



Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

June 15, 2022



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:

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

The Quality Improvement Plan for 2022-2023 will focus on the following priority measures:

- o Timely: Length of stay in the Emergency Department for high acuity patients being admitted

- o Patient Centered: Emergency Department patients' receiving adequate information at discharge
- o Effective Transition: Medication discrepancies being addressed
- o Safety: Reduction in reportable Workplace Violence Incidents
- o Safety: Hand Hygiene before patient contact
- o Safety: Reduce number of falls causing harm in patients with cognitive impairments

The Ontario Action Plan for Healthcare, Ontario Hospital Association Strategic Plan, Health Quality Ontario priorities and Provincial Priorities were considered as the 2022-23 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).

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Norfolk General Hospital is proud of the improvements made in providing our patients with safe and effective care. Throughout the pandemic, Norfolk General Hospital was challenged with continuous risk management requirements due to the global incidents occurring. Not only was there urgent need to ensure the safety of all patients, staff, volunteers and families from the viral threat sweeping across the nation, but there were also challenges of resources in and outside of the hospital that impacted resources to support the community.

One of our highlighted Quality Improvement Initiatives for Norfolk General Hospital was to improve Hand Hygiene compliance rates to

maintain 85% for moment number one. Norfolk employees, physicians and volunteers worked diligently at supporting each other in exceeding this goal to 90% compliance rates across the organization. This change initiative was exceeded due to the enhanced accountability through leadership organizational auditing completed throughout the Hospital, growing the support and awareness of practices and reporting on opportunities and shared experiences. By quarter three we had surpassed our target by approximately 5%.

This goal has helped to reduce the potential transmission of resistant organisms and viruses within the organization. Due to the prompt initiation of outbreak measures, collaboration and team supports, and hand hygiene rates we have seen a reduction in outbreaks, their impacts and duration. Norfolk General Hospital has been able to curb their outbreaks and have been able to maintain below the regional benchmark rates.

Another change initiative that was developed was for patients to receive a more holistic approach to end of life care through utilization of palliative assessment tools. The initiative measure was to have 50% of patients assessed using the Palliative Performance Scale (PPS) and Edmonton Symptom Assessment Scale (ESAS). We have exceeded our initiative target by meeting 54% of audited charts having the tools completed. These tools help provide direction as to future care needs and conversation with the patient and family regarding plan of care and health status changes.

PATIENT/CLIENT/RESIDENT PARTNERING AND

RELATIONS

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 past year have come into the organization to support our initiatives (Alzheimer's Society, Home and Community Support Services, Holmes House, Norfolk Hospital Nursing Home), and provide consults for our patients and to provide ongoing support for practice change with assistance in available educational opportunities. To elevate our practices around staff and patient experience, we continue to do our staff and patient rounding and have strengthened partnerships with both Six Nations of the Grand River and Mississauga's of the Credit Indigenous communities, to broaden our Patient and Family experience. Our Board of Directors participate in Gemba Walks quarterly, and the clinical leadership team meet daily to focus on safety, patient flow and timely access to care. Norfolk General Hospital is working with our Ontario health team partners in a meaningful way to provide services in a coordinated way to support population health.

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, representing the patient voice at every meeting. 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 opportunities for improvement. 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 and are a part of every Board meeting, where these teams develop change ideas to meet the needs of our patients/families and support the strategic directions of the hospital.

PROVIDER EXPERIENCE

Workplace Violence Prevention is a strategic priority at Norfolk General Hospital. Each Leader includes immediate review of occurrences and discusses quarterly actions to reduce workplace violence with collaboration from their team. Workplace violence occurrences are included in our Quarterly Dashboard Report to the Board.

Education and roll out of personal safety alarms is included in our change ideas for this year to help reduce occurrences. Staff will continue to participate in ongoing education through the electronic learning platform and in Mock Codes, as well as take part in opportunities to debrief on situations to heighten our awareness and confidence in reacting and 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 Executive Officer, Vice President of Finance, Vice President of Patient Care, Chief Human Resources Officer and Chief of Staff.

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 on June 22, 2022

Marjorie Dawson

Board Chair

Peter Krause

Board Quality Committee Chair

Kim Mullins

Chief Executive Officer , Interim

Other leadership as appropriate