

Excellent Care
For All.



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

MIDDLESEX
HOSPITAL
ALLIANCE

Middlesex Hospital Alliance April 1, 2017

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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 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.



Quality Improvement Achievements

- Achievement of zero hospital acquired C.Difficile
- Smoke Free across the MHA quality initiative implementation providing information and smoking cessation support to patients, staff and community.
- Greater than 90% compliance of hand hygiene 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
- Trillium Gift of Life participation in primarily tissue donations and first organ donation
- Fall Prevention Plan development focused on improved communication, patient identification, patient and family involvement and falls prevention strategies.
- 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 based screening for all types of dementia using holistic approach continues to enhance lives of patients and caregivers through new initiatives :
 - Memory Café created in partnership with Alzheimer Society as a caregiver and patient model of support and wellness
 - Intergenerational Choir events in collaboration with Memory Clinic clients, Glencoe District High School Music Program, Glencoe Voiceprints Community Choir and the Alzheimer's Society.
- FCHS migrated onsite respirology clinic leveraging Ontario Telemedicine Network(OTN), Digital Stethoscopes, Nurse Practitioners and Respirology located in ESCLHIN for continued assessment and follow-up of local patients
- MORE OB Program Completion- Recognition Award
- Facilities projects completion- SMGH site – Exterior façade cladding, FCHS- Air Handling Unit replaced, MHA- Domestic Waterline Upgrade
- Dissemination of new HSR and QBP review of MOHLTC Clinical Guidelines, clinical review of case volumes, outcomes, and readmissions.
- SW LHIN Regional working group collaboration on Information Decision Support(IDS), Colonoscopy Screening, Southwest Regional Wound Care Committee, HUGO Optimization, Non urgent patient transportation, Senior Friendly Hospitals
- Introduction of Senior Friendly Hospital Steering Committee
- Automated dispensing medication units in various clinical departments across both sites at MHA
- Computerized Provider Order Entry (CPOE) for patient medications and diagnostics
- Additions to the interdisciplinary health care team including pharmacy, respiratory therapy, social work and psychiatrist
- ALC strategies:
 - Daily multidisciplinary rounds with MHA staff and CCAC
 - Weekly Complex Discharge multidisciplinary rounds with MHA staff and CCAC

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 MHA hospital continues to invest in hospital resources and program growth as demonstrated by the additional physician and interdisciplinary staff to enhance patient assessment, treatment and discharge. In addition the Obstetrics and Gynecology Program and General Surgery Program are expanding services following the Clinical Strategic Services Planning review.

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

- **Medication Reconciliation:** To complete a Best Possible Medication History and Medication Reconciliation for greater than 90% of all admitted and discharged patients. The medications are assessed to determine whether they need to be continued, adjusted or discontinued with respect to the patient health status, to reduce medication errors in the transition to and from hospital. This is consistent with Required Organizational Practices with Qmentum and HQO Best Practices.
- **Readmission following hospitalization for Chronic Obstructive Lung Disease:** A COPD Clinical pathway has been implemented to ensure consistency of key patient care elements based on best practices and QBP clinical guidelines. The pathway is currently being revised to include complex patient, risk for readmission and referral to CCAC for qualification and access to SWCCAC Ontario Telehomecare Program and scheduled follow-up appointments. Patients are engaged in the process through review of reasons for readmission, how they can be active participants in avoiding an admission and review of discharge materials. This indicator will be monitored at both hospitals; however the Four Counties site demonstrates low volumes which are insufficient for public reporting.
- **NEW ED Wait Times for complex admitted and non-admitted patients:** The ED Length of Stay for 90 percent of patients is currently below the provincial target of eight hours. The continued effort to sustain this performance builds upon the implementation of several hospital wide LEAN process improvements and 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.
- **Achieve Patient Satisfaction of ‘Would you recommend to your family and friends?’** The MHA hospital has completed the selection process and is engaged with the selected patient satisfaction survey product following a detailed review of options, cost benefit and reporting capabilities. The new survey process includes use of email for survey respondents, increased frequency of survey participant submission and improved turnaround time to receive results.
- **Reduce the number of Alternate level of Care patient days in acute care beds by 10%.** This integration quality dimension requires the increased collaborative efforts of all care providers, patients and family involvement, community supports and physicians. Early identification of complex patient risk and discharge planning are vital to this achievement.

The 2017-18 hospital wide focus on improvement continues to revolve around access, timeliness and patient experience in the areas of the 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.

NEW Population Health

Unique populations of the MHA rural and aboriginal communities include higher rates of Chronic Obstructive Pulmonary Disease (COPD) and Diabetes. The MHA hospitals have worked to address these particular populations through;

- Robust Diabetes Education Program
- Integration with Aboriginal community groups and leaders for Diabetes management and education
- Support of OTN respirology clinic follow-up through Nurse Practitioner and Respirologist Support
- Selection of COPD Readmission as a priority QIP indicator
- Robust Smoking Cessation Program

- Report of high frequency users of the FCHS Emergency Department to West Elgin CHC and FCHS Family Health Team
- Addition of Respiratory Therapists position to support inpatient care and education

NEW Equity

In an effort to include equity into our quality improvement initiatives MHA has provided Aboriginal training for management staff. The Diabetes Education Program has strong relationships with the aboriginal community by providing individual and group training, regular visits to the several reserves our hospitals serve and working collaboratively with aboriginal leaders. This has enabled MHA to provide local outdoor educational events with respect and inclusion of many aboriginal traditions.

MHA currently offers language translation and hearing impaired services to all patients who require this. There have also been many examples of significant support for homeless patients who have received collaborative discharge planning and achieved a successful and safe discharge.

Integration and continuity of care

The MHA works closely with system partners to develop and execute quality improvements resulting in positive outcomes for patient.

MHA continues to work collaboratively with First Nations as part of the Diabetes Program. These ongoing efforts include work with the Community Health Representative on Moraviantown First Nations Reserve where monthly classes as well as individual counseling are held at the Health Center. The Diabetes Program at MHA also participates in Diabetes Day workshops, Pow-wows, Healer visits and other health related events on the reserve. At the Southwest Muncee-Delaware Nation Healing Lodge the diabetes education team from MHA provides onsite counseling up to three days per month. While these collaborative relationships have taken time and effort to build this has enabled the MHA Diabetes team to provide education and care close to home and has removed some of the barriers to care these individuals may experience therefore improving the health of First Nations people.

Middlesex Hospital Alliance, the Canadian Mental Health Association London and the Canadian Mental Health Association Middlesex continue to share and grow a successful collaborative relationship to ensure the health care needs are met for individuals experiencing Mental Health conditions. A team member from the CMHA (Middlesex) participates on the Service of Emergency collaborative meeting. Our two organizations are also two key partners with the County Crisis Response Service (CCRS) team. This team has a shared goal of enhancing and coordinating mental health services across London and Middlesex. The CCRS initiative provides a forum for system stakeholders to develop and refine current processes and practices, ensuring appropriate, timely and effective Mental Health Crisis Services.

The team has developed and implemented successful patient access and flow algorithms with decision guides. An On-Call CMHA Crisis Worker has been made available to the SMGH Emergency Department for face to face contact providing assessments, crisis counseling and linkages to existing support services. This may include liaising with and potential transfer to a Schedule 1 facility.

The MHA participates closely with the SW LHIN on several initiatives. Some of these initiatives include development of Integrated Decision Support (IDS), continued participation with the ED knowledge transfer project, South West Senior Friendly Hospitals Task Group, SWLHIN Phase 1 Implementation Regional Stroke and SW LHIN Orthopedic Steering Committee.

Additional clinical practice 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

The 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, establishment of mitigation strategies 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 FCHS lobbied the SWCCAC to review the provision of 3 part-time case managers for each of Family Health Team, Adult Day Program and Inpatient Discharge. FCHS and SWCCAC collaborated to develop one full-time position which combines all three positions, providing improved accessibility and consistency to CCAC services throughout the organization.

The Regional Chief Nursing Executives and SW CCAC have collaborated with the creation of SW LHIN 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.

New Access to the Right Level of Care- Addressing the ALC issues

MHA continues to identify strategies to reduce our ALC rate; as a result the following strategies have been implemented:

1. Daily patient care huddles to identify opportunities for care coordination and prevent an ALC designation and strategic planning of ALC patients to optimize patient flow.
2. The establishment of weekly Complex Discharge Rounds. These began January 2017 and include the multidisciplinary team at both SMGH and FCHS. These rounds are a forum to discuss patients with complex discharge needs and those deemed ALC. The purpose is to prevent ALC designation, decrease length of stay and ensure complete discharge planning for patients with complex needs. Positive feedback has been received from participants (MHA and CCAC) attending these rounds and there has been noticeable improvement in patient flow as a result.
3. Monthly meetings with CCAC leadership and MHA leadership team to discuss opportunities and strategies for further improvement.
4. A consistent CCAC Care Coordinator at FCHS. We now have one Care Coordinator who is the single contact for the patients on the ACNU and the Family Health Team.
5. Emergency Department admission avoidance strategies.

Challenges, risks and mitigation strategies

Ensuring a balanced budget in the current fiscal reality continues to be a challenge at MHA. We continue to provide acute care services for our community however, with an aging population and an increased need for health care services to support them there is a growing gap between service provision and patient needs.

MHA has developed a new strategic plan and clinical services plan which are our roadmap for the future and will guide our decision making moving forward in conjunction with our Mission, Vision and Values.

Engagement of clinicians, leadership and staff

The MHA engages its clinical staff and broader leadership at many levels. Unit specific goals are increasingly 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 engage patients and staff in all patient care and support areas on daily walkabouts and huddles.

The MHA has a Quality Utilization Committee, which has been in existence for several years. This committee includes MHA leadership and physician leadership, staff and community representatives with the mandate to assess and improve the quality of care and service for our patient while ensuring the most appropriate use of resources to achieve excellence in patient care.

Resident/Patient/ Client Engagement

The MHA and Board Quality committee has 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 has demonstrated patient engagement and sustainability over many years in addressing diabetes chronic disease management with 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 have received educational training through the 'Treating with C.A.R.E.' (Connect, Appreciate, Respond, Empower) 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 the feelings they are experiencing as they move through components of their 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, and discussion with health care providers - physicians, nurses, social worker, CCAC case workers, rehabilitation staff including physiotherapy, occupational therapy and speech and language pathology and respiratory therapists. 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.

Staff Safety and Workplace Violence

In an effort to monitor, reduce and prevent workplace violence MHA has established a workplace violence task team. This team is comprised of the Social Worker, Safety Officer, Patient Care Managers and front line staff representatives from both the SMGH and FCHS sites.

As a result of the establishment of this team several violence reduction strategies specific to patients have been implemented including visual stop signs which have been placed on doorways to prevent patients from entering an area or wandering off the unit. Signs indicating potential behavioural issues are placed outside the room of a patient who has behavioural issues to alert staff and physicians and ensure safety. MHA is also in the process of providing restraint training to front line staff to ensure physical restraints are applied properly. A patient flagging process is currently in place which provides staff with the ability to document patient behaviours and alert other support staff of the potential risk from the patient.

Utilization of the Behavioural 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 behaviours for our staff and provided them with strategies to appropriately manage our patients with challenging behaviours. As a result MHA is considering providing Gentle Persuasive Approach (GPA) training for our staff in a train the trainer model.

Other strategies include Workplace Violence Prevention Program and Workplace Harassment training which is being planned for all areas of MHA, as well as the use of zero tolerance signage.

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, VP Clinical Services & CNO, VP Finance & CFO and VP Strategic Partnerships.

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.

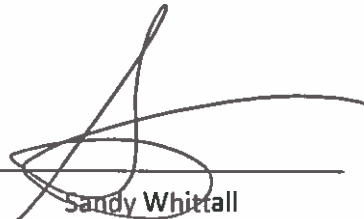
For each QIP indicator it will be determine whether the target was fully achieved, partially or not met. Full achievement will be based on achieving 80-100% of the improvement target. Partial achievement will be based on achieving 50-79% of the target.

Accountability Sign-off

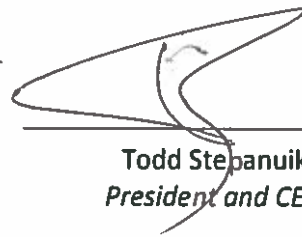
I have reviewed and approved our organization's 2017-18 Quality Improvement Plan and attest that the Middlesex Hospital Alliance of Strathroy Middlesex General and Four Counties Health Services fulfills the requirements of the *Excellent Care for All Act*.



Dawn Butler
Board Chair



Sandy Whittall
Quality Committee Chair



Todd Stepanuik
President and CEO