

Let's Make Healthy
Change Happen.



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

MIDDLESEX
HOSPITAL
ALLIANCE

6/9/2022

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 (MHA) is comprised of two partner sites, Strathroy Middlesex General Hospital (SMGH) and Four Counties Health Services (FCHS) and their respective Foundations. The two community hospitals are located in the Western Region of Ontario Health and service 78,000 residents in Middlesex, Lambton, Elgin and Kent Counties. More than 600 employees work at MHA and over 158 physicians (and specialists) hold privileges with the MHA. Prior to COVID, the MHA had over 190 volunteers providing 15,300 hours of service. The MHA mission is “To provide the healthcare we would expect for our own families”.

The MHA is governed by one dedicated Board of Directors. One of the key governance responsibilities of the Board is to proactively plan for the future through the development of a strategic plan. The 2019 – 2022 strategic plan is our ‘road map’ for ensuring MHA is well positioned to meet future challenges and pursue the opportunities that lie ahead. Through this plan, MHA is committed to providing high quality services to meet the evolving needs of our community.

The current 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*, while driving the five strategic pillars of: *Quality Care, People, Relationships, Resources and Innovation*.

In the Fall of 2021, the Middlesex Hospital Alliance (MHA) embarked on the development of its next Strategic Plan (2022 to 2026). The new strategic plan is expected to be released in the Fall of 2022.

The MHA Board of Directors and Quality Committee are actively engaged in quality, strongly supporting the Quality Improvement Plan and all improvement initiatives. The MHA Quality Committee regularly receives progress reports and provides feedback and suggestions for continued improvement opportunities as it relates to the Quality Improvement Plan.

Mission/Vision/Values – Strategic Pillars and Goal



Reflections since your last QIP submission

Throughout the last two (2) years of the COVID-19 Pandemic, patient safety has remained a top priority at MHA. During the pandemic, the MHA has been committed to patient/family and staff/physician safety, by swiftly implementing provincial protocols for screening, distancing, hand hygiene, masking, visitor & essential care partner guidelines, vaccination mandates and appropriate use of personal protective equipment. In response to the COVID -19, a number of quality improvement and safety initiatives were undertaken, like creating negative pressure rooms at both the sites to manage COVID -19 patients.

Pandemic brought communication and in-person, follow-up visit challenges for our patients. In order to provide the continuity to care MHA opted for virtual clinics and provided electronic communication tools to the staff and patients. Over the pandemic we continued to implement quality improvement initiative to improve the quality care we provide to patients. Quality improvement ideas arise from patient safety occurrences, patient complaints, staff or physician ideas and evidence bases practices. Here are the few highlights from FY 21/22:

- 1. Pandemic Response** – The MHA established a Pandemic Operations Committee (POC) comprised of key stakeholders that met regularly throughout the pandemic. Comprised of key stakeholders, including physician leaders, the committee met regularly to provide guidance and make decisions on pressing pandemic issues.
The MHA also participated on key regional pandemic committees and working groups, including the Regional Visitor & Essential Care Partner Working Group, where visitor and care partner policies were reviewed, discussed and updated with a regional lens to support provincial mandates and improved access by family members or care partners in a safe and controlled manner, with adherence to Infection Prevention and Control (IPAC) practices.
- 2. Enhanced Registered Respiratory Therapist (RRT) Coverage** – In response to Wave 3 of the pandemic, additional on-site RRT support was added to increase coverage to 24/7 at SMGH and 2 days per week at FCHS. This directly supported the increased acuity level of patients and supported care gaps related to health human resources challenges.
- 3. Building the MHA Infection Prevention and Control (IPAC) Program** – IPAC specialists have played a vital role in guiding IPAC practices and precautions, controlling and leading outbreaks, and providing education and support to staff/physicians throughout the pandemic. IPAC has been actively developing a best practice IPAC program plan that will encompass core components including: a hand hygiene program, a Surgical Site Surveillance program for total joints, new policies and procedures to address IPAC practice gaps, increased annual influenza vaccination rates and key IPAC quality metrics on a dashboard that can be communicated to staff, physicians and patients/ families.
- 4. Established Patient and Family Advisory Council (PFAC)** – The MHA Patient and Family Advisory Council was launched in January 2022. The MHA is excited to partners with the council members to support effective system re-design, improved patient safety, support quality improvement, and improved patient experience.
- 5. COVID Surgery Backlog Strategy Implementation** - In FY 2021/22, the MHA received additional funding from Ontario Health to support surgical innovation and address surgical back-log challenges, which were created as a result of repeated ramp-down of surgical services throughout the pandemic. The MHA received Surgical Innovation Funding (SIF) for the following initiatives which are now successfully implemented:
 - a. Procurement of additional Operating Room equipment to increase surgical volume capacity and throughput
 - b. Training for additional Operating Room nurses
 - c. Increased use of regional block anesthesia to increase Operating Room efficiency and support same day discharge of total joint patients.
- 6. Obstetrical Services at SMGH** – Recruitment, retention and training of obstetrical nurses has been a change during the pandemic. At times, obstetrical services had to be periodically reduced or closed due nursing resource shortages. We continue efforts to recruit and train obstetrical nurses, and exploring partnership opportunities with London Health Sciences Center (LHSC) and local midwifery groups. SMGH Obstetrical Program remain committed to quality patient care, and as a result participated in virtual Perinatal Obstetrical Review, conducted by the Newborn, Child and Youth Network (MNYCN) to review eight cases from the past two years in which SMGH transferred a maternal or a newborn patient for care to a tertiary center. The MNCYN team validated all MHA transfers as appropriate, given the need for a higher level of obstetrical/pediatric care, due to MHA's Level 1A designation.

7. **Accreditation** - MHA participated in an Accreditation on-site survey from October 3-8, 2021. Two surveyors from Accreditation Canada met with MHA leadership, front-line staff, physicians, community and Board members to ascertain how we meet patient safety and quality standards. In total, we were surveyed on 2,018 standards. MHA met 1,874 standards and 109 were unmet. We were 100% compliant with all Required Organizational Practices (ROPs). The MHA received "Accreditation with Commendation".

8. **Best Practice Spotlight Organization (BPSO) Designation** -The Registered Nurses Association of Ontario (RNAO) awarded the Middlesex Hospital Alliance with the Best Practice Spotlight Organization (BPSO) Designation for the 2021-2023 term. To achieve this designation, the MHA completed extensive work on five (5) best practices as outlined by the RNAO, these include:
 - Integrating Tobacco Intervention into Daily Practice
 - Preventing Falls and Reducing Injury from Falls
 - Assessment and Management of Pressure Injuries
 - Delirium, Depression, Dementia (3Ds)
 - Assessment and Management of Pain
 Two (2) new and additional Best Practice Guidelines have been selected for implementation during the 2021-2023 term:
 - Person and Family-Centered Care
 - Alternative Approaches to the Use of Restraints

9. **COVID and Patient Care Implications** - During the pandemic, the MHA was faced with the COVID -19 outbreaks in some patient care areas at both SMGH and FCHS sites. Many infection control and prevention efforts continued during this time period to keep patients, families and staff/physicians safe, including; visiting restrictions, use of personal protective equipment, physical distancing, reduce services/volumes, active visitor screening with proof of vaccination etc. These outbreaks also caused significant challenges to patient flow, health human resource availability, etc. During this time period, we also saw mandates from the provincial government that required the ramp-down of surgical services, endoscopy and ambulatory clinics to help support improved bed capacity and stabilize health human resources.

While the pandemic paused the advancement of some quality improvement strategies and full implementation of FY 20/21-21/22 QIP plans, we are very excited to for the opportunity to resume our commitment to working on those initiatives. Participating in development of cQIP with Middlesex London Ontario Health Team (MLOHT) and developing our Quality Improvement Plan (QIP) is the first step in restarting our quality improvement journey following pandemic. The following QIP indicators will remain our focus in coming 2022/23 year:

1. **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** – The MHA continues efforts to improve the rate of discharge summaries delivered to primary care providers within 48 hours of patient's discharge from hospital. The MHA believes this is a key patient safety initiative, and is implementing a two (2) year strategy to reach the goal of 100%. In year 1 (FY 22/23), we aim to improve our current performance by 50% from our baseline of 27.6% for FY 21/22. Working in collaboration with cross hospital teams, nurse practitioners and physicians, we are focusing efforts on education and piloting an auto-authentication project. Learnings of the project will guide us on next steps to reach our target.

2. **Percentage of inpatient days with an Alternate Level of Care (ALC) designation** – The MHA faced many challenges meeting ALC targets during pandemic due to COVID outbreaks in hospital, long term care homes, and supervised living and retirement home dispositions. As well, there were other discharge planning challenges related to delaying in setting up family meetings in timely manner due to restricted visitors' policy, families unable to tour chosen facilities due to COVID restrictions or delays in obtaining information from families who had to get paper work from external parties such as lawyers, banks due to limited access. The inability to discharge ALC patients to most appropriate destination resulted in these patients staying longer time in hospital and caused patient flow gridlock. In FY 22/23, we aim to reduce our ALC rate by 10% through several strategies. We continue to work with external partners (Home and Community Care, etc), partner facilities, families and Middlesex London Ontario Health Team to reduce the MHA ALC rate and advocate for the reinstatement of lost long-term care beds in the region.

3. **Number of workplace violence incidents overall** – Incidents are 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 incidences, the validity of incidences as it relates to current culture, comfort of reporting and actual report completion and tracking is well underway. In past year, we have seen a decrease in overall reporting at SMGH site and slight increase in FCHS site, and an overall decline in MHA reported cases, which reassures us that we are sustaining an open reporting culture. In FY 21/22, we implemented 24/7 security at both the sites which supports a safe work place.
4. **Proportion of patients discharged from hospital for whom medication reconciliation is provided** – With the target of completion of a Best Possible Medication History and Medication Reconciliation equal to 90% for all discharged patients at MHA. Our ultimate goal is 100% completion. We have established a working group responsible to review current practices and advise on actions to meet the goal of 100%.
5. Improve patient experience with **“Did patients feel they received adequate information about their health and their care at discharge”** – The MHA has provided patient experience surveys through NRCC in the past. NRCC contract came to an end on 31st March 2022. The MHA is working with Ontario Hospital Association (OHA) to implement a new patient experience system, as well as working with MHA Patient Care Managers for launching periodic real time experience surveys to make quality improvements real-time.

Patient/client/resident partnering and relations

The MHA 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. The current pillars as part of the 2019-2022 Strategic Plan include *Quality Care, People, Relationships, Resources and Innovation*. Woven into these pillars is a **strategy to improve patient and family engagement**. The MHA engages patients/families throughout their hospital stay, and as members of specific hospital committees and at local community events supporting health promotion in collaboration with local services. The community is highly integrated throughout both the SMGH and FCHS hospital sites with a wide variety of volunteer services, hospital foundations, hospital auxiliaries, hospital boards and the gifts shops. This integration with the community fosters a tremendous level of pride and ownership for MHA.

Further examples of collaboration with patients and families and supporting the communities we serve, includes:

- Established Patient and Family Advisory Council (PFAC)
- Supporting Diversity, Equity and Inclusion, through activities to recognize the National Day for Truth and Reconciliation, and recognizing Pride month by raising the Pride Flag
- Patient and family representative recruited for the BPSO Steering Committee
- Patient family member involved on Palliative Care Planning Committee for the new SMGH Palliative Care Suite
- United way initiatives throughout the year, including Staff BINGO and vacation day raffle
- MHA staff contributed to the community by organizing events such as an annual Food Bank donation and the annual Angel Tree program. The Angel Tree program was coordinated by the Salvation Army, resulting in staff donating approximately 75 gifts to local children in need during the Christmas period.

Provider experience

At MHA, we endeavor to thank, recognize and celebrate staff. This has been especially important during the pandemic due to increased workloads, increased stress and burnout, increased health risks, constant government changes and staff shortages. The pandemic added extra stress to staff related to personal protective equipment reinforcement, managing family and essential care partner visitor protocols, and increased communication and confrontations with patients/families.

The MHA wellness committee has been conducting staff surveys throughout the pandemic, to give staff the opportunity to share their perspectives and feelings related to opportunities for improvement. Feedback from the surveys helped MHA leadership come up with improvement to better support staff, including:

- Recruitment of a Health and Wellness Safety Officer
- Implemented security services
- Various wellness, health, fitness and nutrition initiatives/webinars were provided to staff
- BBQ days, Poutine Bar, Chick Boss Cakes and free staff breakfast was provided to staff
- Nursing week and doctors days was celebrated with treat days such as : Photo booth; Staff BBQ; Pizza lunch; Ice Cream treats; Popcorn treats; Gift Card/Basket Draws; Staff Bingo and St. John’s Ambulance Therapy Dog visit.

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 accountable for achieving targets that are laid out in the MHA's Quality Improvement Plan (QIP). **Since the QIP for 2022/23 is considered voluntary, the MHA has decided not to establish a pay at risk compensation structure for senior executives.** This will be reassessed for the 2023/24 QIP.

Contact Information

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Other

The MHA is utilizing the 2022/23 Quality Improvement Plan as a means to continue our focus on improvement efforts specific to ensuring patient have timely access to the most appropriate bed and level of care. A focus that will improve safe transitions in care through Discharge Summaries, effective practices for Medication Reconciliation on Discharge, and Patient Experience (inpatient care). Workplace Violence continues to be an important focus of this QIP with numerous strategies to address early identification, education, de-escalation and reporting.

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  Catherine Osborne

Board Quality Committee Chair  Sandy Whittall

Interim Chief Executive Officer  Julie McBrien