

Let's Make Healthy
Change Happen.



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



3/23/2024

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 2022-27 CMH Strategic Plan has introduced an 'Advance Health Equity' pillar to the plan. The CMH Diversity Council members have been guiding the work contained in the Diversity Equity and Inclusion plan that will incorporate equity indicators.

In 2023 CMH welcomed four (4) surveyors from Accreditation Canada to assess our performance against approximately 2000 standards that are grounded in patient safety and quality. CMH voluntarily chose to include a Patient Surveyor as part of this survey team which provided an additional lens as to how we co-develop and deliver programs and services with patients and their family members. CMH achieved the highest possible ranking, Exemplary, from this assessment.

Emerging from the COVID-19 pandemic and defining a new normal has been a challenge for many sectors, and healthcare is certainly no exception to this. Throughout the pandemic Cambridge Memorial Hospital (CMH) has actively sought out unique and innovative ways to support staff; understanding that staff are essential in the care and service that is delivered to the residents of Cambridge and North Dumfries. CMH continues to face staffing challenges despite active recruitment strategies, which many organizations across the health care sector are experiencing. The recruitment of new staff and the retention of existing staff is an organizational priority.

Another identified priority for the organization in the upcoming year will be access and flow within the hospital; ensuring that residents of Cambridge and North Dumfries are receiving the right care, at the right time, in the right place. The organization will strive to meet provincial targets.

Access and Flow

It is an organizational priority that patients within CMH are receiving timely access to care. Strategies to address access and flow allows for the efficient flow of patients through the hospital, ensuring timely access to care and improved patient outcomes. The inability to effectively and efficiently flow patients through Emergency Departments (ED) negatively impacts performance with respect to ED pay for performance metrics, causes delays for Emergency Medical Services (EMS) such as offload delay all of which have an impact on patients within our community. The inability to effectively and efficiently flow patients through our inpatient units limits our ability to provide the right care to the right patients in the most appropriate setting and may result in delays in care. Provincial metrics such as provider initial assessment, Emergency department length of stay and EMS offload times are several metrics that CMH are currently focusing on to improve access to care. Improving the flow of patients through a hospital is identifying the barriers, breaking these barriers into smaller, more achievable goals with a focus on improvement. Based on this a number of rapid improvement events, with internal and external stakeholders, guided by continuous quality improvement principles are scheduled to identify areas of opportunity across the organization.

Equity and Indigenous Health

To date in our Diversity, Inclusion, and Equity (DEI) journey CMH has appointed an executive champion, hired an Inclusion Lead, expanded the role of a manager to support this work, and formed a Diversity Council (DC). A DEI plan was developed in support of the DC with five (5) priority themes.

CMH's Diversity Council (DC) acts as the voice and promotes all DEI initiatives across the organization. Each council member was interviewed to ensure diverse cross-representation and are encouraged to provide insight to topics through their unique lived experiences. This contributes to a more inclusive and equitable work environment for the groups they represent.

Accomplishments over the past year include:

- Inclusion Lead added to the hospital's Accessibility Committee
- Added an overt and inclusive recruitment statement to job postings and incorporated inclusive-focused questions into interview guides
- Created a CMH DEI event calendar
- Formed a partnership with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) and introduced the role of an Indigenous Patient Navigator
- Collaborated with SOAHAC to develop and implement a new Smudging Ceremony Policy
- Successfully supported three smudging ceremonies

Patient/client/resident experience

In 2023 the CMH Board of Directors endorsed a CMH first, a multi-year Patient Experience Plan. Co-developed with our Patient and Family Advisory Council (PFAC) members, this plan contains five theme areas:

- Formalized Roles;
- Continuous Feedback Loop;
- Communication is a Cornerstone;
- Actions and Environment Demonstrate Respect for Diversity; and
- Adopt Innovative Digital Solutions

Over the past year CMH has implemented language translation tablets that allow staff to access live translators in 200+ languages to provide care in the patient's language of choice including American Sign Language. In 2023, CMH was fortunate to work with a member of the deaf community to create a learning video for staff on how to use the translation tablets and the benefits of doing so.

In 2023, as with other Ontario hospitals, CMH implemented a new electronic platform for patient surveying and has started to share the results of these surveys with various programs and the Patient and Family Advisory Council (PFAC). This work will continue into 2024 as this platform is expanded to include benchmarking opportunities. Benchmarking will allow CMH to compare results with other hospitals in Ontario and share learnings.

Based on feedback received from patients and their families the CMH Patient Experience team will be developing a more standardized process for managing patient belongings. The initial work will focus on medical required belongings such as hearing aids, dentures, glasses and walkers.

Provider experience

During the COVID-19 pandemic it became increasingly evident that CMH needed to support existing staff in new, enhanced, and creative ways. Pivotal to delivering on that commitment was the investment into a Wellness & Well-Being Specialist role.

A few uniquely "CMH" staff supports are as follows:

- Employee Engagement Council which is a group of staff from various roles and departments that advise leadership.
- Ember, our facility dog. CMH is the first hospital in North America to have a facility dog who 'attends' work daily with their handler, rounds frequently to various departments, attends all post-code debriefs, and is available ad hoc to support staff.
- Enhanced mental health coverage for staff for the past 2 years.

- A monthly wellness calendar that combines Wellness, Learning, and DEI appreciation events both at CMH, and in the broader community.
- Rotation of staff appreciation events throughout the calendar year (Children's holiday event, Thank-you event to coincide with Valentine's Day, Summer BBQ, holiday meal, May the 4th Star Wars day) organized and delivered by rotating teams of leaders.
- Wellness Loop passport program encouraging staff to participate in various activities related to physical, emotional, social, environmental, intellectual, and financial dimensions.
- Many values (Caring, Collaboration, Accountability, Innovation, Respect = CCAIR) based events - staff swag jackets with value of choice on the back; I-CCAIR peer to peer recognition award; values based performance appraisals.

Despite the above initiatives, CMH continues to experience ongoing health human resource challenges. Recruitment, particularly in specialty areas, remains a top priority for CMH. Efforts to streamline and automate the entire cycle of recruitment are underway to support both the recruiting leader and newly on-boarded staff.

Safety

Safety of staff and patients is paramount for the organization. Central to this is that staff feel supported to report incidents and confident that they will be reviewed through a learning lens, without fear of reprisal.

CMH has formally launched our commitment to a Just Culture. A Just Culture strives to balance systemic contributors with the professional accountability. While not synonymous with a blameless culture, a Just Culture looks for failures in the system before looking to individuals.

In 2023 there was renewed effort into (re)defining roles and accountabilities related to the incident review process and in 2024 there will be the development of internal mechanisms to assess ourselves to ensure compliance.

In 2023, CMH developed a patient facing brochure titled 'Your Role in Safety'. This highlights what patients and their family members can expect in the various areas of safety (infection control, preventing falls, medication safety, confirming your identity), and how and what they should question.

CMH is poised to launch our inaugural Safe-T-Cast staff newsletter in conjunction with IHI Global Patient Safety Awareness Week in March 2024 highlighting learnings from reviews and policy/process changes that have been implemented.

Population Health Approach

The corporate Clinical Services Growth Plan was developed based on input from medical and professional staff, combined with data, about which services residents of Cambridge and North Dumfries could potentially be leaving the region for. Two unique programs that have emerged as part of the Clinical Services Growth Plan are a multi-disciplinary Liver Health Clinic and a Transgender Health Clinic.

CMH is an active participant of the Cambridge North Dumfries Ontario Health Team (CND-OHT) and through this partnership has worked with system partners on initiatives over the past year to enhance access to community-based mental health services in an effort to divert these patients from the emergency department.

Planning is currently underway to provide community-based mental health services to Indigenous patients in a culturally sensitive environment.

Integrating population health and health equity, CMH's data analysts have developed an Equity Dashboard to better understand how and to whom services are delivered, or equally important, potentially missed. For example, the patient population that leaves the Emergency Department without being seen is analyzed through a DEI lens to determine if there are groups or sub-groups we should be seeing/doing things differently for.

Executive Compensation

For the CEO, the total performance-based compensation represents 20% of the annual salary for the position. The total amount of performance-based compensation available for each executive is reflected in the employment arrangements with each of them. For the CEO, Chief of Staff and Vice Presidents up to 25% of their current performance-based compensation will be linked to improvement on the quality measures that is reflected in the QIP and other quality and performance metrics for the organization.

Contact Information/Designated Lead

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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

Board Chair _____ (signature)
Board Quality Committee Chair _____ (signature)
Chief Executive Officer _____ (signature)
Other leadership as appropriate _____ (signature)

Access and Flow

Measure - Dimension: Timely

| Indicator #2 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|--------------------|---|---------------------|--------|---------------------------------|------------------------|
| 90th percentile ambulance offload time | O | Minutes / Patients | CIHI NACRS / ERNI hospitals: December 1st 2022 to November 30th 2023. Non-ERNI hospitals: April 1st 2023 to September 30th 2023 (Q1 and Q2) | 77.00 | 30.00 | in line with provincial targets | |

Change Ideas

Change Idea #1 Staffed to full complement of ED, Internal Medicine and Hospitalist physicians

| Methods | Process measures | Target for process measure | Comments |
|---|----------------------|--|----------|
| Recruitment, explore innovative staffing models | # of unfilled shifts | 100% of all ED, Internal Medicine and Hospitalist shifts will be covered | |

Change Idea #2 Implement EMS triage nurse

| Methods | Process measures | Target for process measure | Comments |
|---|------------------|--|----------|
| Assignment of 0900 to 2100 triage nurse to triage all EMS patients; creation and implementation of standard work for nursing, clerical and EMS related to EMS offload patients; initiation of medical directives for ambulance offload patients | EMS offload time | Progressing towards target of 30 minutes | |

Measure - Dimension: Timely

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|---------------------|-----------------------------------|---------------------|--------|--------------------------------|------------------------|
| 90th percentile emergency department length of stay for admitted patients | C | Hours / ED patients | Hospital collected data / 2023-24 | 54.70 | 44.00 | In line with provincial target | |

Change Ideas**Change Idea #1 Daily Discharge Rounds**

| Methods | Process measures | Target for process measure | Comments |
|--|-------------------------------|---|----------|
| Daily rounds with patient flow, home & community care, geriatric nurse, ED social worker to avoid admissions & support discharges. | # times per week rounds occur | consistently occurring 5 times per week | |

Change Idea #2 Decrease ALC Days

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Focused effort on removing discharge barriers for patients identified as ALC | ALC rounds - focused on longest length of stay, identification of barriers | removal of discharge barriers; rounds occurring weekly | |

Equity

Measure - Dimension: Equitable

| Indicator #1 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-------------------|---|---------------------|--------|--|------------------------|
| Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education | O | % / Staff | Local data collection / Most recent consecutive 12-month period | 0.00 | 350.00 | Selected programs and roles will pilot this education roll out | |

Change Ideas

Change Idea #1 Rainbow Health Foundations planning

| Methods | Process measures | Target for process measure | Comments |
|---|---------------------------------|--|----------|
| Consultation with professional practice, leadership | # completed trainings per month | 0 for first 2 months (planning, loaded into LMS system, promotion), then 35 per month x 10 months from June 2024 to March 2025 | |