

Let's Make Healthy
Change Happen.



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



3/10/2018

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.

ontario.ca/excellentcare

Overview

Manitoulin Health Centre's Quality Improvement Plan (QIP) for 2018-2019 is aligned with our organization's vision, strategic plan, and our internal quality priorities and monitoring processes. Additionally, our 2018-2019 QIP is consistent with priorities and targets of the following:

- Northeast Hospital Services Accountability Agreement
- Health Quality Ontario's (HQO) Quality Framework,
- Accreditation Canada's Required Organizational Priorities
- Ministry of Health and Long Term Care (MOHLTC) Priorities
- Manitoulin Island Health Care Collaborative (MIHCC) Strategic Plan
- Manitoulin Island Network of Care Providers (MINCP) Quality Improvement Plan

MHC has propelled regional quality improvement through the development of a MIHCC sub-region Strategic Plan and is currently leading the renewal of the MINCP QIP that includes quality initiatives linked to Provincial, Northeast Local Health Integrated Network and Regional priorities in partnership with agencies from the hospital, homecare, community, primary care, long term care and social services sectors.

In June of 2018, MHC will be undergoing accreditation through a survey by Accreditation Canada. MHC's participation in the accreditation process demonstrates our dedication to improving patient safety, prioritizing quality improvement initiatives, and our commitment to patient and family centered care. At MHC, we have created a culture of quality and safety through the implementation of Accreditation Canada's Required Organizational Practices (ROP) which align with HQO's Quality Framework.

The MHC 2018-2019 QIP was developed in consultation and partnership with our staff, physicians, patient advisors, and the Manitoulin Island Network of Care Providers. The MHC 2018-2019 QIP demonstrates commitment to the delivery of sustainable, fiscally responsible, and high quality care through the alignment of HQO priority indicators with MHC's priorities, strategic plan and mission 'To contribute to the health and well-being of all who come to us in need'.

MHC's commitment to providing safe and quality care through the HQO Quality Framework is demonstrated through the continued measurement of the majority of recommended priority and additional indicators, as well as the mandatory indicator. The MHC 2018-2019 QIP focuses on key priority indicators where MHC has successfully met the targets through the implementation of improvement initiatives and process measures. Additionally, MHC will be employing new improvement initiatives and process measures in meeting quality targets introduced in the 2017-2018 QIP that have not yet been attained. This includes:

1. The percentage of patient with a primary mental health and/or addictions referred to a community mental health provider on discharge from both inpatient and outpatient locations.

Working in collaboration with our Mental Health & Addictions community care providers, physicians, and staff, we have developed an electronic referral system for inpatient and outpatient referrals to mental health. The implementation of this indicator in the 2017-2018 QIP allowed for the collection of baseline data and provided insight into system gaps and processes for mental health & addiction referrals, as well as opportunities for process and data collection improvement that will be implemented in 2018-2019. The goal of this quality initiative is to contribute to the priority indicator, to reduce readmissions of mental health and addictions patients, both locally and within our regional schedule one facility.

2. The number of discharge summaries sent to primary care providers within 48 hours of discharge/total number of patients on discharge.

The introduction of this indicator in 2017-2018 allowed for the collection of data, examination of internal processes to facilitate timely dictation, and has enhanced the engagement of our physicians in the Quality Improvement Plan. In discussions with local physicians, the Chief of Staff and President of the Medical Staff, this indicator was the stimulus for the creation of a Physician Quality Performance Report. With the renewed improvement initiatives tied to this indicator and the commitment of our local physicians, we are certain that the outcome will translate into providing effective transitions of care from the hospital to the community.

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

1. Improving Space and Flow

Manitoulin Health Centre has completed inpatient unit renovations at both sites to incorporate hospice suites. In partnership with the Manitoulin Hospice Palliative Care Resource Team, membership consisting of primary care, home care, long term care, hospital, community services, volunteers and patient advisors, protocols and policies were developed that reflect local health care practices and cultural considerations. The hospice suites are supportive of Indigenous cultural practices, such as smudging, cedar baths, and the ability to position the bed to face the western doorway. The hospice suites provide a comforting, patient and family centered environment for patients and their families at end-of-life when the patient chooses not to die at home or community resources cannot meet the patient's needs in the home environment.

The completion of the renovations to the Little Current site emergency department in 2017-2018 has enabled improved patient flow and triage processes, and the implementation of patient-centered improvements such as the provision of a mental health and isolation room. Additional renovations included a new space for the operation of the pharmacy department that has allowed for improved compliance with the Ontario College of Pharmacist regulations for hospital pharmacies.

2. Improve Communication

MHC continues to focus on patient centered activities that improve communication with our patients and families. MHC is committed to receiving feedback on the care provided as demonstrated by providing multiple means to collect this information. Discharged patients receive a phone call within 48 hours of discharge and a randomized cohort also receives a mail-out discharge survey. The questions in both the telephone and mail-out survey were revised in 2017-18 to support evidenced base practices and align with Accreditation Canada's client experience recommendations.

Onsite opportunities for feedback include strategically placed compliments and complaints drop boxes where patients and families may confidentially provide feedback about their care or leave contact information for follow-up on the 'compliments and concerns' cards. Suggestions for improvement, compliments, or concerns are provided to the department managers to act on and share with staff.

The provision of patient centered, condition specific handouts on discharge was successfully implemented in 2017-18. This process change has enabled patients to learn more about their condition and provides the opportunity to ask questions and seek clarification during the discharge process. This practice continues to be measured through the effective transitions quality indicator.

3. Improve Care Linkages and Transitions

In 2017, the Manitoulin Island Health Care Collaborative (MIHCC) was successful in the development of a strategic plan to guide regional collaborative initiatives and the work of the Manitoulin Island Network of Care Providers (MINCP). The MINCP, which is inclusive of cross-sector agencies, works collaboratively to improve access, integration, and patient safety and quality initiatives such as readmissions, medication management, referral processes, and the mitigation of regional service gaps. Additionally, MHC is leading a collaborative IT initiative with primary care that will improve the ability to access patient primary care and hospital records across the region. This will improve transitions of care and the ability to collect population health data.

4. Develop Local Hub-Based Initiatives

Manitoulin Health Centre, as the identified lead agency for the 2017-2018 fiscal year, led the development of the Manitoulin Health Link, from a subset of the MIHCC. The Manitoulin Health Link consists of eight agencies inclusive of primary care and home care from across the Manitoulin District who have committed to the Health Links approach of integrated patient-centered care that focuses on enhancing and coordinating the care for patients living with multiple chronic conditions and complex needs. In 2017-2018, the Manitoulin Health Link focused its efforts on health care provider engagement and program development, including training and the development of policies, procedures, and processes that align with the unique care environment of the Manitoulin, ensuring that they are culturally appropriate to the population served. The Manitoulin Health Link partner agencies' commitment to the completion of coordinated care plans for the patients of the Manitoulin Region has begun through the initiation of two coordinated care plans per agency in the 2017-2018 fiscal year.

5. Enhance Our Ability to Govern Well

Ontario hospitals are continuously challenged to maintain fiscal accountability through a balanced financial position. MHC continues to be in a favorable financial position despite internal, regional, and provincial pressures. The support of MHC's Board of Directors and their approval of initiatives and strategies to contain costs and deliver sustainable high quality health care is acknowledged and paramount to positive outcomes.

Board members are recruited and selected considering geographical locations; varying skills and ethnic backgrounds to ensure diversity and strengthens the functioning of the board. Additionally Board members are provided with annual education utilizing a annual targeted education plan in meeting their education needs related to internal, regional and provincial activities.

6. Develop Leadership Skills

MHC continues to foster an environment of leadership development. We continue to promote 'champions' to maintain the success of quality initiatives such as hand hygiene, and patient order sets. Furthermore, the MHC Legacy Fund has enabled many members of the management and senior executive team to pursue leadership development opportunities.

7. Evolve Our Culture

MHC has been successful in the implementation of a Competency Framework which defines and delineates both technical and behavioral competencies inclusive of 'service and quality orientation' that serves to enhance the patient experience. The competency framework guides the performance development process and has objective measurable for defining behaviors and competencies that staff value and can translate to influencing and enhancing the patient experience.

Through the accreditation process, MHC administered both the Patient Safety Culture and the Worklife Pulse Survey in 2017. The Patient Safety Culture survey assisted leadership in gaining insight into employees perceptions and opinions on patient safety, and the Worklife Pulse Survey measured job and worklife components that impact performance. Both surveys have provided a valuable perspective on MHC's culture and the results have enhanced quality and safety practices through the development of action plans. Additionally, in partnership with the Chief of Staff, a Physician Worklife Pulse survey was administered to the medical staff. The results provided an opportunity to further engage our medical staff in quality and safety initiatives at MHC.

8. Embed Quality & Innovation

MHC, as a member of the Northeastern Ontario Network, has begun to actively investigate the opportunity to transition into a new Electronic Health Record platform with other Northeastern Ontario hospitals. The new platform, known as the ONE (one person, one record, one system) initiative will improve the quality and safety of care through the provision of a single hospital information system for patient health information, data collection and management, and population health planning for Northeastern Ontario. The ONE system will further enable evidenced based standardized care across the region. The work of the ONE project aligns with Provincial goals of eHealth's and shared health Information systems. MHC continues to participate in the governance and design of the ONE initiative.

9. Implement Focused Skill and Knowledge Transfer Initiatives for Staff

The completion of the training to transition the Registered Practical Nurses to their full scope of practice concluded in 2017. With RPN's working to full scope, there is improved staff satisfaction, which has a direct correlation with providing patient centered care and positive patient outcomes.

With the introduction of hospice suites at both sites of MHC, there has been a focus on providing education surrounding hospice palliative care. MHC has incorporated standardized predictive and assessment tools and order sets for the provision of palliative care to ensure consistent evidence based patient care practices. In partnership with a local Physician and the regional Palliative Pain & Symptom Management Consultant, MHC has also provided regional cross-sector opportunities for training in the Fundamentals of Hospice Palliative Care and Learning Essential Approaches to Palliative Care (LEAP). The training has been well received among physicians, nurses, and support staff.

Resident, Patient, Client Engagement and relations

MHC currently provides patient and family centered care (PFCC) through opportunities for patient & family feedback, communication & education, improving access & care coordination, collaboration with partners, and cultural sensitivity initiatives. In 2017, MHC enhanced the provision of PFCC through the development of a MHC Patient Advisory Council with representation on internal committees.

MHC patient advisors provide input into the following:

- development of departmental goals and objectives
- policy & procedure development
- evaluation of resources and space
- evaluation of new & innovative patient centered care improvements
- development & review of Quality Improvement initiatives

MHC clinical committees have Patient Advisors as part of their membership, as well as the Quality Assurance Committee. The inclusion of patient advisors is shifting MHC's culture from one of 'Doing for Client' to 'Doing in Partnership with the Client' and changing the perception of 'Families as Visitors' to 'Families as Partners'.

Collaboration and Integration

Manitoulin Health Centre and local collaborative partners, including homecare, long term care, public health, social services, First Nations health providers, primary care, and other community health care providers established a working group eight years ago, known as the Manitoulin Island Network of Care Providers (MINCP). The MINCP membership consists of frontline employees of each of the member agencies.

The MINCP (Operations) Committee reports to and supports the Manitoulin Island Health Care Collaborative (MIHCC) (Leadership committee) by assuming responsibility for the clinical and, as appropriate, operational leadership of initiatives with a reporting relationship to the MIHCC Steering Committee. The MIHCC sets the strategic direction and objectives for the MINCP. The MINCP is currently in the development of a 2018-2020 Quality Improvement Plan that will align with provincial, Northeast LHIN, regional, and agency quality priorities.

MHC is also leading an Information Technology collaborative with a subset of primary care partners, with the goal of improving the access and sharing of patient care information across sectors.

Engagement of Clinicians, Leadership & Staff

MHC is fortunate to have primary care physician engagement in all aspects of patient care. Physicians are members of the Medical Advisory, Pharmacy & Therapeutics, Laboratory, Diagnostic Imaging, Obstetrical, In-patient, Emergency Department, Ethics, Quality Improvement, and Quality Assurance Committees. Additionally, we involve our physicians in decisions and process changes, such as the revision and addition of order sets, the development of the hospice suite protocols and policies, and we ensure that they are kept informed of regional and provincial initiatives.

Employees are invited to express interest in becoming champions or leads for many clinical initiatives. Furthermore, clinical staff, such as nursing, have demonstrated their commitment to safe, quality care through the high rates of certification in ACLS, PALS, NRP, and Trauma training. Quality indicator results are shared with physicians and employees, as well as detail as to what influences the results, and their role in improving quality and safety at MHC. The Quality Improvement and Quality Assurance Committee memberships includes board members, physicians, senior leadership, managers and patient advisors. The recent development of a MHC 'employee engagement' committee with the intention of the development of collaborative ideas to improve employee engagement.

Population Health and Equity Considerations

Through the Informatics & Applications Coordinator, MHC has the ability to collect and quantify data required to monitor and measure quality improvement regionally. This has enabled an in-depth examination of those patients whose conditions and health care services are more likely to result in a readmission.

MHC provides the Manitoulin Health Link with the data required to engage with those patients that meet the criteria of 'ten or more emergency department visits' and/or 'three or more admissions' within one year. Through the identification of high risk patients and partnering with local health care providers, we are able to strategize to reduce the risk of readmissions.

Serving several First Nations populations and recognizing the importance of culturally appropriate care in the provision of patient-centered care, MHC signed a memorandum of understanding with Noojmowin Teg Health Centre to foster cultural competency at MHC. Employees and leadership from MHC and our local Aboriginal Health Access Centre form the 'MHC Cultural Competency Committee'. The purpose of the committee is to increase cultural competency in order to provide a culturally safe environment at MHC through:

- Advocating and supporting cultural competency/safety training for MHC staff
- Supporting and facilitating the provision of multi-media educational opportunities
- Supporting and facilitating Indigenous traditional practices at MHC
- Identifying and developing means for patients to access on-site Indigenous traditional and healing practices at MHC
- Developing health related promotional material regarding supportive Indigenous cultural practices & teachings at MHC
- Identifying a means to make the physical environment more welcoming and supportive to the Indigenous culture and traditions

The work of the committee to date includes Indigenous cultural competency training and education, recommendations for renovations to the spiritual room to better incorporate the Indigenous culture, the development of an electronic referral system to refer patients for traditional support, and providing opportunities for traditional ceremony and traditions at MHC.

Access to the Right Level of Care - Addressing ALC

The MINCP has been working collaboratively across-sectors to reduce the rate of Alternative Level of Care days at Manitoulin Health Centre. Some of the identified local challenges include the lack of sufficient home care services, lack of assisted living facilities and long term care beds, and the aging population. The 2018-2019 QIP is inclusive of new innovative initiatives to influence and reduce ALC days at MHC.

Internally, the Northeast LHIN Home & Community Care Discharge planner and the Noojmowin Teg Aging at Home Liaison/Navigator work collaboratively to identify and intervene when patients are at high risk of becoming ALC.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

MHC participates as a member of the Manitoulin Mental Health & Addictions Partners Committee (MMHAP). Through sub-committees, the MMHAP is working in partnership with the Northeast LHIN Opioid Strategy to reduce the impact of opioid use disorder across the region. This includes collaborating with our Local Aboriginal Health Access Centre in the development of a local Rapid Access Addiction Medicine (RAAM) clinic in hopes of providing an addictions treatment pathway between the clinic and different places where the client is likely to seek care, such as emergency departments, primary care providers, mental health and addiction agencies, and withdrawal management programs.

Internally, MHC continues to implement processes to reduce the risk of opioid diversion, such as a patch for patch program, electronic transmission of prescriptions, and referrals for mental health and addictions patients to community resources.

Workplace Violence Prevention

The introduction of the mandatory reporting of overall incidents of workplace violence is timely for MHC. In 2017-2018, MHC committed to the revision of its Workplace Violence and Harassment program which has been in place for the past five years. The review includes ensures that it aligns with Accreditation Canada Workplace Violence Required Organizational Practices and applicable legislation.

Workplace violence prevention has always been a priority for MHC as evidenced through the implementation of a personal alarm system, new video camera system, and a 'risk alert' process that alerts clinical and non-clinical employees to the potential of violence.

Most recent developments include the collaboration of the Occupational Health & Safety Committee, MHC's Workplace Violence program in the provision of mandatory non-violence crisis intervention training for medium and high risk employees, a revision of the Code White emergency response, and a revised mandatory annual education program for all employees.

Performance Based Compensation

Monitoring of Manitoulin Health Centre's Quality Improvement Plan targets and results is a shared responsibility across the organization, with QIP targets incorporated into leadership performance appraisals and executive compensation. With oversight from the Board of Directors, the executive team is held accountable for the overall performance of the organization through quarterly reviews of quality indicator results coupled with annual executive evaluations. The development of the 2018-2019 QIP involved collaboration with the Board, Quality Assurance Committee, Quality Improvement Committee, Medical Advisory Committee, and the MHC Leadership team. The Board plays a significant role in the quarterly monitoring of QIP progress and results throughout the year. In addition, quarterly the Board Quality Committee and Quality Improvement Committees monitor targets and action plans of driver indicators linked to the QIP priorities as levers for success. Manitoulin Health Centre has adopted an at-risk component to its executive compensation for the President & CEO and the other two members of the Executive Team. Ten percent of the executive's compensation is based upon the achievement of Board selected annual goals and objectives that are aligned to the strategic goals of the organization and to four key QIP objectives. Furthermore, MHC has recently completed a comprehensive review that resulted in the development of the MHC Executive Compensation Program.

Contact Information

2018/2019 QIP compiled by: Paula Fields - Director of Clinical Innovation & Partnerships

Contact Information:

pfields@mhc.on.ca

ph: 705-368-2300 ext. 2200

Sign-off

I have reviewed and approved our organization's 2018-2019 Quality Improvement Plan

Terry Olmstead
Board Chair

Ann McGregor
Quality Committee Chair

Derek Graham
Chief Executive Officer