Let's Make Healthy Change Happen.

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

CAMBRIDGE MEMORIAL HOSPITAL

2/7/2018

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.

Overview

Cambridge Memorial Hospital's (CMH) vision is: Exceptional Care by Exceptional People. Our mission is: A progressive acute care hospital and teaching facility committed to quality and integrated care. The organizational values include caring, collaboration, accountability, innovation, and respect.

CMH offers acute medical-surgical services, emergency services, intensive care, maternal child care, day surgery, rehabilitation and mental health services. Additionally, we offer ECG, stress testing, radiology, ultrasound, CT scanning and MRI as well as the following outpatient clinics/outpatient services: orthopedic, pain, geriatric, COPD (chronic obstructive pulmonary disease), diabetes education, breast screening clinics, mental health day hospital, mental health outpatient services for adults and child/youth.

Following community consultations the CMH Board of Directors approved the 2017-19 Strategic Plan in June 2017 with four (4) strategic directions:

1. Improving quality
2. Strengthen our people
3. Drive value and affordability
4. Define our role

In Fall 2017 the CMH Board of Directors approved the 2017-19 Quality & Safety Plan, a tactical document that nests under the strategic directions of "improving quality" and "strengthen our people". In 2019 CMH will join other healthcare partners in the Waterloo-Wellington LHIN (WWLHIN) when all strategic plans will be simultaneously updated, a commitment to collaboration at the system level.

2018-19 will be an exciting year for both CMH and the Cambridge, North Dumfries communities at large as we move into our newly (almost) constructed A Wing! The opening of this new wing will see many programs moving into state of the art facilities with more private, larger rooms with access to substantially more daylight. In parallel, many of the existing programs will embark on a process of significant renovations.

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

Below are three (3) examples of how Quality Improvement tools have been utilized at CMH over the past year. They represent diversity in the programs applying the knowledge, the tools utilized, and our strategic commitment to increase QI capacity within our leaders, physicians and staff.

1) The Mental Health Program at Cambridge Memorial Hospital identified a vital service offering that would improve patient experience, care and outcomes for Cambridge Patients. In collaboration with the Surgical Program the Mental Health team worked hard to develop a process and a program for offering Electroconvulsive Therapy (ECT). This required the Mental Health Team and the Surgical Team to value stream map (VSM) out every step of the process and required analyzing data to determine capacity. Prior to going live with the new service the team also completed a Failure Mode and Effects Analysis (FMEA) to ensure that any patient safety risks were identified before go

live. Currently there are roughly 15 ECT cases per week. Prior to this service being offered at CMH this would have been 15 patients who would have received this care at another facility. This improvement at CMH resulted in better access to service and a better patient experience, closer to home.

2) The Emergency Department (ED) team in collaboration with the Diagnostic Imaging (DI) team embarked on a process improvement strategy that would treat and then release ED patients requiring ultrasound follow-up. The aim of the project was to improve the patient experience by eliminating time spent in triage during the follow up visit. The working group utilized a pareto analysis to select working on ultrasound return visits and a value stream map (VSM) to eliminate unnecessary steps in the process. The working group set an aggressive goal to decrease the time from arrival at ED triage to discharge from 4.5 hours to less than 3.0 hours which was achieved in the first month after implementing the process re-design. This improvement at CMH resulted in better access to service and a better patient experience.

3) 5S of the staging area in the front of the Operating Room. Operating room staff were charged with using the process improvement tool 5S (stands for sort, set in order, shine, standardize and sustain) to organize the area just outside of the Operating Rooms the first impression that patients have prior to going into the Operating Room. This improvement at CMH has resulted in a better patient experience.

Before

After

Resident, Patient, Client Engagement and relations

The Quality and Patient Safety Lead conducted one-on-one interviews with admitted patients (and their visitors if present) and asked them the following open ended questions:

- What would give you confidence this is a high quality hospital?
- What tells you that you are receiving high quality care?
- What should we look to improve?

The same open ended questions were asked of our Patient and Family Advisory Council (PFAC) members in a written format. In addition, PFAC were also asked ‘tell us what you know about violence in healthcare’.

Verbatim answers were anonymously submitted to the Director of Patient Experience, Quality and Risk. Each answer was cross referenced with the proposed QIP metrics and further analyzed for themes not covered by the proposed QIP metrics. All information, including the verbatim answers were shared with Quality Committee members as they deliberated on the adoption/modification of the proposed QIP metrics.

Collaboration and Integration

CMH is currently participating in two (2) collaborative QIPs (c-QIPs) as well as our corporate QIP. While not meant to be an exhaustive list of all collaborative efforts at CMH, this section will provide details of the collaborative efforts occurring under the umbrellas of the 2 c-QIPs as an illustration of the depth and breadth of the collaboration currently underway.

Increasing access to Mental Health (MH) services

One c-QIP focused on improving access (decreasing wait times) to mental health services across the sub–region of Cambridge and North Dumfries. Partners in this c-QIP are community health providers, Canadian Mental Health Association (CMHA) and CMH. A couple of the deliverables that have been implemented to date include:

- a multi-organization Board level education session aimed at increasing awareness of the gaps within, and between systems
- deploying CMH MH clinicians into community practices to provide direct patient care and to strengthen clinician-clinician partnerships

In addition to the work directly related to the MH c-QIP there have been other recent collaborative efforts undertaken to better serve patients with MH illnesses. A few examples include:

- working with CMHA on improving Here 24/7 (the access point for all patients requiring MH services in WW-LHIN)
- participating in the development of a FACTT (Flexible Assertive Community Treatment Team), a community based team for MH clients with very high intensity needs
- working with Stonehenge on the implementation of a peer led overdose response strategy
- collaboration with McMaster medical school for psychiatry resident recruitment

Reducing re-admissions for patients with CHF

The second c-QIP focused primary care, home and community services, community providers and CMH coming together to reduce readmission rates for patients with Congestive Heart Failure (CHF). Patients were interviewed during their hospitalization to better understand their experience and help inform perceived gaps from the patient vantage point. Recognition of the important role that medication reconciliation plays in preventing re-admissions has prompted a system level medication reconciliation review that demonstrated gaps and opportunities.

Both of these c- QIP’s are understood to be multi-year with refreshed annual work-plans and additional members as required to meet goals.

Engagement of Clinicians, Leadership & Staff

Engagement is primarily driven by clinical and administrative leadership. The QIP reflects the risks and quality issues identified through quality reviews and clinical leadership through Department meetings, the Chief of Staff office and the Medical Advisory Committee. The aggregated quality themes are reviewed with the Quality Committee of the Board on a semi-annual basis.

This past year, medical and professional staff leaders participated in a specifically-designed Quality Improvement Course. This was led by the Manager of Quality Improvement over three evening sessions. The QI toolkit from the IDEAS course, LEAN methodology, Sig Sigma and Continuous Quality Improvement (CQI) were introduced. In turn, these tools were used in weekly ED Flow and Access improvement meetings, operating room turnover initiatives, diagnostic imaging process improvements, and Pharmacy Failure Mode Effect Analysis (FMEAs). These large-scale quality projects generated engagement in the QIP development process.

Once again this year leaders at all levels of the organization will use the strategic directions, goals from the 2017-19 Quality & Safety Plan, Corporate QIP and c-QIP metrics, top organizational risks, and organizational goals (referred to as Wildly Important Goals or WIGs) to guide departmental goal development to strengthen alignment and ultimately outcomes. For the past few years, wide medical leadership input into the proposed QIP metrics has honored the value of physician engagement in moving our QI goals forward.

Formal updates for the QIP metrics will be provided by Senior Management to the Medical Advisory Committee (MAC), Operations Team and the Quality Committee at regular intervals.

To successfully land the QIP metrics and the Wildly Important Goals, staff engagement at the unit level is paramount. Huddle structures are well entrenched at CMH and are undergoing a 'refresh' to visibly align department goals with the elements of quality.

Population Health and Equity Considerations

CMH serves a total population of 143,241 of which 93% reside in the City of Cambridge and the remainder in North Dumfries. Seniors (65+) comprise 12.8% of the total population and 19.8% of the population are immigrants. 8.1% of the population is unemployed; a rate higher than the Waterloo Wellington LHIN rate of 6.7%. A higher proportion of residents in the CMH catchment area (14.9%) do not have a post-secondary degree compared to the overall Waterloo Wellington LHIN rate of 12.3%.

CMH's catchment area includes a population with rates of mental health visits, diabetes, asthma, high blood pressure and COPD (chronic obstructive pulmonary disease) all higher than the overall Waterloo Wellington LHIN rates.

In 2016 CMH expanded its service offerings to include the provision of Medical Assistance in Dying (MAID) to allow persons from Cambridge and North Dumfries that qualify for this service, access close to home. We continue to revisit and revise polices and philosophical interpretation to balance equity and access, most recently by investigating options for offering this service on an outpatient basis.

In 2018 CMH will move into our newly constructed A Wing and as such, will allow staff to deliver care in more accessible physical space – better signage including brail, gender neutral accessible washrooms, and a dedicated space for non-denominational spiritual reflection, to name but a few.

Access to the Right Level of Care - Addressing ALC

CMH continues to actively partner with patients and families in discharge planning and has recently introduced new structured bedside interdisciplinary rounds which will assist in consistent messaging and feedback regarding the discharge plan. Daily, on the medical units physician led bedside rounding involves the patient (+ their family member), nursing, pharmacy and sometimes allied health. Rounds occur at a predictable time each day allowing family members to be present, and focus on the goals for the day, and discharge plans. Done well, these structured rounds are predicted to improve patient experience, patient level outcomes, and create capacity.

CMH continues with an integrated manager in partnership with WWLHIN Home and Community Services (previously CCAC) as well the integrated discharge planning team. This team operates with a singular focus of supported discharge planning that aligns with the clinical goals and operates under the philosophy of Home First. Accountability and commitment to purpose has allowed CMH to maintain relatively low levels of ALC patients. An ALC improvement plan based on self-assessment of provincial best practices will be the focus for the upcoming year.

Quarterly, CMH continues to host the Cambridge Care Collaborative committee which includes members from the 8 Long Term Care Homes (LTCHs) in Cambridge, Home & Community Services, and various other community partners involved in patient transitions to build relationships & discuss opportunities for continued improvement between Hospital and LTCHs. Home & Community Services will now lead the WWLHIN Transitions of Care Committee, reporting to the WWLHIN & Chief Nursing Executives which reviews metrics, discusses and advances standard work according to best practices.

CMH is one (1) of three (3) rehabilitation sites in the WWLHIN. These rehab beds are accessible via a centralized intake service coordinated by WWLHIN Home and Community Services. CMH participates on the WWLHIN Rehabilitation Council and is establishing quality improvement goals for the upcoming year based on a 2017 consultant report, which identified opportunities in the fractured hip pathway.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

CMH has created a work plan for 2018-19 to address opioid use and addictions that includes adoption of best practices via standardized order sets for use of subloxone, partnering with a community provider to provide peer support in the ED with overdoses, partnership to establish a rapid access addiction clinic, and provide education to staff and physicians.

The five pillars of the Opioid Strategy at CMH include:

- Education
- Clinical Excellence
- Quality Improvement
- Advocacy
- Research

CMH will focus its strategy to support prevention, identification and treatment within the broader LHIN strategy being developed with the Public Health Units. Furthermore, the opioid strategy at CMH will align with the Chronic Pain strategy, the Central Intake and Assessment Centres and Interprofessional Spine Assessment & Education Clinic and will be responsive to the needs of Youth mental health and Indigenous populations.

Workplace Violence Prevention

In Fall 2017 the CMH Board of Directors approved the 2017-19 Quality & Safety Plan (QSP), a tactical document that nests under the strategic directions of "improving quality" and "strength through people". An excerpt from the Introduction of the QSP reads:

> *Cambridge Memorial Hospital (CMH) continues on the transformative journey towards a vision of providing exceptional healthcare by exceptional people. Influential to this journey was the development of three (3) Quality and Patient Safety Plans (QPSP) initially established in 2011. As we embark on the development of the fourth iteration we are at a point in time where safety is viewed in a broader sense; encompassing the safety of both patients and staff. As such, this fourth iteration has been renamed Cambridge Memorial Hospital Quality and Safety Plan (QSP) 2017-19 and tactics contained herein reflect the name change.*

Specifically related to workplace violence, one (1) of the twelve (12) goals outlined in the 2017-19 QSP is to decrease the number of lost time days from workplace violence incidents by 25%. Progress on the 12 goals in the 2017-19 QSP will occur to the Board of Directors via the Quality Committee of the Board and include regular updates on current performance and strategies to course correct, if required.

Below is a list of organizational level initiatives currently in-place or under development related to workplace violence:

- Reorganizing the Code White (violent person) staff training sessions – new provider of the education, updated schedule of course offerings
- E-learning module for staff who require some basic education is under development
- Offering any staff injured due to workplace violence the opportunity to debrief with the Chief Executive Officer and/or Chief Nursing Executive
- Implemented a patient flagging system based on risk assessment that includes chart documentation and visual cues for staff
- Review of all workplace violence incidents at Joint Occupational Health and Safety
- Renovations to outpatient mental health department in response to staff concerns (privacy/safety glass installation)

- Manager/Supervisor training on occupational health and safety act requirements provided to all managers and supervisors – four ½ days of training for each manager and supervisor conducted initially (May 2015) and an additional cohort of ten (10) leaders were trained in Fall 2017

Performance Based 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 – a summary of which appears on the hospital website. For the CEO, Chief of Staff and Vice Presidents, at least 25% of their current performance based compensation will be linked to improvement on the quality measures of the hospital including the goal for improved medication reconciliation at discharge.

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)

Quality Committee Chair _____ (signature)

Chief Executive Officer _____ (signature)

Other leadership as appropriate _____ (signature)