Let's Make Healthy Change Happen.

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

hospital ORILLIA SOLDIERS' MEMORIAL

29/03/2019

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.

Overview

The Orillia Soldiers' Memorial Hospital (OSMH) 2019-2020 Quality Improvement Plan (QIP) represents our formal set of quality commitments to our patients, staff, credentialed staff and wider community. The QIP is our pledge to continuously strive for excellence in the care and services we provide at OSMH.

Our Mission is simple and straightforward, to be your trusted partner in health care, with values that encompass compassion, accountability, respect and engagement. To achieve our priorities we will work with patients, families and our system partners to deliver high quality care.

Our 2019-2020 Quality Improvement Pledge

Patient-Centered

- **We will empower you to hold us accountable to making sure you have all the information you need before you leave the hospital.**

Effective

- **We will keep you safe by comparing your up to date and complete list of medications that you take at home versus medications ordered during your hospital stay.**

Efficient

- **We will care for you by understanding your ongoing care needs and connect you with appropriate supports for ongoing care if required.**

Timely

- **We will decrease the time you wait in the Emergency Department for an inpatient bed.**
- **We will deliver your appropriate care more quickly by decreasing the amount of time spent in the Emergency Department.**

Safety

- **We will keep each other safe by diligently reporting incidents of Work Place Violence in our environment.**
- **We will support each other during and after Work Place Violence incidents to ensure all OSMH staff feel safe to return to work each day.**

Our 2019-2020 QIP was developed in alignment with these strategic priorities.
The following key inputs were used in the preparation of this plan:

- Health Quality Ontario guidance documents and the Common Quality Agenda
- North Simcoe Muskoka LHIN (NSM LHIN) priorities
- Legislative requirements (Hospital Service Accountability Agreement (H-SAA))
- Hospital Sector Funding Reform expectations (Quality Based Procedures)
- External environmental scans (Senior Management Team data walk & Clinical Services Plan)
- OSMH performance on 19-20 Quality Improvement Plan initiatives (QIP Dashboard)
- Performance trends – Quality and Safety Scorecards and performance against peer benchmarks
- Critical incidents or serious safety events (Quality of Care Reviews)

- Patient and family experience feedback
- Consultation with the OSMH Patient and Family Advisory Council
- Input from hospital leadership and credentialed staff through a series of focused planning events

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

Centralized Patient Scheduling and Registration

In December 2018, OSMH launched a newly designed Centralized Patient Scheduling and Registration (CPSR) department. The quality-based objectives of this initiative included: enhanced patient experience, increased value through resource integration, improved data quality and standardized process implementation. This was a large project for OSMH that required detailed planning, as it has physically merged patient registration from the hospital's main entrance, outpatient clinics and the emergency department into one centralized location to realize its intended benefits.

Early data is proving the success of the new process. Within its first few months, the CPSR department has registered more than 20, 000 patients; the average time for a patient to draw a registration ticket, complete registration with a representative, and receive directions to their care area is 7.8 minutes. In January 2019 the department served over 6,500 patients.

With the integration of scheduling personnel into a common work environment, the department's 60 staff members are able to collaborate in real-time to ensure patients with multiple appointments are more effectively scheduled and, where possible, provide patients with the convenience of all their appointments scheduled for the same day.

Critical to the success of the department's launch has been the efforts made by staff and volunteers to provide seamless, positive patient experiences.

Hospital Acquired Pressure Injuries

OSMH's care teams have worked diligently to reduce the number of Hospital Acquired Pressure Injuries (HAPI) through the development of a Skin and Wound Care Committee. The Committee has developed a regularly reviewed workplan to reduce HAPI incidents, thereby improving patient outcomes and efficiency of care.

Some of the success factors that have yielded improved results include, monitoring length of stay in the Emergency Department for patients that have acquired pressure injuries, evaluating patient mattresses, educating and reinforcing the commitment to Braden scoring, integration of Braden scores into the Electronic Medical Record, "Wound Wednesday" peer auditing rounds, and regular, consistent communication through huddles by managers and staff, and Subject Matter Expert education sessions with respect to pressure injury prevention.

Patient/client/resident partnering and relations

Transforming the Patient Experience through a relentless focus on patient and family engagement, quality, safety and service is one of the pillars of our 2019 Strategic Plan. We believe that patients and families have an important role in guiding the work that we do within the hospital. Patient and Family Advisors are a resource to guide the hospital's priorities and planning.

The OSMH Patient and Family Advisory Council (PFAC) was established and has been meeting since July 2016. The PFAC meets every second month with opportunities for Council members to participate in ad hoc hospital committees or special projects throughout the year. For example, a PFAC representative was a member of the hiring committee for the new IMRS (Integrated Medicine and Rehab Services) manager. The PFAC consists of (up to) 12 Patient/Family members and 8 OSMH staff members. The PFAC has provided feedback on a number of important items, including but not limited to:

- OSMH policy on Medical Assistance in Dying
- Bedside Reporting Initiative
- Enhancing accessibility tools available to patients
- Ethics Framework
- Staff ID badges
- Inpatient Entertainment System
- Patient Declaration of Values
- Accreditation
- OSMH Quality Improvement Plan (QIP)
- Diagnostic Imaging proposals to move to a 24/7 MRI service

It should be noted that there are multiple PFACs available to OSMH patients and family members. In addition to the primary OSMH PFAC, there is also a PFAC supporting the OSMH Regional Women and Children's Program, a PFAC supporting the Regional Kidney Care Program – Simcoe Muskoka, and a PFAC for the Simcoe Muskoka Regional Cancer Centre, with representatives from Orillia.

OSMH's patient population remains a primary focus of the 2019-2020 Quality Improvement Plan; as such, we continue to rely on the strong foundation of our PFAC groups to inform the progress we're making towards improved quality at the hospital.

Capturing ongoing patient feedback as we strive to implement elements of the QIP Work Plan will help ensure our improvement efforts are effective.

Workplace Violence Prevention

OSMH is committed to reduce workplace violence and continues to consider workplace violence as a mandate/priority for 2019-2020.

Workplace Violence against healthcare workers continues to increase rapidly and has been a strategic priority for OSMH since 2016-2017. Through the efforts and investment of the Occupational Health and Safety department, the Joint Occupational Health and Safety Committee and the Workplace Violence Committee, the hospital has endeavoured to protect workers from the threat of violence and is committed to putting measures in place that effectively protect its workers.

In the fall of 2018, a gap analysis for Workplace Violence (WPV) Prevention was developed by our Safety Specialist based on the Public Services Health and Safety Association best practice documents. A dedicated sub-group of the Joint Health and Safety Committee, along with front-line staff, have been aggressively implanting the action plan and is currently 60% complete. In November, these recommendations were reviewed and prioritized by the JHSC, and inform the action plan to meet the 2019-20 QIP goals.

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An e-learning module on workplace violence prevention was launched in 2017 with a scheduled update scheduled to OSMH's e-learning module on Workplace Violence Prevention will be released early 2019. Finally, OSMH is completing the work on an upgrade to our Code White system and have committed to additional security guards. Workplace Violence Prevention Training continues in 2019-2020 as both a QIP and Corporate-level priority with regular reporting to the Hospital Board of Directors. OSMH remains committed to reduce workplace violence and continues to consider workplace violence as a mandate/priority for 2019-2020.

Executive Compensation

2019-2020 Performance-based Compensation
Program Participants:
The positions included in the performance-based compensation program are:

- President and Chief Executive Officer (CEO)
- VP Medical Affairs/Chief of Staff
- Executive VP, Patient Programs
- Chief Nursing Executive (CNE) & Director
- VP Corporate Services/Chief Financial Officer (CFO)

Program Design

The program period is in line with the fiscal year, running from April 1 to March 31.
For the 2019-2020 fiscal year, the amount of performance pay is 5% of base pay for the CEO and 3% of base pay for each of the other identified participants. This money will be divided between 4 QIP objectives with performance improvement targets. The amount of performance pay allocated to each of these objectives ranges from 20% to 35% of the total amount as described in the table below. The calculation of performance pay will be pro-rated relative to success in meeting each performance goal. Calculations will be completed within 90 days of the end of the fiscal year.
OSMH's executive compensation programs are currently being updated in accordance with Regulation 3014/16 (Executive Compensation Framework) and the Broader Public Sector Executive Compensation Act, 2014. Under the new programs, hospital executive compensation will continue to be linked to achieving targets in the hospital's Quality Improvement Plan (QIP) as required by the Excellent Care for All Act.

The Pay Allocation Plan for 2019-2020's Quality Improvement Plan is detailed on the image below:

Quality Dimension	*Objective*	*Measure/Indicator*	*Indicator Type*	*Current Performance*	*Proposed Targets 2019-2020 (to be set by Quality and Safety Committee)*	*Executive Compensation Weighting*
Patient Centered	Increase the patient experience by sharing and giving them information	**Did you receive enough information when you left the hospital?**	Priority	YTD 2018-2019 (Q1-Q3) = **56.9%**	60%	25%
Effective	Increase proportion of patients receiving medication reconciliation upon discharge	**Medication Reconciliation at Discharge**	Priority	YTD 2018-2019 (Q3) = **83.28%**	82.00%	35%
Efficient	Reduce unnecessary time spent in acute care areas	**Alternate Level of Care**	Priority	YTD 2018-2019 (Q1-Q3 HQO) = **23.2%**	19.2% (HSSA)	0%
Timely	Decrease ED wait time to inpatient bed	**ED wait time to inpatient bed**	Mandatory	YTD 2018-2019 (Q1-Q3 HQO) = **41h**	35.8h	20%
Timely	Decrease ED Length of Stay for complex patients	**Total ED length of Stay**	Custom	YTD 2018-2019 (Q1-Q3) = **11.5h**	10.2h (HSAA 8h)	0%
Safe	Increase the overall number of workplace violence incidents reported	**Overall Number of workplace violence incidents reported**	Mandatory	YTD 2018-2019 (Q1-Q3) = **70**	92	0%
Safe	Decrease lost time incidents due to workplace violence	**The number of lost time incidents due to workplace violence injury**	Custom	YTD 2018-2019 = **10**	8	20%

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.

Board Chair: _____
Signature

Quality Committee Chair: _____
Signature

Chief Executive Officer: _____
Signature

Other Leadership: _____
Signature