

Let's Make Healthy
Change Happen.



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

MIDDLESEX
HOSPITAL
ALLIANCE

4/1/2019

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.

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Overview

Middlesex Hospital Alliance

Middlesex Hospital Alliance (MHA) is comprised of Strathroy Middlesex General Hospital (SMGH) and Four Counties Health Services (FCHS). The two community hospitals are located in the Southwest Local Health Integration Network (SW LHIN).

The MHA Strategic Plan is shaped by our Vision - Exceptional Care by Exceptional People and our Mission - To provide the healthcare we would expect for our own families. We have developed five strategic pillars - Quality Care, People, Relationships, Resources and Innovation, each with goals and objectives to help us to achieve our Vision and Mission.

As part of the Strategic Plan, the MHA completed a Clinical Services Planning review with active engagement from the community, medical staff, employees and alignment of budgets to clinical priorities. The Clinical Services Plan has succeeded in defining the range of current and future clinical services based on the MHA's overall strategy for the future. In essence, the development of this plan will allow MHA to be proactive and chart our own future and provide a focus and a framework for pursuing new opportunities. The implementation of the Clinical Services Plan is well underway. Future care planning will be based not only on the needs of the population but also will align with the SW LHIN's Clinical Services Planning Strategy and rollout of Quality Based Procedures (QBP).

The MHA Board and Quality Committee have been actively engaged, strongly supporting the improvement plan efforts of leadership and health care providers. The committee monitors the progress quarterly, provides guidance, and requests detailed information of change ideas, challenges and plans moving forward to address priority indicator opportunities for improvement.



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

Greatest Quality Improvement Achievements

The Middlesex Hospital Alliance has many quality improvement achievements to celebrate this year, each of which are in direct alignment with our MHA Strategic Plan and our Clinical Services Plan. As a result, the MHA is well positioned to continue to initiate, implement and sustain quality improvement strategies that result in quality care for our patients and families and the community we serve. We continue to invest in hospital resources and program growth as demonstrated by additional physician and interdisciplinary staff to enhance patient assessment and care and the patient experience.

Quality improvement initiatives are a component of every facet of care at MHA. As part of our work towards our senior friendly initiative, the MHA has provided Senior Sensitivity Awareness training to all clinical staff. Other initiatives include the implementation Best Practice Guidelines towards our formal designation as a Best Practice Spot Organization and a Meal Buddy Program to improve the nutritional status and socialization of frail seniors.

The Meal Buddy Program was recently awarded the Moments of Innovation Award from the Alzheimer's Society of London and Middlesex. Over 45% of all admitted patients are at risk for or are actually malnourished. Many of these patients experience challenges with reaching their food, opening packages and cutting their food. In addition, they are often lonely, worried, tired or depressed. Our Meal Buddy Program is designed to address these challenges and is supported by nine active volunteers at Strathroy Middlesex General Hospital, who have assisted with over 1000 meals since its inception in late 2017. Four Counties Health Services initiated this program February 1, 2019 with five active volunteers. Eligible patients are identified during daily huddle board rounds by multidisciplinary team members and volunteers are assigned for specific meal times. Our program has resulted in numerous smiles, thanks and improved intake of in house prepared meals for patients.

MHA is very proud of the numerous quality improvement initiatives and achievements including the following:

- RNAO BPSO predesignate status with 3 BPGs implemented
- Discharge planning agreements with Glencoe Family Health Team and the West Elgin CHC
- Creation of the Sterile IV Preparation Room which meets both OCP and Accreditation Canada quality standards
- Post discharge calls with one day stay OR patients
- Follow up calls with ED patients who leave without being seen and are categorized as CTAS 3 or higher
- Gentle Persuasion Approach (GPA) Training completed across many departments
- The establishment of an organization wide Palliative Care Committee to ensure standardized palliative care across both sites. SMGH is soon to begin construction for a dedicated palliative care suite
- Falls Improvement Storyboards, which were presented at the Canadian Fall Prevention Conference, Newfoundland and the IHI National Forum, Orlando
- MHA has been formally recognized for a Leading Practice for Complex Discharge Rounds. This official recognition has been through the Health Standards Organization, Canadian Patient Safety Institute and HealthCareCAN
- Re-establishment of the Endoscopy Program at FCHS with new state of the art equipment

- Continued steady growth in the Obstetrical Program low risk birth volumes
- Implementation of Single Encounter as part of the Regional Electronic Medical Record implementation
- Standardized Opioid education and prescribing practices to decrease the number of tablets & duration of prescription. This includes the provisions of patient education handouts with all opioid prescriptions and an anti-tamper watermark on all prescriptions
- Malnutrition screening conducted for every inpatient which automatically triggers a referral to dietitian, if appropriate
- Electronic Medical Record documentation, known as SurgiNet, implemented in the Endoscopy Suite at SMGH
- Facilities Improvement Projects include:
 - SMGH Air Handling Unit replacement , Kitchen and Dish room exhaust replacement, Pneumatic Controls Compressor Replacement , Bulk Oxygen Upgrades and Asbestos Abatement in several areas
 - Electrical Switchgear and generator replacement project completed. This multiyear project began in 2017
 - SMGH Digital X-ray #3 renovation to enable state of the art equipment
 - Creation of the SMGH Pharmacy Sterile IV Room
 - FCHS Pneumatic Controls Compressor replacement, Bulk Oxygen upgrades and exterior lighting upgrade
 - FCHS replaced of Endoscopy equipment with new state of the art equipment
- FCHS recruits cardiologist for ambulatory care clinics
- FCHS Health Village and Wellness Clinic
- Rehabilitation Department participation in provincial initiatives comparing orthopedic outcomes
- MHA Breast Assessment Program received a Quality Award for the establishment of same day specialized breast imaging and biopsy. An Aboriginal cancer nurse works in collaboration with this program to promote screening in the Aboriginal communities we serve and through the establishment of aboriginal screening days for this group
- The establishment of a Flex Clinic at FCHS. This was established in partnership with Home & Community Care and St. Elizabeth's and designed to provide centralized access to nursing services, including medication and disease management, intravenous care and infusions, catheter care, wound care and ostomy care
- Employee Well Being committee initiatives including Corporate Gym memberships, skating day, learn to curl, cafeteria vouchers for excellent attendance, beverage vouchers for staff returning from absence and Apple Day.
- Improved Physician Coverage in ED through additional funding from the MOHLTC
- AGFA enterprise implementation, new Picture Archiving and Communications System
- New Gynecology clinic at FCHS
- Trillium Gift of Life expanded to include FCHS
- Dynacare outpatient lab collection at FCHS
- UNITY Quality Control software purchased and implemented for all lab tests to ensures accuracy of results and increase patient safety
- Auto Verification implemented on main chemistry analyzer to improve result Turn Around Times (TAT's) and enabling result to be released to patients' charts without intervention
- Participation in several Choosing Wisely initiatives across the MHA including the virtual elimination of adult capillary blood gases

- OMNI document control system being implemented for all laboratory technical policies and procedures to ensure complete compliance with accreditation standards
- Mid-Cycle Self-Assessment underway for Laboratory IQMH Accreditation
- New CT GSI Dual Energy Scanning was implemented to provide enhanced scans, reduced contrast for at risk patients, greater definition of specific calcification types and less artifact from metal implants

The development of the 2019/20 MHA Quality Improvement Plan has been accomplished through a comprehensive review of past organizational successes, opportunities for continued improvement and extensive stakeholder engagement. As a result, MHA 2019/20 QIP will comprise the following quality improvement indicators:

- Number of workplace violence incidents reported by hospital workers within a 12-month period, as defined by the definitions of 'workers' and 'workplace violence' under OHSA 2016. An evaluation of workplace violence incidence, the validity of incidence as it relates to current culture, comfort of reporting and actual report completion and tracking is well underway in the initial work plan of this indicator.
- Medication Reconciliation at Discharge with the target of completion of a Best Possible Medication History and Medication Reconciliation for greater than 90% of all discharged patients. Medication Reconciliation includes the assessment and determination of all patient medications to consider if these are to be continued, adjusted or discontinued with respect the patient health status. This procedure is an expectation of Accreditation Canada's Qmentum as a Required Organizational Practice. The MHA has chosen to maintain medication reconciliation on discharge as a priority quality improvement indicator through 2019-20.
- Readmission following hospitalization for Chronic Obstructive Lung Disease. A COPD Clinical pathway has been developed to enhance the consistency of key patient care elements based on best practices and QBP clinical guidelines. The pathway was refreshed to include complex patient, those at risk for readmission, referrals to H&CC and smoking cessation support. Included in this pathway is a determination of qualification for the SWCCAC Ontario Telehomecare Program to enable early discharge and decrease readmission. This optional quality improvement indicator will be monitored at both hospitals.
- Readmission following hospitalization for Congestive Heart Failure. A CHF Clinical pathway will be developed to enhance the consistency of key patient care elements based on best practices and QBP clinical guidelines. The pathway is intended to address patient education for self-management, complex patient identification and those at risk for readmission. The clinical pathway is expected to launch in Q2 2019-10. This optional quality improvement indicator will be monitored at both hospitals.
- ED Wait Time for admitted patients. This new mandatory indicator measures the time from decision to admit to time of admission. The effort to improve on current performance builds upon the implementation of several hospital wide LEAN process improvements, the SW LHIN ED Knowledge Transfer Project objectives and implementation of associated actions plans. Though this indicator will be monitored at both hospitals, the Four Counties site is not a Wait Time Information Strategy (WTIS) reporting hospital and not required to publicly report wait times. Of note, ED length of stay wait

times for admitted patients at Four Counties are routinely very low, related to patient volumes and bed availability.

- Improve Patient Experience with “Would you recommend this ED to your family and friends?” The MHA provides patient experience surveys through NRCC and local real time surveys initiated in February 2019. These combined survey processes are utilized in an effort to increase frequency of survey participant submission and improved turnaround time to receive results. MHA has decided to continue with this optional indicator in order to continue to build on the numerous efforts underway to improve the patient experience.

The MHA is utilizing the 2019/20 Quality Improvement Plan as a means to continue our focus on improvement efforts specific to access, timeliness of care and the patient experience. A focus that will improve Emergency Department wait times for admitted patients, safe transitions in care, effective practices for Medication Reconciliation on Discharge, and readmission rates for both Congestive Heart Failure and Chronic Obstructive Lung Disease. Workplace Violence continues to be an important focus of this QIP with numerous strategies to address early identification, education, de-escalation and reporting.

Patient/client/resident partnering and relations

The MHA is currently undergoing a refresh of our Organizational Strategic Plan. This strategic plan has in the past and continues to provide direction and enable prioritization of initiatives and goals that directly align with each of our strategic pillars. These pillars include Quality Care, Strengthening our People, Optimizing Relationships, ensuring efficient use of Resources and driving change through Innovation. Woven into these pillars is a strategy to improve patient and family engagement for specific strategic initiatives. MHA engages patients throughout their hospital stay, for specific hospital committees at local community event supporting community promotion and development initiatives in collaboration with local services. The community is highly integrated throughout the hospitals with a wide variety of volunteer services, hospital foundations, hospital auxiliaries, hospital boards and the coffee kiosk. This integration with the community fosters pride and ownership of the hospitals.

Further examples of collaborating with patients and families include:

- Community representative on the BPSO Steering Committee
- Family Representative on the Palliative Care Planning Committee
- Engaged with the Local Advisory Committee at FCHS to re-establish the Endoscopy Program at FCHS
- Engaged with patients specific to access and flow as part of the ambulatory care review

Workplace Violence Prevention

Preventing workplace violence and harassment is a strategic priority for MHA and is included in our strategic plan. Both the MHA Board of Directors and the Senior Leadership Team have established this as a high priority. MHA appreciates the value in reducing the risk of workplace violence and harassment and we are equipping our employees with hands on skills and implementing various other control measures. The goals are to prevent the risk of injury and illness and improve employee satisfaction, safety and wellbeing. MHA has recently completed Workplace Violence Risk Assessments with each department across both sites. We have utilized these Workplace Violence Risk Assessments to identify and prioritize departments with a higher risk of violence with a comprehensive review of existing and required control measures. As a result, MHA has created department specific action plans as

well as an organization wide action plan to address prevention methods and management strategies. Each of these action plans focuses on equipping our staff through better training and education and new and improved policies and procedures. Education includes supporting staff to identify potential and actual threats as well as refining documentation. By improving workplace violence reporting and trending, we will ensure that we are keenly aware of ongoing trends to implement improvements to our safety measures. Each of our codes, including Code White, are currently being reviewed and revised to ensure alignment with workplace violence prevention strategies.

MHA continues to build upon existing violence prevention and reduction strategies including visual signs on patient doorways and electronic flags to alert anyone who may be in contact with a specific patient. The patient flagging process in the electronic patient record provides staff with the ability to document patient behaviors and alert other support staff of the potential risk from the patient.

Utilization of the Behavioral Supports Ontario (BSO) team from London has been instrumental with a few exit seeking and aggressive patients. As a result of BSO's involvement, a dramatic improvement has been noted with specific patients. BSO has successfully modeled behaviors for our staff and provided them with strategies to appropriately manage our patients with challenging behaviors. As a result, MHA is now providing Gentle Persuasive Approach (GPA) training for our staff with excellent interest and uptake.

MHA continues to post zero tolerance signage throughout both sites to remind everyone of our priority to keep our patients, staff, physicians and volunteers safe. As an organization, we continue to work to ensure the safety of everyone who enters our doors and have this as one of our key values to ensure Safety for our Patients, Staff and Visitors.

Executive Compensation

Under the ECFAA legislation, hospital organizations are required to link Senior Executive compensation to the achievement of performance improvement targets. The Senior Executive of the MHA is held accountable for achieving targets that are laid out in the MHA's Quality Improvement Plan (QIP). The percentage of salary at risk for each individual executive has been set at 2% of the base salary. For the 2019/20 MHA QIP the pay at risk compensation is being applied to the Number of Workplace Violence Incidents Indicator. This compensation formula applies to the following individuals: President & CEO, VP Clinical Services & CNO, VP Finance & CFO, VP Strategic Partnerships and HR Director.

The achievement of provincial priority improvement targets will result in 100% payout. Partial achievement of targets will result in partial payout. The Board of Directors has the discretion to modify the amount of the performance-based compensation (subject to the 2% maximum) following assessment of the MHA's performance related to the QIP, 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.

Contact Information

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Accountability Sign-off

I have reviewed and approved our organization's 2018-19 Quality Improvement Plan and attest that the Middlesex Hospital Alliance of Strathroy Middlesex General and Four Counties Health Services fulfills the requirements of the *Excellent Care for All Act*.


Neil MacLean
Board Chair


Sandy Whittall
Quality Committee Chair


Todd Stepanuik
President and CEO