

Let's Make Healthy
Change Happen.



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

2019-2020



3/28/2019

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.

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2019-2020)

ontario.ca/excellentcare



1. OVERVIEW

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.

Erie Shores HealthCare (ESHC) Quality Improvement Plan (QIP) continues to enhance our organizational vision of “Compassionate Care Close to Home” and aligns with our strategic plan (2016-2020), with the focus on Access to Care, Improving Performance and Investing in our People. We are excited to embark on the development of a new strategic plan in the spring of 2019 that incorporates the mission, vision and new direction of the Erie St. Clair LHIN and MOHLTC and an emphasis on encompassing community stakeholder priorities and a sub-region focus on collaboration and innovation.

Located in Southwestern Ontario, ESHC services the communities of Leamington, Kingsville, Harrow, Wheatley, Woodslee, Amherstburg, Belle River and Lakeshore. Our 58 bed acute care hospital has experienced significant growth in the last year to annually serve over 34,000 ED visits (an increase from 31,000), 300 births, 4,700 surgeries and 3,300 inpatient admissions per year (inclusive of a Level 2 ICU, rehabilitation and acute care services).

The QIP for 2019-2020 underscores ESHC's commitment to quality and patient safety and care. In 2018-2019 we have made great strides at redefining our quality program, developing collaborative partnerships and undertaking innovative regional initiatives. The QIP was approved by our various Care Committees, the Executive Senior Leadership Team, Quality Council and Board of Directors. The embedded initiatives, action plans and measured outcomes reflect our endeavour to improve outcomes, access to care and the patient experience.

ESHC's scorecard development includes a Safety Scorecard (HAI's, Falls, Medication Errors, etc.), utilization Scorecard (Flow and Access), Patient Services Scorecard, Corporate Services Scorecard and the QIP which are reviewed monthly with Care Committees, the Clinical Quality Assurance Committee and the Quality Council. The 7 indicators selected for the 2019-2020 QIP include:

Mandatory Indicators

- 90th percentile ED wait time to Inpatient Bed
- Number of workplace violence incidents (overall) reported by hospital workers (as defined by OHSA) within a 12 month period

Priority Indicators

- Alternate level of care (ALC) rate
- Patient experience: Did you receive enough information when you left the hospital?
- Reduce % Repeat Visits Within 30 Days Following a Mental Health Visit
- Medication reconciliation at discharge

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Erie Shores HealthCare (2019-2020)

Custom Indicator

- 90th percentile ED ambulance offload time

Key quality improvement initiatives for 2019-2020 that are linked to our QIP will include:

- **Essex-Windsor Emergency Medical Services (EMS) – ESHC Initiative**
Continued partnership with Essex-Windsor Emergency Medical Services (EMS) on a regional approach to ending hallway medicine. This will be achieved through our newly developed Destination Agreement and Diversion Protocol. This collaborative initiative will expand our geographical catchment area for EMS CTAS 3, 4 & 5 patients to ESHC's ED to offset ED pressures at the Windsor, Ontario tertiary hospitals. As well, it will allow for Emergency EMS Dispatch to divert patients across Windsor-Essex County based on wait times, volumes and capacity at the three regional hospitals.
- **Patient-Family Advisory Council (PFAC)**
The development of this Council will allow ESHC to become a patient- and family-centred organization. It will serve as a forum for patients and families to participate as advisors and partners in shaping improvements for the patient and family experience within hospitals, across catchment areas and, for specific populations, across the sub-regional system. Members share their unique experience-informed perspectives and advise on issues and decisions that impact the delivery of healthcare and the quality of experience for the next patient or family member.
- **Discharge Program**
Effective discharge planning can decrease the chances of a patient being readmitted to the hospital, and can also help in recovery, ensure medications are prescribed and given correctly, and adequately prepare the patient and/or family to take over their loved ones care.
The designated discharge nurse will have oversight of the discharge plan inclusive of the following:
 - Evaluation of the patient by qualified personnel
 - Discussion with the patient or their representative
 - Planning for homecoming or transfer to another care facility
 - Determining whether caregiver training or other support is needed
 - Referrals to a home care agency and/or appropriate support organizations in the community
 - Arranging for follow-up appointments or tests

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

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

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 Suggestion: For inspiration, visit [Quorum](#) to read about other organizations' greatest quality improvement achievements.

Mental Health and Addictions

ESHC is committed to supporting our patients and community with mental health and addiction. ESHC has noted a steady increase in Emergency Department visits related to mental health and addictions.

Noting that ESHC is not a Level 1 (L1) hospital we wanted to be innovative and collaborative in our approach and delivery of care for the mental health and addictions population. The following initiatives were introduced to promote and facilitate access and transitions:

- Psychiatric Assessment Nurse (PAN): A specialized mental health nurse provides an assessment to the Emergency Departments (ED) and any inpatient unit 8 hours per day/7 days per week. A mental health assessment in the ED is completed face to face. Once the assessment is complete, it is shared with the most responsible nurse and physician, at which time a treatment decision is made either to admit or to discharge for community follow-up. Our PAN partners with many other community agencies with the goal of creating a treatment plan that allows the client to return to the community with a coordinated treatment plan in place.
- Collaboration and integration with Windsor Regional Hospital (WRH) as a Level 1 hospital.
 - Psychiatry physician coverage is a shared model with our one (1) psychiatrist.
 - Psychiatry consults and assessments (ESHC to WRH) are conducted via OTN.
 - PAN Nurse education and training implemented with WRH.
 - Quarterly sessions for regional mental health program review.
- Partnership with Hotel Dieu Grace Hospital (HDGH) to provide dedicated onsite Community Withdrawal Management Services worker that is dedicated at ESHC.
- Community partnerships to enhance outreach – Ontario Provincial Police – Mental Health Response Team, Mental Health Connections Windsor-Essex County, Canadian Mental Health Association (CMHA), etc.

In 2018-2019 these initiatives have resulted in:

- Decreased return visits within 30 days following an ED mental health visit
- Decreased length of stay in the Emergency Department for mental health and addictions patients
- Appropriate patient transfers to a L1 facility for assessment and treatment

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2019-2020)

3. Patient/client/resident partnering and relations

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?

ESHC is committed to making decisions that impact care, safety and quality with our patients, families and community partners to enhance a patient-centred health system approach.

Our community and patient representatives are essential and their precise perspective steers our objectives for corporate safety, quality and access. As well, their insight and feedback specific to the patient/family experience and its personal impact is vital in our decision making. Including patient and community representatives allows us to reflect upon areas of accomplishment and identify opportunities to elevate our delivery of quality, safe and equitable patient care.

The development of this year's QIP, was inclusive, consultative and collaborative. Our patient and community partners this year advocated for timely access to care, modeling the LHIN and MOHLTC mandate to end hallway medicine.

As we transition into the 2019-2020 year additional key initiatives for patient/family and community engagement include:

- Patient Family Advisory Council (PFAC)
- Service Recovery Program
- Strategic Planning and Development
- Mobile Healthcare Platform Project (application for care and discharge management)
- Website Redevelopment Project

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2019-2020)

4. Workplace Violence and Prevention

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?

ESHC is committed to a respectful, collaborative and healthy work environment. As such, we have a zero tolerance methodology and supportive policies around workplace violence and safety.

Within ESHC staff and physicians wear personal safety devices that trigger an alarm to alert staff and security when there are escalating behaviours that require protection and/or assistance. In addition, we have a “Flagging Patient Behaviours” Policy and yearly e-learning modules that are completed by employees within the organization.

Key initiatives that began in 2018-2019 and will continue through the 2019-2020 year include:

- **AIDET Training**
AIDET is a communication framework for healthcare professionals to communicate with patients and each other in a way that decreases patient anxiety, increases patient compliance, and improves clinical outcomes. This initiative assists in setting a collegial tone for conduct between patients/families, staff and physicians.
- **Code White Training**
“Code White” refers to a trained team response to a disturbance that is a behavioural emergency involving clients in healthcare settings. A core team at ESHC was trained as leaders within the organization. In 2019-2020 this team will oversee the Non-Violent Crisis Intervention training across the hospital.
- **Safety Huddles**
Inpatient, Perioperative Services, Allied Health Services and Emergency Department leaders huddle with staff daily – at which time, any concerns are flagged and discussed for ongoing supportive and preventative measures to be implemented.

QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

Erie Shores HealthCare (2019-2020)

5. Executive Compensation

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](#)

As outlined in the Excellent Care for All Act, organizations are expected to strive for performance improvement in every aspect of implementation, including performance-based compensation. Executive compensation drives accountability for the delivery of quality improvement plans. Performance-based compensation can help organizations to achieve both short and long-term goals.

Our Quality Improvement Plan is approved by the Board Chair - Quality Council, Board Chair – Board of Directors and ESHC Board of Directors. Selected core measures are linked to the following Executive compensation:

- 5% - CEO
- 2% - Director of Human Resources, CNE, CFO & COS

Indicator	2018-2019 Current Performance	2019-2020 Target Performance	Weighting per Indicator
90th percentile ED wait time to Inpatient bed	6.3 Hours (October 2018-December 2018)	< = 4.6 Hours	20%
Number of workplace violence incidents (overall) reported by hospital workers (as by defined by OSHA) within a 12 month period	41 (January 2018-December 2018)	< = 50	10%
Alternate level of care (ALC) rate	13.7% (July 2018-September 2018)	< = 12.7%	15%
Patient experience: did you receive enough information when you left the hospital?	58.42% (January 2018-December 2018)	> = 65%	15%
Reduce % Repeat Visits Within 30 Days Following a Mental Health Visit	19.5% (Q1-Q3 2018-2019)	< = 16.3%	10%
Medication reconciliation at discharge	Collecting Baseline (99% based on sample size per month, April 2018-December 2018)	> = 90%	10%
90th percentile ED ambulance offload time	28 Minutes (October 2018-December 2018)	< = 24 Minutes	20%

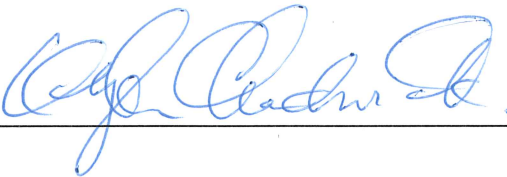
QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE
Erie Shores HealthCare (2019-2020)

Sign-off

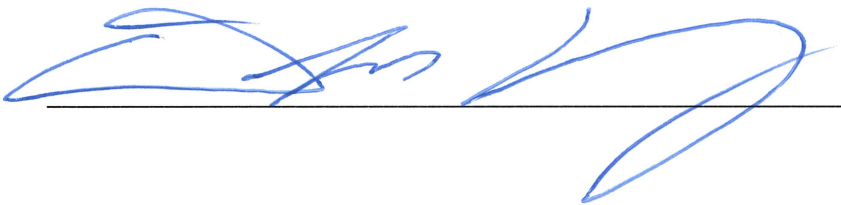
It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

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

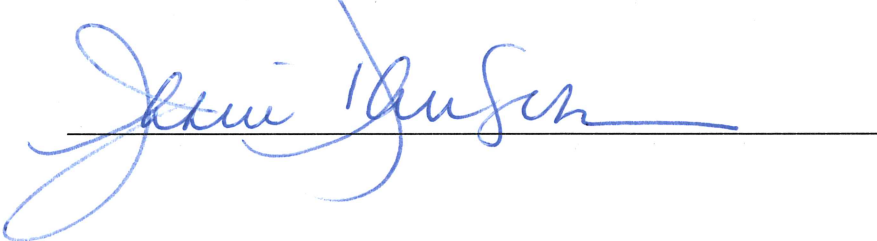
Tyler Chadwick, Board Chair



Duffy Kniaziew, Board Quality Committee Chair



Janice Dawson, Chief Executive Officer



Kristin Kennedy, VP Patient Services & Chief Nursing Executive

