Excellent Care For All.

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

MIDDLESEX HOSPITAL ALLIANCE

Middlesex Hospital Alliance

April 1, 2016

Strathroy Middlesex General Hospital
395 Carrie Street
Strathroy ON N7G 3J4

Four Counties Health Services
1824 Concession Drive
Newbury ON N0L 1Z0

The 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 (SWLHIN)

This year, the MHA launched a new Strategic Plan for 2015-19. The Strategic Plan is shaped by our new Vision - **Exceptional Care by Exceptional People** and our renewed 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.

Part Two of the Strategic Plan- **Clinical Services Planning,** a process that is well underway with active engagement from the community, medical staff, employees and alignment of budgets to clinical priorities. The Clinical Services Plan will help MHA to define the range of clinical services we will offer 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. 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.

The MHA Board and Quality Board are proud to feature this shining example of patient engagement, empowerment and equity regarding the MHA Diabetes Education Program for Aboriginal Diabetes Care.

Middlesex Hospital Alliance Diabetes Education Program Aboriginal Diabetes Care

The Diabetes Education Program (DEP) of the Middlesex Hospital Alliance serves a rural catchment area of 450 sq kilometers and an adult population of 54,850 with a projected diabetes population of 5,962 (the prevalence rate 9.2 ranging across the area from lower than to greater than the provincial rate of 11.9.)The catchment region includes four municipal boundaries including the west part of Elgin, the east part of Chatham-Kent, the west part of Middlesex and the east part of Lambton and both the SWLHIN and Erie St Claire LHIN and 4 aboriginal reserves.

Prevalence of diabetes is 3-5 times higher in aboriginals than in non-native populations. Since 2007 the diabetes program staff have partnered with Moraviantown, Oneida, Chippewa and Muncey and First Nations organizations Southern Ontario Aboriginal Diabetes Initiative(SOADI) and Kiikeewanniikan Healing Lodge. Cultural learning from the elders has included sweats, traditional

healing, naming ceremony, pow-pows, pipe ceremonies which have improved our effectiveness for diabetes management either with individual counseling or group classes' offsite (Reserves, Healing Lodge, Family Health teams) or onsite at our hospital Diabetes Program. Staff working with aboriginal clients has taken the online "Indigenous Cultural Competency" course.

In 2008 we partnered with First Nations to host a Conference held on the Moraviantown Reserve. The conference helped build community capacity for diabetes prevention and management for six First Nations communities in Southwestern Ontario. The Conference met goals of personal empowerment, community leadership in diabetes care, and knowledge transfer. Aboriginal preferences informed all aspects of planning, ensuring the program was culturally sensitive for the over 300 aboriginals and healthcare workers who attended.

In 2009 we were asked through Barb Whit eye of SOADI to participate in the Kiikeewanniikan Southwest Regional Healing Lodge diabetes program "Embracing the Sweetness".
Since 2012 we've been partnering more regularly with the Family Healing Program attending 2 sessions per three week program. The first day of the three week program is devoted to individual sessions counseling on diabetes prevention and management, medication review and adherence, blood pressures and for glucose screening. We attend circle for the pipe ceremony on Monday morning and continue to learn about traditional practices. It is our belief that meeting 1:1 in a setting that promotes shareholder's comfort can build trust with a Western care provider. As well, when sharing past medical history, this may be the first time the client has felt autonomy and respect while receiving care.
We also lead a group class on nutrition, physical activity, sleep and other activities of daily living for diabetes prevention and management. Through this class individualized goals are developed and examples provided and set with group support to facilitate health promotion for the transition to home. The benefits of residential living during the three weeks are highlighted and personalized for transfer of behavior change. The class evaluations have demonstrated that the new information is being learned and personal health goal setting shows intention for change.
In 2014/15 the Program educators worked with over 70 aboriginal clients and held 23 group sessions. This represents approximately 6.5% of our caseload.
We are honored to learn about aboriginal culture and be accepted to partner with their healthcare.

2015-16 Achievements include:

- Achievement of hospital acquired C.Difficile below target with less than 5 cases
- MOHLTC Breast Assessment Program approval in Winter 2015
- Greater than 90% compliance of hand washing maintained both before and after patient contact.
- Patient and Community Engagement and Experience Based Design initiatives occurring in Clinical Services Planning, Diabetes Education Program, ED, COPD readmission, Surgical Preadmission
- Achievement of a balanced or better total margin
- Exceeded ED admitted Length of Stay SWLHIN HSAA target
- Trillium Gift of Life - Launch Spring 2015
  Recognized for highest community hospital reporting compliance
  Recognized for high volume of signed organ donation cards for the catchment population
- Quality Workplace Award – Silver Award received in 2015
- SMGH County Crisis Response Services in collaboration with the Canadian Mental Health Association, London Middlesex Emergency Medical Services (EMS), Middlesex OPP and Strathroy-Caradoc Police and Canadian Mental Health Association.
- FCHS Memory Clinic 2015 Launch of clinic based screening for all types of dementia using a holistic approach.
- FCHS 2016 Launch of Ontario Telemedicine Network(OTN) for continued Respirologist assessment and followup
- MORE OB Program Completion
- Facilities projects completion- SMGH site – Exterior façade cladding, FCHS- Air Handling Unit replaced, MHA-Domestic Waterline Upgrade
- Dissemination of new HSFR and QBP review of MOHLTC Clinical Guidelines, clinical review of case volumes, outcomes, and readmissions.
- SWLHIN Regional working group collaboration on Information Decision Support(IDS), Colonoscopy Screening, Southwest Regional Wound Care Committee, HUGO Optimization, Non urgent patient transportation

Strathroy Middlesex General Hospital
395 Carrie Street
Strathroy ON N7G 3J4

Four Counties Health Services
1824 Concession Drive
Newbury ON N0L 1Z0

The MHA is well positioned to succeed in quality improvement changes and processes with its current status. The Quality committee of the Board is a highly engaged group providing insightful guidance and support. Lean process improvement practices are evident in all areas of the hospital providing a common and inclusive platform sustained through day to day operations, departmental goals and addressing barriers and challenges.

The objectives of the MHA Quality Improvement Plan include the identification of targets and initiatives for all applicable provincial priority indicators of:

- Clostridium Difficile: To sustain or reduce existing low incidence of hospital acquired C.Difficile. To be achieved through continued surveillance, hand hygiene before and after patient contact and implementation of antibiogram and antibiotic stewardship processes. These efforts are successful through collaboration with many care providers; Pharmacy and Therapeutics Committee members, infection control practitioner, housekeeping staff and adherence to provincial cleaning standards, investigation of new and emerging cleaning products, and physician adoption of antibiotic stewardship.

- Medication Reconciliation: To complete a Best Possible Medication History and Medication Reconciliation for greater than 90% of all admitted patients. The medications are assessed to determine whether they need to be continued, adjusted or discontinued with respect the patient health status, to reduce medication errors in the transition to hospital. This is consistent with Required Organizational Practices and Qmentum Accreditation. The MHA medication reconciliation process has recently become electronic through Care Provider Order Entry. Early vigilance and reporting of performance is expected.

- Readmission following hospitalization for a group of selected diagnoses and Chronic Obstructive Lung Disease: To understand the rate and reasons for unplanned readmission to any hospital within thirty days following discharge for selected Case Mix Groups. A COPD Clinical pathway is developed and will be implemented to ensure consistency of key patient care elements based on best practices and QBP clinical guidelines. Patient engagement focuses groups are planned for this indicator to help to inform all health care providers of the patient perspective and areas for improvement. Though this indicator will be tracked at both hospitals, the Four Counties site demonstrates low volumes of both readmissions and patient volumes, which are insufficient for public reporting.

- To maintain a balanced budget within the shifting and limited funding corridors. To sustain institutional financial health requires a continued understanding and application of principles relative to HBAM and Quality Based Procedure funding models and Hospital Service Accountability Agreement (HSAA) targets.

- ED Wait Times Admitted Patient Length of Stay reduction to nine hours or less for 90 percent of patients.   This work plan builds upon the implementation of several hospital wide LEAN process improvements and SWLHIN ED- Knowledge Transfer Project objectives and implementation of associated actions plans. The MHA ED admitted LOS continues to improve over time. The focus this fiscal year will be to sustain the changes that are impacting the improved performance and continue to address areas of improvement.   several. Though this indicator is tracked 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, the length of stay admission wait times at Four Counties are routinely very good, related to patient volumes and bed availability.

- Achieve Patient Satisfaction of Overall Quality of Care positive results in greater than 93% responses received through survey respondents. The MHA hospital is preparing to finalize and implement in Q1 the selected patient satisfaction survey product following a detailed review of options, cost benefit and reporting capabilities.

- Reduce the number of Alternate level of Care patient days in acute care beds by 10%. This integration quality dimension requires the collaborative efforts of all care providers, community supports and physicians. Early identification of patient risk and discharge planning are vital to this achievement.

The 2016-17 hospital wide focus on improvement continues to revolve around access, timeliness and patient experience in the areas Emergency Department and Alternate Level of Care. The anticipated recommendations of the current Strategic Clinical Service Panels will provide additional guidance and direction to the organization for clinical areas of focus.

Integration and continuity of care

The MHA works closely with system partners to develop and execute quality improvements for patient benefits.

The MHA participates closely with the SWLHIN in several initiatives. Some of these initiatives include development of Integrated Decision Support (IDS), continued participation with the ED knowledge transfer project, SWLHIN Phase 1 Implementation Regional Stroke, South West Senior Friendly Hospitals Task Group and Centralized Surgical Wait List Management.

Additional clinical practices initiatives to ensure best practices standards, costing efficiencies and outcomes are noted in the areas of:

Colonoscopy
Vision Care
Surgical Oncology Access to Care
Breast Assessment Program
SW Regional Wound Care
Quality Management Partnership- Colonoscopy, Mammography, Pathology
Implementation of RNAO Best Practice Guidelines

Community Care Access Centre launched its Home First Program at MHA early 2014. Program initiatives of patient assessment for intensive home or augmentation of services in the home are continuing. CCAC is included in the development and participation in the Alternate Level of Care plan. The hospital and CCAC continue to facilitate the supported transition of many of its patients, back to their homes with early patient risk identification and discharge planning. The MHA has established and sustained daily bullet rounds on the inpatient units which are attended by nurses, allied health and CCAC case managers. Another collaborative enhancement to reducing Alternate Level of Care days and accessibility is the MHA access to complex continuing care and rehabilitation beds in surrounding regional community hospitals.

The Regional Chief Nursing Executives and SW CCAC have collaborated with the creation of SWLHIN wide policies and procedures. In collaboration with the SW Regional Wound Care Program and the leadership of the CNE group, numerous wound care initiatives have been developed and provided to wound care champions and end users. Another example is demonstrated by the Holiday Surge Daily Bed Huddle. A daily virtual bed huddle with all SW facilities was held through the 2015-16 Holiday period to proactively manage bed flow and accessibility issues. The huddle was informed by a short survey to be completed by each hospital an hour prior to the huddle.

Internally at the MHA, our multidisciplinary team is expanding to enhance the quality and continuity of patient care and the patient experience. These additional direct patient care positions include: NP/CNS, Full-Time Social Worker, Respiratory Therapy and Pharmacist.

Challenges, risks and mitigation strategies

Maintaining a balanced budget in the current unstable environment of fiscal constraints: Challenges include understanding and applying the shift in funding from volumes and dollars to efficiency and best practices.

The MHA community hospitals have capacity for a wide range of elective and urgent ambulatory care and surgical interventions, excluding cardiac, neurological and multiple trauma patients. A wide range of patient service availability remains. Our community hospitals are frequently restricted to life and limb only access to tertiary level care, despite all the current repatriation and patient flow processes in place. This limited access is of particular concern as it relates to the SWLHIN plan to divest stroke care from community hospitals to regional centres. The MHA will need to closely monitor the accessibility for stroke patients.

Limited accessibility to long term care homes and community care access care in the home. Evident at both sites of the MHA, but certainly magnified in the rural setting of Four Counties Health Services. This impacts the number and length of stay of alternate level of care patients greatly at our facilities. The MHA is actively engaged with CCAC and Home First implementation to address ALC options following the acute episode of care and hope to realize significant improvements. The MHA collaborates with CCAC and Public Health to optimize the transfer of appropriate patients during periods of outbreak.

Information management:

The MHA readily utilizes available national, provincial, regional, SWLHIN and internal electronic resources to inform long term and immediate information and wait time information needs. These information resources are used to support clinical and administrative decisions and required reporting. In 2015-16 , the MHA launched a single new policy management system on the MHA intranet, to house all hospital policies, procedures, medical directives and forms .

The MHA implemented Care Provider Order Entry and closed loop medication administration in February 2014. The current step enhances the standardization of physician order entries, electronically communicates all orders to the associated department, tap in and out access and supports safe medication administration practices. Plans are well underway to continue on the EPR journey in collaboration with many SWLHIN partners.

The MHA participates with the SWLHIN in its utilization of regional Integrated Decision Support (IDS) system. The early use of the IDS system demonstrates utilization of the health care system by patients at many levels including inpatient and outpatient hospitals visits and CCACs.

The MHA utilizes e-resources for its numerous resource requirements through collaboration with surrounding hospitals in the Western Ontario Health Knowledge Network. This network provides 24 hours access to electronic journals and skills resources for all health care providers.

Engagement of clinicians and leadership:

The MHA engages its clinical staff and broader leadership at many levels. Unit specific goals are increasing being developed to support strategic goals and quality improvement plans. The most responsible departments or services develop the work plan and performance targets for their areas. These are presented for consideration and recommendations to the senior leadership, the Board Quality committee and the MHA Board.

The MHA leadership strives to include its frontline staff and physician at every opportunity. Regular coffee with the CEO, monthly staff meetings following monthly Board meetings, regular discussion with medical staff, meet and greet with all new staff orientees and recently cost saving suggestions from any and all staff members are just a few examples of staff and physician engagement.

The MHA Senior leadership and clinical managers are present and engaging patients and staff in all patient care and support areas on daily walkabouts and huddles.

Patient/ Client Engagement:

The MHA and Board Quality committee have been engaged in developing patient engagement strategies following opportunities for education and Board discussion. An understanding of the patient engagement initiatives and ECFAA requirements has been realized through presentations developed from Health Quality Ontario and OHA resources. Patient engagement strategies underway include focus groups for patients and/ or families who have visited the ED recently and COPD patients requiring readmission. The Diabetes Education Program featured in the introduction has demonstrated patient engagement and sustainability over many years in addressing diabetes chronic disease management in the aboriginal population in the MHA catchment.

The MHA hospital has supported leadership and staff in attending educational opportunities and circulating resources regarding patient engagement and experience based design. In addition, all the MHA employees will receive training through the 'Treating with C.A.R.E.' (Connect, Appreciate, Respond, Empower) education by early summer.

The patient experience is being explored as a valuable facet of the emotional patient care journey. As a starting point, a review of recent patient compliments and complaints revealed how the frequency and depth of patient emotions impacted their experience and satisfaction…. and the value of caring and kindness. Surgical Preadmission patients are currently being surveyed for what feelings they are experiencing as they move through components of this preoperative visit.

The MHA hospitals engage patients and their families regularly during a patient stay or ambulatory visit through regular updates of patient status and progress, discussion with health care providers - physicians, nurses, social worker, CCAC case workers, rehabilitation staff including physiotherapy, occupational therapy and speech and language pathology. Patients and family are included in understanding the patient condition and establishing goals for the patient stay. There is discussion of what the hospital will provide and what the patient and family can do to reach the patient goals.

The MHA hospitals are engaged not only with patients in hospital but also in the local community, supporting their community promotion and development initiatives and local services. The community is highly integrated throughout the hospitals with a wide variety of volunteer services in patient and service areas, hospital foundations, hospital auxiliaries, hospital boards and coffee kiosk. This integration with the community fosters pride and ownership of the hospitals.

Accountability Management:

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 which 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. This compensation formula applies to the following individuals: President & CEO, Chief Operating Officer, Chief Financial Officer and Chief of Staff.

Performance Based Compensation (As part of Accountability Management):

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.

Health System Funding Reform:

The MHA continues to develop its understanding, knowledge and application to the Health System Funding Reform. Information has been shared through all levels of organization, including Physician and staff health care providers, professional practice committee incorporating care pathway development and best practices, finance, health records and decision support. The MHA has initiated a Funding Transformation Steering Team. This leadership team is under development with the intent to support and act as the steward of the implementations of QBP's across the organization. The Funding Transformation Team will focus primarily on the QBP's in an effort to leverage and optimize quality and efficiency within the new funding model. The team will review provincial handbooks, admission and readmission volumes, current and recommended practice variations, staff and patient education, electronic CPOE and pathway development, costs.

Accountability Sign-off

I have reviewed and approved our organization's 2015-16 Quality Improvement Plan and attest that Strathroy Middlesex General Hospital fulfills the requirements of the *Excellent Care for All Act*.

______________________	______________________	______________________
Board Chair	*Quality Committee Chair*	*Chief Executive Officer*

Strathroy Middlesex General Hospital
395 Carrie Street
Strathroy ON N7G 3J4

Four Counties Health Services
1824 Concession Drive
Newbury ON N0L 1Z0

MIDDLESEX HOSPITAL ALLIANCE

Accountability Sign-off

I have reviewed and approved our organization's 2015-16 Quality Improvement Plan and attest that Four Counties Health Services fulfills the requirements of the *Excellent Care for All Act*.

Ken Williams	Neil MacLean	Todd Stepanuik
Board Chair	*Quality Committee Chair*	*Chief Executive Officer*

Strathroy Middlesex General Hospital
395 Carrie Street
Strathroy ON N7G 3J4

Four Counties Health Services
1824 Concession Drive
Newbury ON N0L 1Z0