial to RMH achieving 91% of palliative patients discharged to home with support.

RMH has worked closely with Central East Health Links to improve continuity of care throughout the system for patients with complex conditions. Health Links ensures that a coordinated care plan is developed in partnership with patients based on their goals and shared with all health care providers that the patient encounters, whether in the hospital or in the community. In the past year, RMH brought community partners together to begin planning the process for implementing coordinated care plans throughout the region.

Three patient populations were identified for whom a coordinated care plan would greatly improve their health outcomes and staff at RMH were educated to identify these patients and refer them to the CCAC to initiate the care plan development process. RMH plans to continue developing the Health Links practice with our community partners in 2017/18 and will include this as part of our QIP.

RMH is also leading the initiation of a Quality Community of Practice in the North East Cluster of the Central East LHIN. The Community of Practice will nurture new knowledge, stimulate innovation and share lessons learned across organizations. It will also foster collaboration among the North East Cluster of acute care sites to address common quality issues that affect our region's patients and families.

ACCESS TO THE RIGHT LEVEL OF CARE – ADDRESSING ALC ISSUES

Ensuring that our patients have access to the right care in the right place at the right time is a key priority for RMH. Patients who are in the Hospital acute care beds are deemed appropriate for an Alternate Level of Care (ALC) when they no longer require acute care services, but are not able to be discharged to home (e.g., require long-term care, community care, etc). Our ALC Action Plan outlines the efforts we have made to reduce the proportion of patients designated ALC who are waiting in acute care beds by 25%. High-level objectives outlined in the action plan include:

- Revise the Discharge Support Meeting format.
- Implement standardized assessments for discharge planning to retirement homes.
- Investigate the role of a nurse practitioner.
- Review the “bullet round” (quick rounds that take place daily on the units and involve a multi-disciplinary team) format and identify opportunities to improve.
- Review the role of Bed Allocator-Permanent Assignment with Standards of Work.
- Review the role of the team in communication patterns with Patient and Family for “safe discharge.”
- Review the role of Palliation in the Home, including long-term care and retirement homes.
- Develop escalation protocol prior to designating a patient as ALC.
- Continue to find opportunities to identify high risk patients in the Emergency Department.
- Investigate a consistent patient flow role.

Ross Memorial Hospital also continues to investigate opportunities to champion community partnerships that could be formed to address the ALC rate. Retirement homes that have bed vacancies are one example of a possible partnership that could be formed with RMH to better serve these patients.

POPULATION HEALTH

Ross Memorial is a community hospital that mainly serves the 75,845 permanent residents and 35,00 seasonal visitors of the City of Kawartha Lakes. RMH also serves clients from Minden Hills, Brock and Kawartha Lakes (totaling 94,314 residents). Kawartha Lakes has a much higher proportion of the population that is over age 65 compared with the Central East Local Health Integrated Network (LHIN) and Ontario (25% vs. 16%). To ensure we tailor our services to our population, we are constantly focusing on the patient’s needs at the center of all program planning activities. Given the population we serve, RMH places particular focus on senior’s health and chronic care needs. Placing readmission rates for Chronic Obstructive Pulmonary Disease (COPD) on our Quality Improvement Plan for 2017/18 highlights this focus.

EQUITY

To ensure the seniors population served by RMH receives equitable care, embracing ‘Senior Friendly Hospital’ initiatives has been a key focus. In addition to the actions outlined in the work plan developed by the Central East Seniors Care Network, the following actions have been taken over the past year at RMH to better serve our patients and families:

- Additional recreation supports for acute and post-acute care.
- Expansion of the Hospital Elder Life Program (HELP) to the Emergency Department.
- Roll out, evaluation and sustainability of delirium program.
- Completion of environmental scan for seniors care across the organization.
- Roll out of hospital ‘Senior Friendly’ audits.

Ross Memorial Hospital plans to build a more comprehensive approach to equity by identifying groups of patients with poor outcomes relative to the rest of the population the Hospital serves. Once these groups have been identified, a plan will be developed to address the gaps in care services provided to these patient groups.



ENGAGEMENT OF PATIENTS, FAMILIES AND CARE GIVERS

Patient engagement has been identified as a key priority in our strategic plan and as such, was included as part of the previous year's QIP. In the last year, five Patient and Family Experience Partners (PEPs) have been on-boarded. One of our PEPs, a thirty-year military veteran, was asked in his initial interview what his top priorities for quality improvement would be for the Hospital. Without hesitation, he responded:

"Staff morale. The nurses and doctors are the foot soldiers of your organization."

We took that insight very seriously and demonstrated our shared priority with our patients by listing the indicators of physician partnerships and staff engagement as priority measures for improvement in 2017/18.

To ensure we implemented an accessible and robust engagement process for our QIP, PEPs were first asked to review the previous year's QIP from an unbiased lens. Prior to any education regarding the QIP, we asked for feedback

on the readability, accessibility and overall content of the former QIP. After noting which areas we could improve on, we then provided education to the PEPs to better understand the QIP development process so that they felt comfortable actively contributing throughout the process.

Community members, current and former patients and families were also given the opportunity to provide input at the three-day QIP promotional event. Deemed the "QIP Roadshow", a booth was set-up in the main lobby of the Hospital as well as in the cafeteria. Event posters and handouts included general information about the QIP as well as the indicators that were selected for 2017/18. Patients and families were educated by event staff and given the opportunity to submit change ideas to address any of the indicators.

ENGAGEMENT OF CLINICIANS, LEADERSHIP AND STAFF

Delivering consistent, reliable quality to every patient, every day is one of five strategic directions established in the RMH Strategic Plan 2015-2021. Within that, a key priority is advancing to a culture of quality valued by patients and care providers. We recognize that a strong quality culture is only possible with true partnership and robust engagement of our clinicians, staff and leadership along with our patients and their families.

Over the past year there have been deliberate actions to better involve staff and clinicians in our shared quality objectives. Frontline dashboards, which are data visualization tools that display the current status of metrics and key performance indicators such as patient engagement, patient and family centered care, and incident

reporting, are being developed for each unit. A quarterly newsletter has been developed targeted to management staff which includes QIP progress measures and lists all of the quality projects going on throughout the Hospital.

The Nursing Advisory Council is one example of a new initiative to improve clinical staff engagement that has been established at RMH. The purpose of this Council is to receive more front line input into the development, implementation and evaluation of a strategic plan to support professional nursing practice. This allows nurses to contribute to policy formulation by bringing forward the views and perspectives of the front-line staff and help to promote health outcomes and innovative solutions to health system challenges.

Quarterly QIP progress is reported to the Quality Committee of the Board, the Patient Care Advisory Committee and the Medical Advisory Committee. A comprehensive engagement plan was established in October to ensure that all stakeholders and committees were engaged throughout the QIP development process. Targeted engagement activities included:

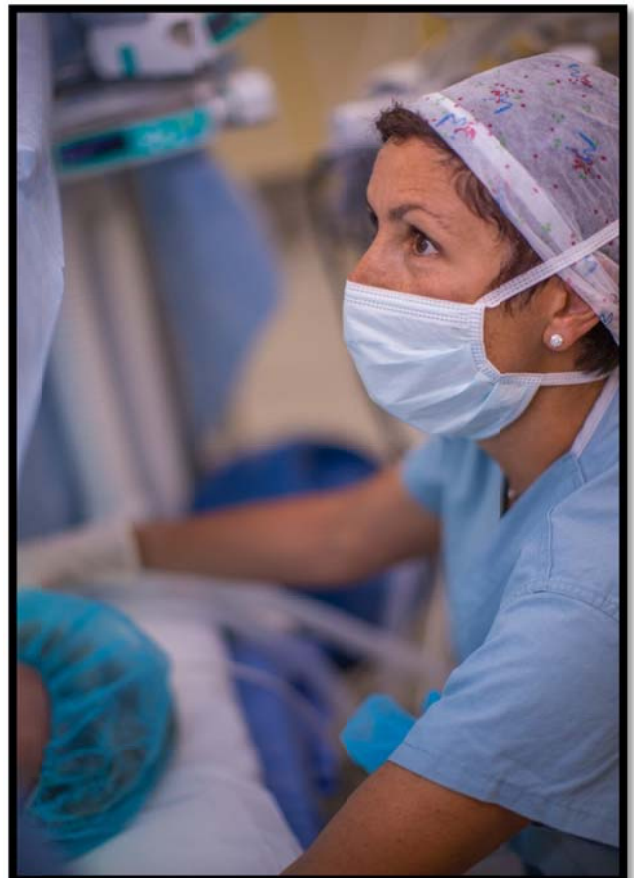
- QIP 2017/18 development progress communicated through the Chief of Staff Bulletin to all physicians.
- QIP 2016/17 status and 2017/18 development communicated to all staff through general staff meetings.
- QIP 2017/18 indicators and change idea feedback collected through the “QIP Roadshow.”
 - 163 people (staff, physicians, patients, volunteers) either stopped by the QIP Roadshow booth or were informed during the general staff meeting.
 - 69 total change ideas were submitted; 55 of those were submitted by staff representing 15 different areas of the hospital.

Throughout the development of the Work Plan for the 2017/18 QIP (also posted on our website) the source of each change idea was tracked to ensure that those included came from a variety of sources including staff, physicians, leaders, patients, and families.

STAFF SAFETY & WORKPLACE VIOLENCE

Ross Memorial Hospital is committed to the prevention of workplace violence and harassment and as such, takes all reasonable precautions to protect our employees from all sources. RMH has a policy that recognizes violence and harassment in the workplace and a program to support its prevention. This program includes measures and procedures to protect workers from workplace violence, a means of summoning immediate assistance and a process for workers to report incidents or raise concerns. Some of these elements include:

- Various Emergency Codes.



- Code White Response Team.
- Aggressive and Violent Behaviour Alert which includes conducting a risk assessment on all patients coming through the Emergency Department.
- Safe work procedures for those who work alone.
- Personal alarms in Mental Health.
- Security cameras and security personnel presence 24 hours a day, 7 days a week.
- Non-violent crisis intervention training for staff as required.
- Gentle Persuasive Approaches (GPA) training for staff as required.
- Code of Conduct that sets out expectations of behaviour for all persons in the workplace.
- Joint Health and Safety Committee that supports the workplace violence prevention program.

PERFORMANCE BASED COMPENSATION

Ross Memorial Hospital's Board of Governors holds the President and CEO responsible to ensure delivery of goals and objectives and improve quality of care, by establishing clear performance expectations and driving accountability to deliver on our QIP. Executive compensation is linked to achieving the performance improvement targets set out in our QIP. Approximately 2% of annual base salary for the CEO, Vice Presidents and Chief of Staff is dependent on achieving the QIP targets by fiscal year-end. The indicators, targets, and measures can be found in the 2017/18 QIP Work Plan posted on our website. The following table provides a brief summary.

Quality Dimension	Objective	Measure	Current	Target
Effective	Reduce readmission rates for Chronic Obstructive Pulmonary Disease (COPD).	Risk-adjusted 30-day all-cause readmission rate for patients for COPD.	27.42%	23.31%
	Strengthen Physician Partnerships.	Combined average of two measures from Accreditation Canada's Work Life Pulse Survey (see Work Plan for further detail).	57.6%	67%
	Improve Staff Engagement.	Combined average of two engagement measures from Accreditation Canada's Work Life Pulse Survey (see Work Plan for further detail).	61.6%	70%
	Improve patient experience: Did you receive enough information when you left the hospital?	"Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?" – Number of respondents who answered "Completely" as divided by total number of respondents.	45.7%	56.6%
	Increase proportion of patients receiving Medication Reconciliation on	Total number of acute patients with medications reconciled by pharmacy as a proportion of total admissions from Emergency Department.	82.3%	85%

Safe	Admission.			
	Increase proportion of patients receiving Medication Reconciliation on Discharge.	Total number of patients with medications reconciled prior to discharge as a proportion of total discharges.	57.6%	67.6%
Patient-Centered	Improve overall patient experience.	"Would you recommend this hospital (inpatient care) to your friends and family?" – Number of respondents who answered "Definitely Yes" as divided by total number of respondents.	59.4%	70%
		"Would you recommend this Emergency Department to your friends and family?" – Number of respondents who answered "Definitely Yes" as divided by total number of respondents.	52.7%	60%
Timely	Reduce wait times in the Emergency Department.	90 th Percentile ED length of stay for non-admitted low acuity patients.	4.4 hours	3.8 hours

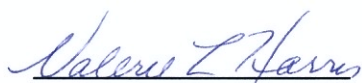
In assessing target achievement all indicators are equally weighted. Partial achievement of targets will result in partial payment. Compensation will be linked directly and proportionately to achievement. For each indicator the percentage of the goal will be accordingly rewarded. Performance on indicators will typically be evaluated on an annual basis, either fiscal or calendar year. In some cases, quarterly results may be considered in the assessment of performance achievement.

CONTACT INFORMATION

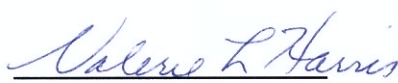
If you wish to contact Ross Memorial Hospital with questions, concerns or suggestions related to our Quality Improvement Plan, please contact quality@rmh.org.

SIGN-OFF

I have reviewed and approved our organization's Quality Improvement Plan for 2017/18.



Val Harris
Acting Board Chair



Val Harris
Quality Committee Chair



Dr. A.E. Lauwers
Chief Executive Officer