

Let's Make Healthy
Change Happen.



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



January 29, 2019

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

Instructions: Include a brief description of your organization and an introduction to your organization's Quality Improvement Plan (QIP). Imagine you are telling a member of the public about your organization – some key facts, what you do, who your clients are, and your focus of care. Include a description of how you work to improve care for any specific under-served populations you might serve. For the introduction to your QIP, include an overview of the key areas of focus for your QIP. Think of this as an executive summary that helps to contextualize and connect the different parts of the QIP.

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, intensivist led follow up clinic, neurology clinic, 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.

CMH works closely with community partners to improve the transitions in care, close gaps and improve care and care processes and is participating in two collaborative Quality Improvement Plans (c-QIPs).

- 1) CMH is the lead organization in a c-QIP aimed at reducing the readmissions for chronic diseases such as CHF & COPD
- 2) CMH is an active participant in a second c-QIP to improve access to outpatient mental health and addiction services

2019-20 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

Instructions: Provide a story about a specific quality improvement achievement that your organization is proud of. Try to think of this as a "bright spot" that can be shared with other organizations. The story should include results from the improvement initiative (for example, data demonstrating the impact of your project or program). The purpose of this section is to demonstrate what is possible and inspire teams within your organization to continue to do more in the year ahead.

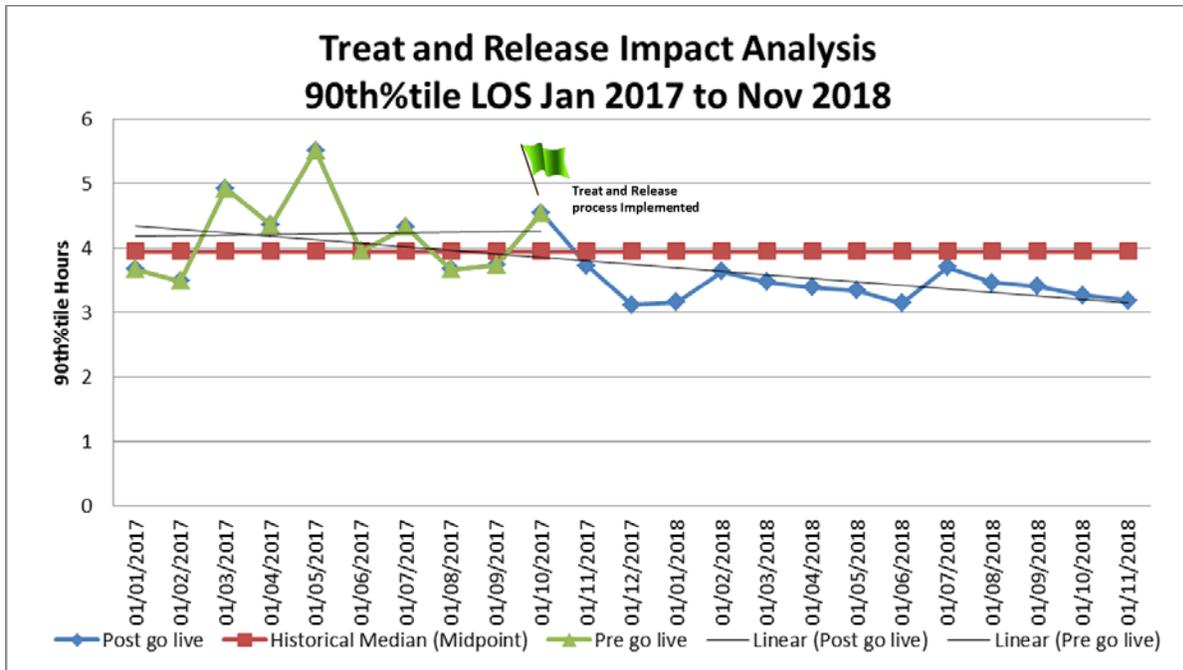
Suggestion: Upload graphs or photos of your results here.

This year, we are particularly interested in achievements that focus on any of the following priority areas:

- ***Access and transitions – for example, stories related to helping people receive the right care in the right place at the right time***
- ***Mental health and addictions***
- ***Opioids***

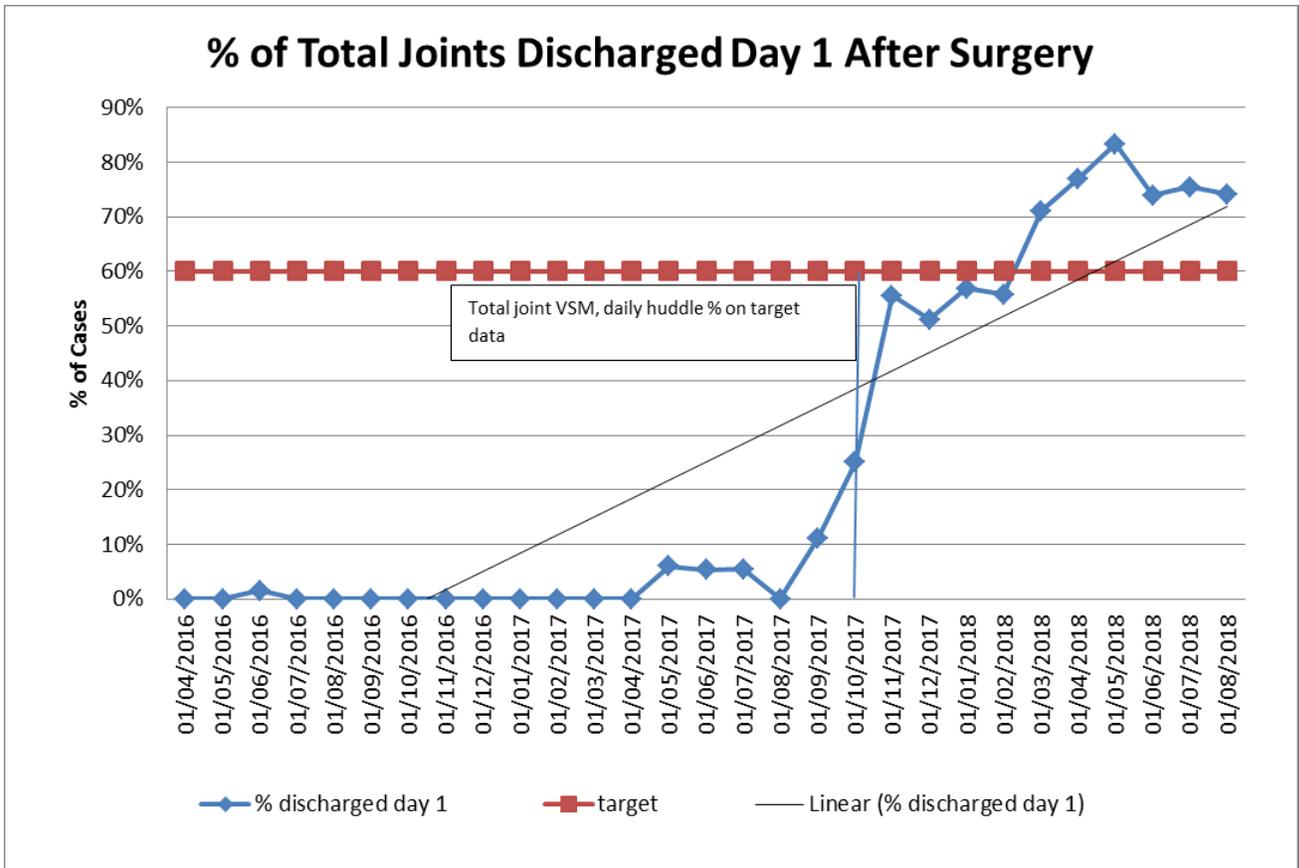
Below are three (3) examples of how Quality Improvement tools have been utilized at CMH over the past year. They represent diversity in the programs applying the knowledge, the tools utilized, and our strategic commitment to increase QI capacity within our leaders, physicians and staff.

- 1) Over the last year, CMH has improved their Rank in the P4R Program from 47 to 41, which has ultimately helped to improve patient experience and accessibility. This was achieved by utilizing improvement science and the Model for Improvement to test and sustain the following improvement initiatives:
 - Creation of a Fast Track Zone for ambulatory patients.
 - Allocation of Physician and Nurse Practitioner hours to match patient demand per hour / day of the week
 - Used weekly chart audits to improve and sustain triage process and accuracy
 - Implemented and sustained process for Treat and Release patients returning for diagnostic imaging tests and results. The run chart below displays the significant impact on wait-times and patient experience pre and post implementation.



Source: Uncoded Meditech Data

- 2) The Surgical Program at CMH significantly improved the length of stay and recovery times for total joint patients. The program set a stretch goal to increase the % of total joint patients discharged on day 1 after surgery from 0% to $\geq 60\%$. The program held an improvement workshop with all key stakeholders to analyze and identify what would have to change in our current processes to enable a day 1 discharge utilizing best practices. During this process, patient and staff feedback helped to improve the communication process with patients. The surgical program has continued this effort to improve patient communication with the launch of the Co-Health mobile application which provides patients with easy access to vital information required for pre and post-surgery.



- 3) CMH has strengthened the QI culture within our organization by targeting to increase the % of staff trained in QI from 7% to >17% and by refreshing performance huddles. Currently all clinical programs and support programs huddle multiple times per week to assess current performance and identify and implement improvement opportunities. These performance huddles allow staff to identify opportunities to improve daily workflows. One of the initiatives led by staff included developing a process to flag in hospital appointments to improve coordination of care and reduce missed appointments; this process is being spread across in patient programs. Another staff idea resulted in a 5S project to improve the tracking and coordination of wheelchairs so that wheelchairs would be available when patients and families needed them. Below is a photo illustrating the 5S initiative:



Resident, Patient, Client Engagement and relations

Instructions: Briefly outline how you partnered with patients/clients/residents in your quality improvement initiatives this year, including in the development of this QIP. Can you identify examples where their input has had an impact on your quality improvement initiatives? For example, have patients/clients/residents helped to choose areas of focus for your QIP, contributed change ideas, or co-designed/co-delivered quality improvement activities? Have you identified any broader impacts on staff, the patients/clients/residents who were engaged, or those being served by your organization?

The Patient Experience 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, our PFAC were familiar with the workplace violence incidents being a mandatory indicator in 2018-19. As such, this year they were also asked 'tell us if you think the incidents of violence in healthcare have changed'.

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.

Workplace Violence Prevention

Instructions: Is workplace violence a strategic priority for your organization? (yes/no). If yes, describe how it is a priority – for example, is it included in your strategic plan, do you report on it to your board, or have you made significant investments to improve in this area?

Yes, workplace violence prevention is a strategic priority for Cambridge Memorial Hospital. 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 is presented to the Board of Directors via the Quality Committee of the Board and includes 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:

- Development of a Respectful Workplace Committee – cross sectional committee focused on workplace violence prevention and enhancing/promoting respectful interactions between staff, physicians and volunteers. Chaired by VP Clinical, Chief Nursing Executive & Director Human Resources
- Created new reports to track incidents, data analysis of security reported incidents to location, time of day and better understand trends
- Reorganizing the Code White (violent person) staff training sessions – new provider of the education (2016), updated schedule of course offerings, aiming to track % staff per unit up to date on their training – update code white training content based on staff feedback
- E-learning module for staff who require some basic education has been developed
- Review of safety programs from other hospitals
- 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 Committee and the newly formed Respectful Workplace Committee

Performance Based Compensation

Instructions: Please describe how you have connected executive compensation to the priorities in your QIP, with special consideration for the priority and mandatory QIP indicators. For guidance on how to complete performance-based compensation, please review Performance-Based Compensation and the Quality Improvement Plan:

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 up to 25% of their current performance based compensation will be linked to improvement on the quality measure of 90th Percentile Time, in hours, from Decision to Admit to Admit to Bed time.

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)