

2018/19 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 to achieve: **exceptional care – together**. Our relentless pursuit of continuous quality improvement involves the voice of patients, families, staff, physicians, volunteers, and community members. Your input is vital to our ability to provide safe, high quality care. We thank you for your contribution and for taking the time to read our 2018/19 Quality Improvement Plan (QIP).

The QIP is an integral part of our quality management framework and is aligned to our new Strategic Directions:

1. To be an exceptional workplace.
2. To provide exceptional quality patient care and experiences.
3. To develop exceptional partnerships and deliver operational excellence.

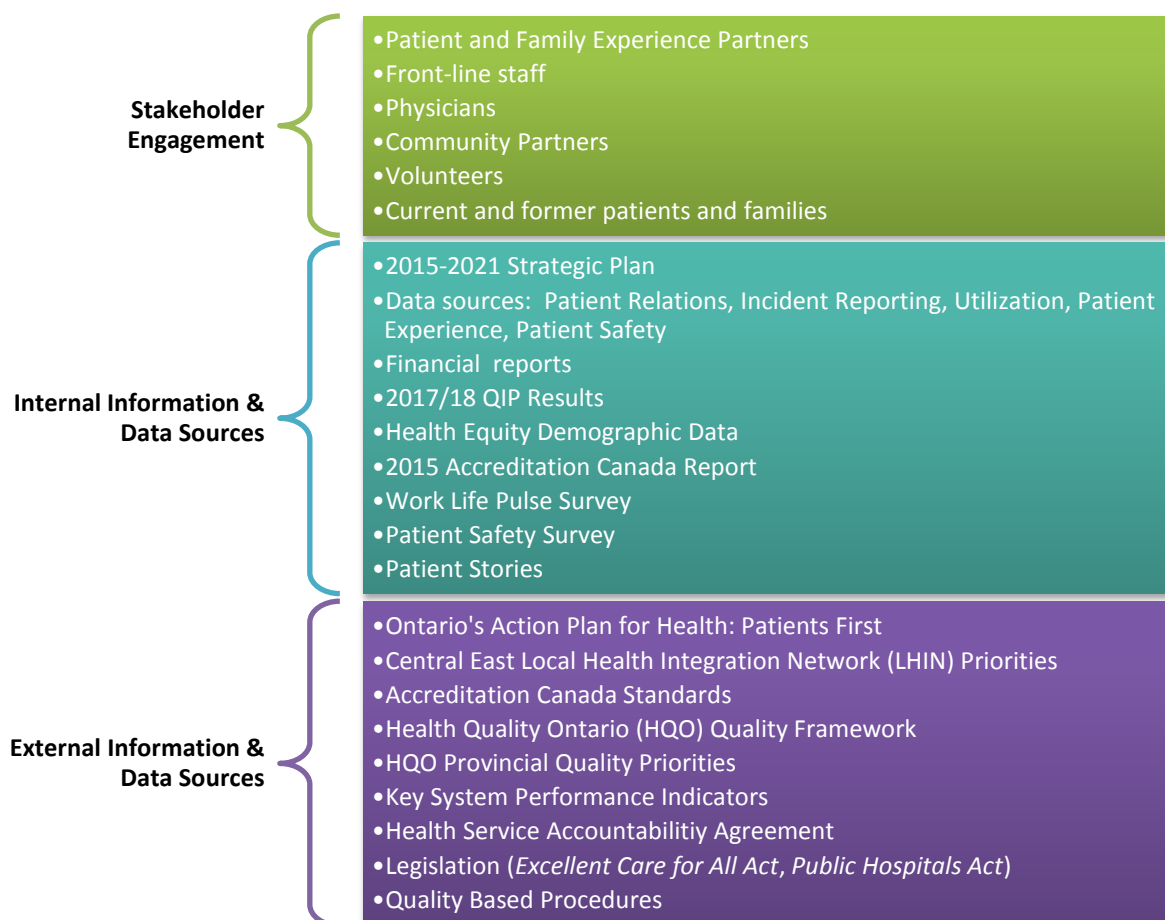
Figure 1: Ross Memorial Hospital Strategic Framework 2018-2021



How is the QIP developed?

The 2018/19 QIP was developed by performing a review of our current QIP outcomes and information from multiple sources as well as from patients, families, physicians and team members from across the hospital (Figure 2). This ensures that the ideas of the people who provide, seek, and require care are incorporated into our QIP. The QIP is also reviewed by the Patient and Family Council, Quality Risk & Safety Council, Patient Care Advisory Committee, the Medical Advisory Committee, the Board Quality Committee and approved by the RMH Board of Governors.

Figure 2: Sources of Input for Quality Improvement Plan Development



The 2018/19 QIP focus areas are Patient Safety and Patient Experience:

1. Improve Overall Patient Experience
2. Improve Patient Experience – Receiving enough information on discharge
3. Improve Staff & Physician Experience
4. Reduce Incidents of Workplace Violence
5. Reduce Incidents of Hospital-Acquired Pressure Ulcers
6. Reduce Incidents of Falls With Harm
7. Improve Medication Reconciliation on Admission, Transfer and Discharge
8. Reduce Incidents of Failure to Appreciate Status Change

QUALITY IMPROVEMENT ACHIEVEMENTS FROM THE PAST YEAR (2017/18)

RMH is committed to patient safety and becoming a high performing learning organization. This year we implemented a number of new committees and frameworks to strengthen our quality structures, processes and accountabilities. This includes changing our Quality Framework focus on *Better Care (Patient Experience)*; *Better Health (Population Health)* and *Better Value (Cost of Care)* to also include ***Better Provider Well-Being (Staff Experience)***. A new Quality Management Report was implemented to monitor trends, issues/risks and to report

progress on our 2017/18 QIP; publicly-reported patient safety indicators; staff experience; healthy workplace indicators and evidenced-based quality initiatives.

A **Quality, Safety and Risk Council** was established to recommend, oversee and support RMH quality, risk and patient safety goals and foster a culture of quality, psychological safety and continuous improvement. Each meeting, an “innovation roundtable” is held to collectively brainstorm and problem-solve front-line quality issues. A **Patient Family Council** was established to improve the patient care experience and advance the integration of the Patient-and-Family Centered Care principles into the planning, delivery, quality improvement and evaluation of services at RMH.

Several patient safety and quality improvement initiatives have been successfully implemented resulting in improved care and service delivery. The 2017/18 highlights are as follows:

- **Patient Engagement:** This year, we implemented a **Patient Engagement Framework** to share, consult, deliberate, collaborate and engage our patients in everything we do! We expanded the numbers and focus of our Patient Experience Partners (PEPs) through the implementation of our Patient Family Council. As a result, patients and family members have made significant contributions in the development and implementation of the following patient safety initiatives:
 - **Senior Friendly Hospital:** 100% of the recommended Senior Friendly leading practices have been implemented. Patients have participated in Senior Friendly Audits resulting in improved lighting at night near washrooms, adding a contrasting black toilet seat, and minimizing the number of signs throughout the hospital and improving hearing and visual adaptors.
 - **Patient & Family Resource Area:** this concept was developed by patients and care providers and was implemented in September 2017. The area is a central, accessible location for patients and families to access online evidenced-based health information, links to local health services and helpful pamphlets and information booklets. At any time of the day or night, patients and families are able to access both printed information as well as electronic information at the two computer stations.
 - **RMH Facebook Page:** was developed and implemented in June 2017 through a collaborative effort between Public Relations, Patients and Providers through the Quality, Safety & Risk Committee. Not only will this social media platform allow RMH to share messages to the broader community, this page also serves as a means for us to engage and respond to patient feedback.
 - **Patient Experience with Food:** In response to a change idea, Nutritional Services and the Quality Program implemented a new patient engagement initiative to improve the patient experience with food by increasing the number of patients who are visited by nutrition services within 24 hours of admission. Prior to September, Nutrition Services were visiting 128 patients on average per month. Since the process improvements, Nutrition Services have visited 165 patients on average. This is almost a 30% increase in the number of visits to patients to verify services such as diet preferences, allergies and restrictions.
 - **SMART Discharge Project:** Patients (inpatients and PEPs) have been consulted throughout the design and implementation stages of this project. Their input has shaped the design of

our new tool ‘The SMART Discharge.’ The SMART Discharge Tool is a simple, easily read and understood tool, available online, that gives patients the five key pieces of information they told us they need to effectively manage their health after a hospital stay:

- Signs and symptoms to watch out for;
 - Medication instructions;
 - Appointments,
 - Routine and lifestyle changes; and
 - Telephone numbers and info to have handy.
- **Mental Health Service Redesign:** to better meet our patient needs, the Mental Health Outpatient Services team including three PEPs met for two full days to review and re-design their program services for patients. Each day began with a patient story and the group engaged in a patient journey mapping exercise to bring ideas and reflections from the first day together to re-design the program on the second day. The outcome was a new model for service delivery. Focus groups were then tasked to determine the implementation details. In the evaluation that followed the two-day event, 100% of participants agreed that the session followed a patient-centric approach.
- **Implementation of eCTAS (electronic Canadian Triage and Acuity Scale)**
 - RMH Emergency Department (ED) was the first hospital in Ontario to implement an electronic assessment tool on February 28th 2017. This electronic tool is called ‘eCTAS’ and includes the Canadian Triage Acuity Scale (CTAS) decision making algorithms. This leads to higher quality assessment and triage, improved accuracy, and ultimately, increased patient safety. Moving from the previously paper-based system, the ED triage process is now faster and improves both the quality of care as well as staff and patient experiences. RMH Emergency Department has become both a leader and mentor in the implementation of eCTAS, presenting at conferences across the province and supporting other hospitals in their eCTAS implementations.
 - **COPD (Chronic Obstructive Pulmonary Disease) Clinic**
 - To improve the patient experience, health outcomes and decrease readmissions, a new COPD Outpatient Clinic was opened in October 2017. Now patients who are admitted into hospital will be seen by a Registered Respiratory Therapist (RRT). The RRT will provide care and education to COPD patients and identify who would benefit from going to the COPD Clinic after they are at home. Patients referred to the COPD Outpatient Clinic will receive a follow up phone call by the RRT who will assess how the patient is feeling and talk about the COPD Outpatient Clinic appointment.
 - The COPD Outpatient Clinic patients will work with the Physician and RRT to develop a plan of care that follows best practice guidelines such as smoking cessation, vaccination checks, reducing risk of infections, and improving self-care. Already, we are seeing a decrease in the 30 day readmission rate of patients with COPD and expect this will continue next year.

- **Results Reporting**

- An important patient safety initiative was the completion of a failure mode effects analysis (FMEA) to improve our results reporting. As a result, several quality improvement initiatives were implemented which included an updated list of laboratory tests and abbreviations available on RossConnect to address delays due to ordering issues; changes to triage nurse ordering investigations under Medical Directives; education regarding new policy and procedures for Ward Clerks and Nursing staff were included in the “Let’s Educate Days”; improved physician practice in signing tests, creating a safer system for test results distribution and a revised workflow for the Emergency Department.

- **Opening of a “Closed Model” Intensive Care Unit (ICU)**

- In April 2017 the ICU at RMH took its first steps in becoming a “Closed Model ICU”. A “Closed Model ICU” means that patients admitted into the ICU will be cared for by an interprofessional team led by a full time Physician Intensivist, who specializes in care for critically-ill patients. Having Intensivists as the Most Responsible Physician ensures our sickest patients will get the best care possible where and when they need it. To respond to our increasing patient needs, we have also increased our ICU from 6 to 8 beds and have hired additional Registered Nurses.



COLLABORATION & INTEGRATION

Collaboration and integration with Community Partners is crucial to ensure we are providing exceptional care across the care continuum for our patients and family members. A collaborative initiative resulting in significant quality improvements is the Mental Health Situation Table which occurs every second Wednesday. RMH established partnerships with the local police (City of Kawartha Lakes and OPP) and together they conduct community outreach. They respond on average to four cases each day. The City Community Response Unit, during 2017/18 has seen 132 cases and the police have responded to 116 cases. It is estimated that 60% of the cases responded to have resulted in prevention of hospital admissions.

In collaboration with the Ontario Renal Network, RMH implemented the “Save my Veins” provincial vascular access initiative. Patients with chronic kidney disease are provided a purple wristband that states “Save my Veins” to remind health care providers to use a hand vein when drawing blood or requiring venous access.

In collaboration with Hospice Community Care, the Palliative Care Community Team (PCCT) continues to engage patients and family members. This initiative provides clinical and psychological support to those in the community suffering from a life ending illness. It has been a very successful collaborative program for the community and hospital. The program has provided strong linkages for our palliative population for transitions from hospital to community and community to hospital. All patients discharged home from our palliative care unit receive additional support from the community team. The PCCT patient services include physician consultation, nursing expertise, counselling and hospice volunteers. The hospice volunteers see patients across the organization and support transitions home for patients and families.

ACCESS TO THE RIGHT LEVEL OF CARE – ADDRESSING ALTERNATE LEVEL OF CARE (ALC)

Limiting the generation of patients designated ALC is a priority for RMH. In November 2017, a multi-disciplinary team representing RMH staff and community partners completed an Alternate Level of Care (ALC) gap analysis to identify areas where improvements are needed. As a result, an enhanced process is in place to proactively manage patients at high risk for ALC designation and support implementation of additional leading practices. For example, weekly and monthly meetings are facilitated and/or attended by external agencies in a forum where patients at high risk for ALC designation are discussed and avoidance strategies are fully considered.

The hospital team examines alternatives to ensure that anyone admitted could not otherwise be appropriately cared for in a community setting. To assist with this, a Senior Friendly hospital work plan is in place and ALC outcomes are considered when establishing this and additional quality improvement priorities. Effective and timely management of patients designated as ALC will be addressed in 2018/19 through capacity building in the area of health care consent and advance care planning. This will complement current discharge planning processes through communicating role responsibilities of Substitute Decision Makers at the point of admission.

POPULATION HEALTH & EQUITY CONSIDERATIONS

RMH primarily serves the 75,845 permanent residents and 35,000 seasonal visitors of the City of Kawartha Lakes. RMH also serves patients 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 75 compared with the Central East Local Health Integrated Network (LHIN) and Ontario. 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. 'Senior Friendly Hospital' initiatives have been a key focus and quarterly audits are performed throughout the hospital with patients to identify areas for improvement.

To address health equity concerns of our homeless population, RMH embarked on the Housing First initiative. We successfully established a joint partnership with the City of Kawartha Lakes Housing Corporation to provide units across the region. This partnership has been a great success as it has provided support to individuals living within the City of Kawartha Lakes Housing Corporation, thus ensuring secured housing. It also provides our clients with a reliable landlord who is willing to house and work with those living with mental health and addictions issues. We are currently in the process of negotiating an additional three units in the Lindsay area; this will result in seven units in Lindsay and eight in Haliburton County. The staffing support for this initiative

now includes more than one full-time Housing Support Worker. Upon review of Hospital admissions data, this initiative continues to demonstrate success with a dramatic decrease in admissions once an individual is admitted to one of these units.

RMH has taken steps to ensure that our organization is inclusive and culturally responsive by integrating First Nation, Métis and Inuit perspectives into our treatment and program planning. We support partnerships with the Indigenous community and welcome all staff and care providers to learn and support guiding principles and traditional values of the Aboriginal Societies. Sacred smoke created from burning medicinal or sacred plants, called smudging, is conducted for purifying or cleansing the soul of negative thoughts of a person. When caring for Indigenous patients, RMH will recognize the value in Aboriginal Smudging healing practices and include this in the plan of care.

OPIOID PRESCRIBING AND THE TREATMENT OF PAIN AND OPIOID DISORDER

To promote patient safety and support the International Overdose Awareness Day on August 31, RMH hosted a week-long event with our community partners PARN (Peterborough AIDS Resource Network), FourCAST, and the Haliburton, Pine Ridge, Kawartha District Health Unit. Lunch and Learn sessions were offered to staff and a booth was set-up in the RMH lobby with information about various substances including opioids, how to respond to overdose, and where to seek help in the community. Over 100 of these pamphlets were distributed to staff and community members. A pop-up Naloxone Kit Distribution site was also set-up at the booth with our Community Partners, and 17 Naloxone kits were dispensed. The event garnered local media attention and high-praise from members of our Community. Our Facebook post metrics reported over 1,000 community members reached.

ENGAGEMENT OF PATIENTS, FAMILIES AND CAREGIVERS

Patient engagement is a key priority in our strategic plan and “developing a patient service focus and culture throughout the organization” was set as one of two organizational goals for 2017/18. In collaboration with our Patient and Family Experience Partners (PEPs), a Patient and Family Council (PFC) was established.

The PFC has been engaged to collaborate on both our 2017/18 QIP progress tracking as well as the development of the 2018/19 QIP. At each bi-monthly meeting PFC members were presented with a QIP progress report. Additionally, at each stage



of QIP 2018/19 development, the PFC reviewed our progress and made recommendations for improvement. This will continue to be a key focus area in our 2018/19 QIP including considering the possibility of expanding PEPs involvement at Board Quality and in the implementation of “PEP Rounding.” PEP Rounding is the practice of carefully selected and trained volunteer PEPs engaging with patients and families to learn about their experiences in real time, effectively respond to their concerns, and enhance communication. During these visits, the PEPs give patients and families an opportunity to voice concerns, compliments, comments, and listen for themes that align with patient experience measures or with the goals of a particular unit. Having a “patient-to-patient” conversation promotes more open and honest dialogue when patients may be feeling vulnerable or uncomfortable sharing their experience. Feedback gathered during rounds is recorded and will be utilized to: efficiently address individual patient’s concerns; improve communication on multiple levels; enhance staff experience and engagement; enrich and inform education and training across the hospital; and advise and provide standards or metrics for quality improvement initiatives.

ENGAGEMENT OF CLINICIANS, LEADERSHIP AND STAFF

Delivering consistent, reliable quality to every patient, every day is one of our 2017/18 goals, including 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 together with our patients and their families. This year we expanded our Quality Framework to include the care provider/staff well-being. The first step was to gain insight into our staff satisfaction and experience. Staff and physicians were engaged using a campaign – “Don’t be a Secret Agent, Be a Change Agent!” – to have their voices heard by completing the Work Life Pulse Survey. To recognize their commitment in completing the survey, staff and physicians were invited to attend a BBQ. The results of the survey were analyzed and communicated broadly. In response to the survey findings, our goals were revised to include ‘Achieving a Healthy Workplace’. A healthy workplace promotes the engagement, health and well-being of staff which in turn improves staff morale, performance and outcomes for patients, their families and our community. Staff discussions and quality improvement action plans have been developed by each department to address the survey results, and this will continue to be a priority in the 2018/19 QIP.



Purposeful actions have been implemented to better involve staff and physicians 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, have been implemented on our medical, surgical, emergency and operating room units. A quarterly newsletter has been developed to capture and deliver quality key messages and targets such as the QIP progress measures and the various quality projects being implemented throughout the Hospital. In addition, through the Quality Safety & Risk Council a new policy and procedure was developed to enhance the ability of staff to provide feedback for quality improvement. Through the electronic patient safety reporting system, staff can now provide 'quick suggestions' which are discussed at the Unit Based Councils.

RMH implemented a shared-governance model to improve collaboration, information sharing and to provide nurses with greater decision-making ability.

- A Nursing Advisory Council has successfully been implemented. The aim is to inspire nursing excellence through evidence –based practice. Key outcomes include:
 - ✓ Nursing recruitment and retention
 - ✓ Bedside reporting – change of shift
 - ✓ Diagnostic results procedure
 - ✓ Documentation – admission and discharge standard process
- The Professional Practice Advisory Council is an inter-professional forum to advance professional practice, promote innovation and excellence in patient centered care. This Council is being revitalized and will promote:
 - Professional and staff advocacy
 - Educational development
 - Recognition and promoting best practice
 - Quality Practice – ensuring compliance with legislation and regulations related to organizational practice and providing advice regarding policy and procedures

Quarterly QIP progress is shared across the hospital and reported to the Quality Committee of the Board, the Patient Care Advisory Committee and the Medical Advisory Committee. The 2018/19 QIP was developed through the engagement and feedback of all stakeholders whether they work weekends, evenings or nights. This level of engagement was made possible through an innovative virtual QIP roadshow, where all team members could provide a change idea.

WORKPLACE VIOLENCE PREVENTION

Workplace Violence in healthcare is not acceptable and we have implemented a number of prevention strategies to reduce incidents of violence within the Emergency Department (ED), as well the impact of aggression, violence and responsive behaviours across the organization. Examples of initiatives that have been implemented in the ED are:

- Environmental assessment completed by experts from Ontario Shores Centre for Mental Health Services
- Public Services Health and Safety Association Risk Assessment
- Personal safety alarms provided for all staff
- Improved access for staff to paid duty police officers when needed
- Implemented internal security services personnel in ED 24/7

- Aggression and Violence Screening for patients

Additionally, a corporate Workplace Violence Steering Committee has been established and is reviewing best practices recommended by Public Services Health and Safety Association (PSHSA), identifying current gaps in measures, processes and procedures and developing an action plan to enhance safety in these areas. RMH promotes a safety culture that strongly encourages staff to report all incidents of violence which are reviewed on a regular basis. This will continue to be a key priority in 2018/19.

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 accountabilities. 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.

In assessing target achievement all indicators are equally weighted. 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.

The detailed 2018/19 QIP indicators, targets, measures and work plan can be found on our website.

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 2018/19.


Val Harris
Board Chair


Wanda Percival
Board Quality Committee Chair


Dr. A.E. Lauwers
Chief Executive Officer