

Let's Make Healthy
Change Happen.



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



3/31/2015

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 vision for Norfolk General Hospital (NGH) was developed by staff, physicians and Board members and it 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. NGH has maintained an unyielding focus on our four strategic directions:

- Improved Access: Improve wait times and help people get the care they need
- Incredible Experience: Develop unparalleled customer service
- Passionate Teams: Entrench a positive culture and grow our team
- Effective Enablers: Ensure we have the physical plant and equipment, financial stability, workplace environment and technological support to enable our staff to do the very best job they can in taking care of our patients and their families

The Quality Improvement Plan 2015-16 will focus on the following priority measures:

- Reduce emergency department wait times
- Improve organizational financial health
- Reduce unnecessary time spent in acute care
- Reduce unnecessary hospital readmissions
- Improve patient experience
- Increase the proportion of patients receiving medication reconciliation
- Reduce hospital acquired infection rates

The Ontario Action Plan for Healthcare, Ontario Hospital Association Strategic Plan, Hamilton Niagara Haldimand Brant Local Health Integration Network Strategic Plan, Health Quality Ontario priorities and Provincial Priorities were taken into account as the 2015-16 improvement plan unfolded for the organization. Common themes such as chronic disease management, senior friendly hospital, access to care and improved patient experience are embedded in this Quality Improvement Plan (QIP). Medication reconciliation will have a focus on "transition between care services" since NGH actively introduced medication reconciliation for admission and discharge four years ago and has maintained compliance in practice. We continue to work with our community partners to reduce unnecessary time spent in acute care and will participate in a LHIN-wide refresh of the Home First Philosophy and the Integrated Funding Model Project(pending)to support patients and their families in receiving the right care in the right environment.

Integration & Continuity of Care

Norfolk General Hospital (NGH) is committed to providing healthcare services to our patients and their families that are organized around their healthcare needs. NGH is the Haldimand Norfolk leader for Health Links. This partnership with our community providers will improve healthcare services for identified high risk populations and ensure safe and seamless care planning to support their healthcare needs. The QIP includes priorities that have been identified through partnership with the Local Health Integration Network, Patient Safety and Quality Network for Region 4 & 5, Senior Friendly Hospital Working Group and the Community Care Access Center as we continue to support patients as they transition across the continuum of care. In partnership with the LHIN Committee for the Enhancement of Elder Friendly Environment and the Quality/Patient Safety Team, priorities to improve patient safety and drive quality improvements for the aging population became a focus so that educational opportunities and best practices could be standardized across sites and sectors in this LHIN. Reaching out to our partners in Long Term Care (LTC) has identified opportunities to improve our warm handover, medication reconciliation and transfer of accountability as patients move from the hospital to LTC.

This in turn has given us a platform to build relationships with our colleagues in LTC to ensure that care is planned and communicated for this patient population. As discharge bundles are standardized across our LHIN and with our Community Care Access Center (CCAC) partners, patients and their families will receive consistent information as they transition from hospital to home.

Our commitment to improve the discharge process has enhanced our communication with Primary Care providers and the Rapid Response Team at CCAC for high risk patients transitioning from hospital to home. Discharge bundles include communication of discharge to the primary care provider, discharge medication reconciliation, discharge instructions, follow-up appointment requests of primary care, referral to CCAC Rapid Response Team for patients at high risk for readmission and information related to symptom management strategies.

Challenges, Risks & Mitigation Strategies

Challenges and Risks

Norfolk General Hospital is dependent on a systems approach to improvements through relationships with a broad network of healthcare providers. Barriers that impact the partnership put important plans at risk:

- Availability of community services for discharged patients
- Enhancing our model of care to ensure that there are no gaps in service delivery requiring all providers to be flexible and innovative in the approaches to patient care
- Shortage of Family Physicians resulting in residents accessing the Emergency Department for primary healthcare services
- Increase in admitted patients with community acquired infections which restrict patient flow
- Buy-in and consistent support from hospital medical staff

Mitigation Strategies

- Ongoing efforts to recruit additional Family Physicians to Norfolk County
- We will develop the Health Links strategy to improve patient flow throughout the continuum of care
- Including community services in our improvement processes to ensure that the desired care flows seamlessly to our care partners outside our walls
- Recruit physician champions

Executive leads have been assigned to improvement priorities contained within the 2015-16 QIP in order to remove identified barriers and achieve success. The Quality Committee of the Board regularly monitors progress on the QIP indicators and in turn reports a high-level summary to the Board of Governors.

Information Management

Norfolk General Hospital is using its information management systems to improve quality in the following ways:

- Identifying patient populations that are repeatedly using services, with the goal of implementing initiatives that will help those patients to avoid repeat visits and/or readmissions
- Enhancing the use of Clinical Connect. This tool enables the Hospital to view a patient's treatment history at other hospitals, improving our ability to care for that patient

Engagement of Clinicians & Leadership

The QIP is one component of our overall planning process. We integrate our QIP into our quarterly Quality Dashboard Report, Service Indicators and Patient Safety Report. The targets are aligned with the strategic plan of Norfolk General Hospital taking into consideration the current and future needs of our patients and the community. Front line staff, managers, directors and senior leadership team were given the opportunity to review

the content of the quality improvement plan. The QIP under the direction of the Quality Committee was presented to all key program committees, nursing practice committee, staff meetings, and the Patient and Family Advisory Council. The engagement across the organization ensures that we are committed to our fiscal responsibilities, accountable to our patients, securing collaborative practice opportunities with our healthcare partners and demonstrating our focus on the delivery of high quality healthcare. The QIP was shared with LHIN partners for constructive discussion and ideas for additional content to strengthen the plan.

Patient/Resident/Client Engagement

Norfolk General Hospital engaged Late Career Nurses to interview patients as to their experience at the hospital and 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 were brought to service committees where these teams developed changed ideas to support the strategic directions of the hospital.

A Patient and Family Advisory Council is in place at Norfolk Hospital and with the support of our patients and their families, opportunities for improvement are generated at this committee. Advisory Council members sit on our accreditation teams and are included in various committees across the organization. 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.

Accountability Management

The Excellent Care for All Act requires a certain percentage of compensation for any executive under a compensation plan to be linked to the achievement of performance targets set out in the annual QIP. The executives linked to the compensation plan at Norfolk General Hospital include the President and CEO, Vice President of Finance and Vice President of Patient Care & Chief Nursing Executive.

Health System Funding Reform (HSFR)

Norfolk General Hospital has incorporated Health System Funding Reform (HSFR) into its quality processes, including this Quality Improvement Plan, in the following ways:

- The ongoing development and implementation of Order Sets for Quality Based Procedures (Chronic Obstructive Pulmonary Disease, Congestive Heart Failure and Pneumonia). This ensures a standardized approach and the consistent use of best practices
- Focusing on services where there are large enough volumes to ensure healthcare professionals are able to maintain the skills necessary to provide a high level of quality and maintain efficiencies
- Working with the LHIN and other healthcare providers on integration initiatives (Integrated Funding Model Project) that will increase Quality and maximize available resources
- Continuous measurement of improvement initiatives that will impact effectiveness and the efficient use of resources

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan :

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

Board Chair: *Beth Snowden*

Quality Committee Chair: *L.H. 8-25-22*

Chief Executive Officer: *[Signature]*