

Let's Make Healthy
Change Happen.



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



Temiskaming Hospital

2018/19

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.

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Overview

Temiskaming Hospital (TH) is pleased to present our 2018- 2019 Quality Improvement Plan (QIP), which outlines quality improvement efforts for the upcoming fiscal year.

TH is a fully accredited, 59-bed medium-sized community hospital that cares for the residents of the Temiskaming district serving a population of 33,000. With a vision to be a role model for northern and rural health care, TH is committed to providing quality patient centered care, services and education close to home. The organizations four strategic pillars of Education, Care, Innovation and Accountable are all rooted in the foundation of our community; the people.

TH is committed to creating a teaching/learning environment for student placements and a culture of inquiry for staff and physicians. We are proud to be affiliated with the Northern School of Medicine (NOSM), Nipissing University, Northern College, College Boreal, Laurentian University and several other Ontario colleges and universities.

Our QIP includes a number of priority indicators and improvement ideas that are reflective of the transformational work underway across our organization and focuses on priorities of patient engagement, integration and coordination of services, patient flow/access and to deliver better care at better value.

TH continues to meet Accreditation standards and Required Organizational Practices ensuring ongoing alignment with best practice standards and local & provincial priorities. TH has also aligned our 2018-19 Quality Improvement targets and initiatives with the following:

- North Eastern Local Health Integrated Network (NE LHIN) Integrated Health Services Plan
- Hospital Service Accountability Agreement
- Excellent Care for All Act
- Health Quality Ontario (HQP)
- Ministry of Health and Long-Term Care; Ontario's Action Plan for Health Care
- Safer Healthcare Now Best Practices
- Senior Friendly Hospital Strategy
- Quality Based Procedure – Clinical Handbooks
- 2017/18 QIP performance
- Data analysis of patient safety incident reports
- Staff Feedback
- Patient and Family Feedback

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

TH is proud of many initiatives that were undertaken over the past year to improve the quality of our care and services. TH is pleased to report performance on a newly added priority indicator for the 2017/18 year which focused on effective transitions in care by ensuring adequate information was provided to patients upon discharge. An initial internal target was set for a 90% positive response rate that patients found they had enough information about their care on discharge. TH successfully reached an average positive response rate of 97%. A noteworthy strategy for ensuring sufficient information was provided to the patient with the implementation of Patient Oriented Discharge Summaries (PODS) for those aged 65 years and older. A comprehensive discharge tool developed through the collaboration of skilled clinicians and patients as partners was created using best

practices in senior friendly care. The tool includes education to the patient regarding their medications, changes to daily routine, additional support services, when to go to the emergency department, follow up appointments, where they can go for further information as well as a health promotion component. In addition to this detailed discharge care plan, educational discharge packages are provided in English and French. Additionally, a discharge tool was developed with our Indigenous partners and Elders specifically for our Indigenous patients over the age of 65 years. Information within the tool includes healthy eating, medication management, applicable exercises and local resources and activities in their community.

Resident, Patient, Client Engagement and relations

TH engages with patients and families focusing on quality activities and experiences through several mechanisms including in-patient and out-patient departmental experience surveys, patient communication boards, patient relations processes, Town Hall meetings, and review of focus items through consultation and invitation.

Temiskaming Hospital's draft 2018/19 Quality Improvement Plan was publically posted to facilitate transparency of development and encourage feedback from our community on priority issues, ideas for improvement and mitigation strategies. TH is also strengthening recruitment opportunities for the hospital's Patient and Family Advisory Committee to expand membership and increase awareness of how valuable patient insight can assist in improving the care provided at TH.

As part of our quality agenda, TH will expand the development of Patient-Oriented Discharge Summaries (PODS) to the Obstetric Department. PODS are individualized discharge instructions, which help to ensure that patients are informed about available health options and incorporate them in making decisions about their health improving satisfaction, support, and confidence post-discharge.

Collaboration and Integration

TH continually looks for new and innovative ways to integrate and coordinate health care services with our community partners and hub hospitals for our patients and families across the district and region.

Highlighted partnerships, programs and services include:

- Discharge Planning with NE LHIN Home and Community Care (plays a key role in coordinating home care services including telehomecare where patient's health status is monitored remotely from home)
- Information Technology (IT) with Englehart and District Hospital and Kirkland and District Hospital
- Virtual Critical Care with Health Science North
- Palliative Care - Temiskaming Hospice Palliative Care
- Aboriginal Health Services
- Temiskaming Health Link – Co-Chair
- Temiskaming District Ethics Hub
- Quality-Based Procedure (QBP) initiatives
- Patient-Oriented Discharge Summaries initiative
- Temiskaming Stay On Your Feet Collaborative
- Temiskaming Family Health Coalition
- ALC Partnership Table with Long Term Care and Home & Community Care
- North East Ontario Network
- Temiskaming Health System Collaborative Sub-Region Planning Table

Engagement of Clinicians, Leadership & Staff

Our QIP demonstrates TH's commitment to providing accountable, transparent, high quality care to our patients, staff, and community. Our professional staff, local and visiting specialist physicians, employees and volunteers play a vital role in delivering community acute care. Physician and staff engagement is pivotal to the successful operation of our hospital for the benefit of our patients and families.

TH encourages and facilitates quality and safety improvement ideas and mitigation strategies from staff and Professional Staff through numerous modes of formal and informal engagement including: communication forums and meetings, safety huddles, near miss and incident reporting, professional practice & safety committees and the Medical Advisory Committee and its sub-committees. Following approval of our QIP for 2018/19, various committees review applicable QIP indicator performance and progress on planned quality improvement initiatives. Quarterly reports to the hospital staff, Medical Advisory Committee and Quality and Service Planning Committee (Board of Directors sub-committee) will also be presented.

This year TH also introduced a new forum for quality improvement through creation of a Quality and Patient Safety Council. This interdisciplinary team of front line staff, supervisors, and middle and senior management allows for a spectrum of perspectives and insights to quality improvement and patient safety. Bridging the gap from the front line to corporate level, identifying priority quality initiatives through staff priorities and process improvement planning has strengthened.

This includes developing LEAN capacity at all levels of the organization. Lean methodology is an approach that is used to help organization deliver Customer Value by focusing on efficiency through the minimization of waste errors and delays. Investment in developing LEAN quality improvement methodology capacity will assist the management team, front-line leaders and staff in identifying key quality improvement opportunities and build momentum for change success such as patient flow and navigation.

Population Health and Equity Considerations

TH is responsible for the healthcare needs of approximately 33,000 throughout the Temiskaming District and is committed to providing equitable, accessible patient-centered care to all members of our community. Temiskaming Shores is home to a variety of unique populations 24% of that population Francophone and 5% identified as Indigenous.

It is recognized that providing health care must include focus on social determinants of health, which requires collaboration with many other partners outside health who share in this vision. Non-traditional partnerships with organizations outside the health care system such as municipal, policy and housing centers are vital towards addressing the range of factors that impact health. Partnerships focusing on Population Health priorities for the Temiskaming District include:

- Nipissing/Temiskaming Sub-Region – Temiskaming Health System Collaborative Co-Chair
- Health Links – Active participation
- Public Health, Municipalities, Police services and Aboriginal partners

French Language Services (FLS) Partial Designation: Draft application for partial designation to NE LHIN and then Ministry of Health and Long-Term Care. Governance policies have been updated for French Language Services and designation.

Strategic Plan 2020 Outcome: Improve transitions in care: TH supports the promotion and integration of Aboriginal Health Services. TH works collaboratively with our indigenous partners and has established a Hospital Aboriginal Liaison to assist patients and families in navigating the health care system and connect with additional support services and support discharge from hospital. Our goal is to improve access and ensure the aboriginal patients' health care experience is culturally safe and inclusive. Through the incorporation of a coordination focused quality improvement initiative on this year's QIP, TH strives to now strengthen the presence of the in-house liaison by empowering self-identification and increasing the number of referrals made.

Access to the Right Level of Care - Addressing Alternate Level of Care (ALC)

Alternate Level of Care (ALC) is defined when a patient is occupying a bed in a hospital and does not require the intensity of resources/services provided in this care setting, the patient is designated ALC at that time by the physician. The ALC wait period starts at the time of designation and ends at the time of discharge/transfer to the discharge destination. Discharge destinations include, but are not limited to home (with/without services/programs), rehabilitation (facility/bed), long term care home, group home, retirement home, or supportive housing.

Addressing ALC issues continues to be a priority for TH and remains a critical challenge for the North East Local Health Integration Network (NE LHIN). TH has been working collaboratively with Long-Term Care and Home and Community Care of the NE LHIN through a formalized ALC partnership table to identify and develop innovative strategies to address ALC constraints. Internally, quality improvement initiatives are focused on strategies to reduce functional decline with early mobilization protocols, senior friendly best-practice approaches, proactive discharge planning and optimal care planning for complex patients.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

As a participating member of the Temiskaming Health System Collaborative Sub-Region Planning Table, TH and our partners have set a priority to identify and define gaps, pressures and potential solutions within our system related to mental health and addictions. In addition, TH is committed to engaging emergency department physicians in the prescribing and management process for opioids. These processes include (i) Letter of Agreement for Prescribing Opioid Analgesics ensuring adherence to applicable policies and procedures; (ii) Opioid Agreement with Pharmacies; (iii) Temiskaming Emergency Group Opioid Prescription Contract between physician and patient; and (iv) Termination of Opioid Therapy Letter between physician and patient. Educational resources to empower patients and assist in the coordination of applicable resources and community supports will be developed and implemented. Ways to strengthen and streamline communication and referrals between the hospital, primary care providers and community partners will be evaluated.

As part of the Ministry of Health and Long-Term Care's opioid strategy, work is underway through the NE LHIN and Nipissing/Temiskaming sub-region to improve access to community based addictions treatment and care. Temiskaming Hospital will be working with our partners to improve access to comprehensive withdrawal services in the community by linking patients from the Emergency Department to regional Rapid Access Addiction Medicine Clinics currently under development. This strategy will assist in bringing care closer to home for those with opioid use disorder, accidental overdoses, hospitalizations and ED visits related to addictions.

Workplace Violence Prevention

TH is committed to the principle of having a right to a respectful environment that is free from violence and harassment. TH promotes an attitude of mutual respect amongst and between employees, professional staff, patients and visitors to the Hospital. Employees and management participate collaboratively in ensuring a safe workplace through bi-monthly joint health and safety committee meetings and monthly facility inspections. Temiskaming Hospital has a robust incident reporting system which includes reporting, review, action planning and feedback including emergency codes and safety/security incidents. The team is able to review trends in order to make necessary improvements to safety practices, policies and procedures. In response to the on-site Health Care Enforcement Initiative inspection conducted by the Ontario Ministry of Labour, improvements were implemented as workplace violence was identified as one of the five most serious hazards within the health care sector.

TH's code white protocol and workplace violence prevention program has been fully revised to reflect best practices inclusive of staff training, responsibility identification, organizational risk assessment, situational assessment, staff safe room capacity and evaluation processes for the program. Procedures have been developed and updated, notably in the emergency department regarding managing workplace violence/harassment in an outpatient setting. TH was complimented on the organizations' physical environment enabling the protection of staff in the event of a violent incident (i.e. locked doors, safe rooms, physical barriers). TH is currently in the process of training staff in workplace violence prevention, bullying and harassment titled: "how empathy and leadership can help deescalate difficult behavioural situations". Improvement ideas for this upcoming year's QIP include the continuance of training for all staff, the launch of an awareness campaign for incident reporting, process improvements for early identification of potentially violent workplace encounters as well as the development of post workplace violence experience support measures for staff.

Performance Based Compensation

As outlined in the Excellent Care for All Act, organizations are expected to strive towards performance improvement in every aspect of implementation, including performance-based compensation. By linking achievement of targets to compensation, organizations can increase the motivation to achieve both long and short-term goals.

Our Quality Improvement Plan is approved by Temiskaming Hospital's Board of Directors and selected core indicators are directly linked to Executive Compensation. For each of the following executives, 5% of compensation is linked to the organizations achievement of the targets set out in Temiskaming Hospitals Quality Improvement Plan:

- Chief Executive Officer
- Chief of Staff
- Chief Nursing Officer
- Chief Financial Officer

Contact Information

Temiskaming Hospital
421 Shepherdson Road
New Liskeard, Ontario P0J 1P0
Tel: 705-647-8121

Sign-off

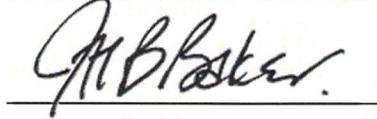
I have reviewed and approved our organization's Quality Improvement Plan.

Mr. Bruce Hawkins
Board Chair



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Mr. Mike Baker
President & Chief Executive Officer



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Dr. Patrick Logan
Chief of Staff



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