

Let's Make Healthy
Change Happen.



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



3/20/2018

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.

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Overview

The vision for Norfolk General Hospital (NGH) was developed by 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 2018-19 will focus on the following priority measures:

- Timely: Reduce emergency department wait times for complex patients
- Effective: Improve transition in care
- Patient Centered: Improve in-patient experience
- Safe: Improve Hand Hygiene compliance
- Safe: Improved medication reconciliation process
- Safe: Enhance understanding of workplace violence incidents

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 2018-19 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).

The Patient and Family Advisory Council participated in addressing improvement initiatives for our palliative beds to reflect the guiding principles of patient and family centered care. Norfolk General Hospital partners with community services at every touchpoint of the patient journey to ensure that we address and support the plan of care determined by our palliative patients and their families.

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

At Norfolk General Hospital we are proud of the achievements we have made in patient experience over the past year. The patient experience survey reports through CPES-IC TOP BOX shows our improvement over the year as follows:

- Discharge and Transition Planning and Management scores improved from 60.4% positive score to 70% (Q2 2017-18)
- Information about symptoms to watch for: improved from 64.3% positive score to 79.2% (Q2 2017-18)
- Clear understand about medications: improved from 72.5% positive score to 80% (Q2 2017-18)
- Enough information about what to do if you have concerns after leaving the hospital: improved from 48% positive score to 64.7% (Q2 2017-18)
- Better Understanding of condition: improved from 39.2% to 54% (Q2 2017-18)
- Treated with dignity and respect: improved from 66% to 73.5% (Q2 2017-18)

Norfolk General Hospital engaged in educating all staff in using a common communication platform called AIDET (Acknowledge-Introduce-Duration-Explanation-Thank you) and continued our leader rounding with staff

to ensure sustainability of our practices. 100% of staff were educated in using this unique communication strategy. Specific information for patients at the time of discharge and information on the bedside whiteboards was standardized to meet our patient's needs as they transition through their healthcare journey.

Resident, Patient, Client Engagement and relations

Norfolk General Hospital leaders interview patients as to 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 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. Patient and Family Advisors are part of the membership for our program committees and are included on the Quality Committee of the Board. 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 Patient Feedback process for NGH. Strategies are embedded in our QIP to address our commitment to hearing our patient's voice and making changes to improve the quality of care.

Norfolk General Hospital is currently reviewing our Public Relations process for submitting complaints and concerns. Using a LEAN methodology we will map the current process and make improvements with input from patients and families.

Collaboration and Integration

Norfolk General Hospital (NGH) is committed to providing healthcare services to our patients and their families that are focused around their healthcare needs. We continue to partner with our community providers to 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 as we support patients as they transition across the continuum of care. In partnership with the LHIN Committee for the Enhancement of Elder Friendly Environment 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 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, shared and communicated for this patient population.

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

Engagement of Clinicians, Leadership & Staff

Leaders round on direct reports and include this activity in their 90 day plans. These 90 day plans are developed by each leader and structured around our strategic goals. They offer the leaders an opportunity to plan actions that will drive us to success and heighten our awareness of accountability at all levels. Through this process improvements are identified and documented in the services Stop Light Report and shared at the leadership table. The QIP is one component of our overall improvement strategies. 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, senior leadership team and Board members 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.

Population Health and Equity Considerations

Norfolk General Hospital has identified that the most common readmission diagnosis is COPD and CHF and has worked with partners in the LHIN to standardized patient education related to these chronic conditions. The development of patient pathways to help our patients and their families understand the trajectory of care while in hospital and learn strategies to maintain healthy living post discharge have been integrated into standardized practice. Since this region is recognized as having a very high rate of tobacco use, Norfolk General Hospital has standardized the use of the RNAO best practice guidelines for smoking cessation to support patients who wish to stop smoking. Norfolk General Hospital has partnered with our Indigenous communities from Six Nations of the Grand River and Mississaugas of the New Credit First Nations as we renewed our Strategic Plan.

Access to the Right Level of Care - Addressing ALC

Patients who no longer require treatment in hospital are identified by the Discharge Planner/ Navigator daily at bed meetings. Challenging discharges are reviewed by the interdisciplinary team weekly to reduce barriers to discharge. We work with our community partners to reduce unnecessary time spent in acute care and continue to participate in a LHIN-wide initiatives such as the Home First Practice to support patients and their families in receiving the right care in the right environment.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

Norfolk General Hospital is currently reviewing the Health Quality Ontario Standards for Opioid Practices: Opioid Prescribing for Acute Pain, Opioid Prescribing for Chronic Pain. Upon considering the best practices for opioid prescribing we will build guidelines into our order sets.

At this time medication reconciliation is practiced on admission, during transfer to other services and on discharge. Medications are reviewed frequently by our professional staff including physicians, nurses and pharmacist. Our Emergency Department is working towards full medication review and reconciliation for patients who are not admitted but do not have a family physician.

Workplace Violence Prevention

Workplace initiatives are reflected in our commitment to hearing the staff's voice and enhancing education. Non Violent Crisis Intervention and Gentle Persuasive Approach are educational opportunities provided to staff. The CEO held focus groups with staff to engage them in conversations about a healthy and safe work environment. Leadership and staff at Norfolk General Hospital have participated with the Chief Executive Office over the past two years in consulting together about safety in the workplace. Workplace safety is included in our Strategic Plan and workplace incidents causing lost hours are reported to the Board each quarter. We measure Employee Experience through NRC surveys and capture the staff experience related to healthy workplace and workplace safety.

We are currently reviewing our practices in identifying workplace violence and in collaboration with staff and leadership enhancing our policy, processes and reporting opportunities. Norfolk General Hospital has 240 FTEs.

Performance Based Compensation

The Excellent Care for All Act requires a 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.

For each of the President & CEO, Vice President-Patient Care, Vice President-Finance and Chief of Staff a percentage of executive compensation will be at risk.

Contact Information


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Sign-off

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

Board Chair  (signature)

Quality Committee Chair  (signature)

Chief Executive Officer  (signature)