

Let's Make Healthy
Change Happen.



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



4/21/2020

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Overview

The vision for Norfolk General Hospital (NGH) was developed in consultation with patients/families, staff, physicians and Board members and defines our broad and aspirational image of the future. Our vision is "To be an inspiring model of what an exceptional healthcare experience should be". Norfolk General Hospital is a community of people dedicated to transforming the patient and family experience through innovative and collaborative approaches to care, knowledge and leadership. This plan is created annually as part of Norfolk General Hospital's commitment to continuously improve the delivery of safe, quality patient and family centered care.

NGH is committed to an unwavering focus on our strategic directions:

- High Reliability Healthcare: Fostering Continuous Improvement
Anticipating Tomorrow's Needs
- Exceptional Experience: Leveraging our Aspirational Culture
Nurturing Powerful and Purposeful Partnerships
- Exceptional Environment: Designing a Modern and Comfortable Hospital
Optimizing and Updating our Equipment and Technology

The Quality Improvement Plan for 2020-2021 will focus on the following priority measures:

- Effective Transition: Patients who return to the ED within 30 days following a visit for substance abuse
- Effective: Early Identification of patients who would benefit from a palliative approach to care
- Patient Centered: Communication prior to discharge from the Emergency Department
- Safety: Reduce fall injuries
- Safety: Workplace Violence Incident Reporting
- Timely: Time to inpatient bed from the Emergency Department

The Ontario Action Plan for Healthcare, Ontario Hospital Association Strategic Plan, Health Quality Ontario priorities and Provincial Priorities were taken into account as the 2020-21 improvement plan unfolded for the organization. Common themes such as safe and effective care, access to care and improved patient experience are embedded in this Quality Improvement Plan (QIP).

Due to the impact of COVID-19 on our organization, we anticipate that this Quality Improvement Plan will flow into 2022 in order to meet our goal for the change ideas.

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

Norfolk General Hospital is proud of the improvement we have made in keeping patients safe while in our care. One of our Quality Improvement Initiatives for Norfolk General Hospital was to reduce our Healthcare Acquired Catheter Associated Urinary Tract (CAUTI) infections by 50%. Our case number in 2018-2019 was 30 and our goal was to reduce our case load to 15 by the end of 2019-2020 year. A Pre education quiz was sent to nursing staff around the use, indications, urine collection, and causes of CAUTIs. From this quiz an education plan was developed to meet the needs of the staff to support the reduction of catheter use. At our annual skills fair and safety fair we focused education on the choosing wisely guidelines, not only about the indication for catheter use but for the testing of asymptomatic bacteriuria. Staff were educated on the signs and symptoms of urinary tract infections (UTI's), how to collect samples appropriately from catheter hubs, how UTI's can occur with catheters, what indicators are used to support catheterization and what conversations should occur when thinking about keeping the catheters in situ.

Post education quizzes were completed by 100% of clinical staff who attended these educational fairs. Tools were created to help nurses decision making around Indicators for insertion, asymptomatic bacteriuria, what constitutes a UTI, and a HOUDINI tool (acronym for Hematuria, Obstruction, Urological/gynecological/perianal surgery/prolonged surgery, Decubitus ulcer, Input/output monitoring, Nursing at end of life, Immobilization due to unstable fracture/spinal injury or neurological deficit) for assessment and recommendations to keep a Foley/ initiate a conversation with the physician or nurse practitioner.

Nurse practitioners championed the utilized the Order Sets and Catheter Protocols to facilitate the removal and review of catheters. Communication with staff about the rationale for removal, and indicators to require catheterization, along with the education has assisted in changing the culture of the nursing staff from requesting catheters for patients who may not require due to indicators to requesting for catheters to be removed and discussion around potential infection risks. With education and discussions that occurred we have seen an effective review of patient indication for catheterization, daily review for continuation of catheter use, and a change in culture, nurses used to ask for catheters to be inserted for patient that wouldn't have met indicator needs, now they are discussing harm reduction strategies and asking for them to be removed.

We have over exceeded our target by reducing our cases by approximately 66% in a short period of time. CAUTI contributes to morbidity in hospital, increased cost for treatment, length of stay, potential links to further infections, therefore causing significant impact on the patient and hospital resources.

Collaboration and integration

Norfolk General Hospital has partnered with organizations to drive healthcare change for our clients both while in hospital and once discharged from the hospital. Our partners over the part year have come into the organization to support our initiatives (Alzheimer's Society, Local Health Integration Network, Holmes House, Norfolk Hospital Nursing Home) during our educational fairs and to provide ongoing support for practice change. We have partnered with the Huron Group to elevate our practices around staff and patient experience. Our Board participates in Gemba Walks quarterly, clinical leadership meets daily to focus on patient flow and timely access to care. We have initiated partnerships with both Six Nations and Credit Indigenous communities to broaden our Patient and Family experience.

Patient/client/resident partnering and relations

Our Patient and Family Advisory Council contributed to the content of our Quality Improvement Plan. Patient and Family Advisors are part of the membership for our Program Committees. Information is brought to the Patient and Family Advisory Council about patient experience, patient safety and senior friendly hospital initiatives for consideration as we seek changes for improvement. The Patient and Family Advisory Council collaborated in the development of the Senior Sensitive Improvements and designing bedside whiteboards. Strategies are embedded in our QIP to address our commitment to hearing our patient's voice and making changes to improve the patient experience. Norfolk General Hospital leaders round with our patients daily to hear their perspective on their experience at the hospital and encourage them to tell their story about their journey in the healthcare system. Through this standardized approach to information sharing and collaboration with our patients and their families, stories and themes are brought to Program Committees where these teams develop change ideas to meet the needs of our patients/families and support the strategic directions of the hospital.

Workplace Violence Prevention

Workplace Violence Prevention is a strategic priority at Norfolk General Hospital. Each Leader includes quarterly actions to reduce workplace violence and improve reporting of workplace violence incidents in their 90 day plans. Workplace violence is included in our Quarterly Dashboard Report to the Board. Education for staff on reporting workplace violence incidents is included in our change ideas for this year. Staff have participated in ongoing education as well as opportunities to debrief situations to heighten our awareness and confidence in reporting workplace violence.

Executive Compensation

Executive compensation is attached to indicators in our Quality Improvement Plan and linked to the roles of President and Chief Operating Office, Vice President of Finance, Vice President of Patient Care and Chief of Staff.

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair  (signature)

Board Quality Committee Chair  (signature)

Chief Executive Officer  (signature)