Let's Make Healthy Change Happen.

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

South Huron Hospital Association

The Little Hospital That Does

3/24/2019

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

As a small rural hospital in Southwestern Ontario, our 24/7 Emergency Department (ED), 19 bed in-patient unit, daily walk-in clinic, diagnostic services, and the various clinics we make available are vital to the community. It is important to us that care is provided close to home in a safe environment for both our patients and our staff. SHHA's strategic directions are to: Improve access to patient care, drive safety through evidence-based care, improve the journey for those who need health services most, increase the value of the health care system for the people SHHA serves and engage the community and stakeholders.

Recently, SHHA has entered into an agreement to share a President and CEO with the Alexandra Marine & General Hospital (AMGH) in Goderich. We are governed by our own volunteer community Board of Directors. SHHA continues to collaborate with healthcare partners through service agreements, such as the Inter-Hospital Laboratory Partnership (IHLP), Regional Shared Service (RSS) for a shared EMR. We have purchased service agreements with Grand Bend Area CHC (GBACHC) for Director Ambulatory Services and an administrative position. We will be working with AMGH to explore further collaboration opportunities. As Team Care and the new Ontario Health Teams emerge, we will continue to work with GBACHC and other local partners in addiction, population health, long term care and home and community care. This will most likely involve the Municipalities of South Huron and Bluewater, Lambton Shores and Lucan Biddulph.

Most of our front-line staff and care providers are unionized. Through the oversight of a very small management team, we will end this year with a very small surplus without impacting clinical services or front-line workers.

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

- Opioid Harm Reduction

This year there was education to all staff at SHHA with regards to the various forms of opioids and methods of use in Huron County. Staff learned from Huron County Health Unit and the OPP how Naloxone can be used to save lives and reduce harm.

We are currently working towards the dispensing of Naloxone from our ED.

SHHA participates in the Huron County Substance Abuse working group. Through the four pillars of Prevention, Care, Treatment and Enforcement, we are supporting activities to increase Harm Reduction for users of opioids and other substances in Huron County. An example of a resulting activity is the placement of hospital-supplied sharps containers in our public washrooms at the hospital and medical centre. Further, we are advocating to our municipality to place safe sharps disposal kiosks in public spaces.

In January, SHHA made the Substance Abuse working group aware of the "Skeptics' Guide to Emergency Medicine (SGEM) blog/podcast" which is produced by Dr. Milne. Links to the podcasts were shared regarding:

- Best practices for discharge of a patient who has had an opioid overdose and who received naloxone.
- A critical review by Dr. Milne of a paper on using opioids for chronic non cancer pain.

Feb & March 2019:
ECHO education series -webinars from University Health Network (UHN) info sent to SHHA Physicians to attend – How to start a patient on Buprenorphine/Naloxone, Stabilization, maintenance and long term treatment, Managing Pain in patients who are on BN. Further, the Medical Advisory Committee received a presentation by Dr. Brian Rotenberg of St. Joseph's Healthcare, London about mindful prescribing for acute pain and opioid stewardship.

Patient/client/resident partnering and relations

This was the first year that members of the Patient Family Advisory Committee and representatives from the Board Quality Committee participated in the development of the QIP. At QIP working groups, the Site Director/CNE provided a comprehensive overview of the QIP process and many inputs for consideration, for the group. Frank discussions were held on the topic of ALC and how all sectors will need to work together to address the challenge. The group was told about how we are working with discharge planning, hospitalists, family doctors, Community Nursing Coordinators, and Nurse Navigators in our community to provide smooth transitions of care.

The newest format for the Patient Experience survey was shared and feedback received. They felt it is a much more appealing brochure which will attract more patients to fill it out. The working group emphasizes the importance of a large enough denominator of surveys to gather reliable data.

Workplace Violence Prevention

Though at the time of the development of our Strategic Plan in 2015, Workplace Violence Prevention was not a specific direction identified, it has been prioritized by leaders, as evidenced by policy development and paid educational offerings such as non-violent crisis intervention training, communication and de-escalation training and self-defense scenario-based training.

In collaboration with JHSC, all SHHA departments completed workplace violence risk assessments for the entire site. Data gathered has led directly to positive changes, such as the introduction of a new Workplace Violence & Harassment Policy and a Working Alone Policy.

Risks have been identified as:

- High (Working Alone, Patient Care Strategies, Emergency Response and Security Systems and Patient Risk Assessment and Communication.)
- Medium (Security and Safety Measures, Interviewing Counselling and Treatment Rooms, Domestic Violence, Working with Objects of value, Workplace Harassment & Bullying)
- Low (Staffing, Staff Support)

Actions were identified and are being vetted through the JHSC to Leadership for Approval/Implementation.

Executive Compensation

The Excellent Care for All Act (ECFAA) requires that the compensation of the following executives be linked to the achievement of performance targets in the Quality Improvement Plan:

- President & CEO
- Site Director/CNE
- CFO
- Chief of Staff

By linking achievement of targets to compensation, organizations can increase the motivation to achieve both short-term and long term goals.

Executive Compensation meets legislated guidelines and public disclosure of salary and expenses also meets current guidelines and practices in Ontario. The achievement of all improvement targets will result in 100% payout. In the event that there has been significant achievement of the objectives specified but the targets set out in the QIP have not been achieved, the Board of Directors has the discretion to modify the amount of the performance-based compensation (subject to the 4% maximum) following assessment of the SHHA's performance related to the QIP.

For each QIP indicator it will be determined whether the target was fully achieved, partially or not met. Full achievement will be based on achieving 80-100% of the improvement target. Partial achievement will be based on achieving 50-79% of the target.

The following principles will be applied:

- Maintain 2% as rate of executive salary that is "at risk"
- 100% payout (i.e. payout of 2% of base salary that was held back) if 80-100% of targets met
- 50% or partial payout (i.e. payout of 1% of base salary that was held back) if 50-79% of targets met

Indicators to include:

- Action steps taken for Workplace Violence Prevention
- Action steps taken and/or achievement of target of:
    - Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital.
- Action steps taken to establish baseline and improve:
    - Percentage of respondents who responded positively to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

Contact Information

Katie Willert
Executive Assistant to the President & CEO
Coordinator of Board Affairs
South Huron Hospital Association
24 Huron St W
Exeter, ON N0M 1S2
O: 519-235-5151|F: 519-235-3405
katie.willert@shha.on.ca

Other

SHHA is just beginning the process of exploring opportunities to further collaborate with Alexandra Marine and General Hospital in Goderich. We currently share a CEO. This work will be especially pertinent as we move into working inside the new "Peoples Health Act."

Importantly, SHHA is a partner in Connected Rural Communities (CRC) Collaborative, led by the Grand Bend Area CHC. CRC aims to bring people together from across sectors to improve sense of belonging and social inclusion among those living in this area. "Many people experience isolation or exclusion in our communities. Connected Rural Communities Collaborative is a group committed to working together.

We want to ensure people are connected to each other, groups and activities, safe affordable housing, health services, the natural environment, transportation and welcoming spaces. This work involves a process of identifying and removing barriers. We need to take action to create conditions that ensure all people can reach their full health potential." Miranda Burgess, CRC Co-Chair.

Sign-off

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

Aileen Knip
Board Chair

Interim President & CEO
Bruce Quigley

(signature to follow)
Roberta Teahen, Chair
Board Quality, Utilization & Risk Committee