Let's Make Healthy Change Happen.

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

North Shore Health Network

Réseau Santé Rive Nord

3/30/2017

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.

Overview

The North Shore Health Network (NSHN), formerly the Blind River District Health Centre, has managed considerable change over the last year, with rebranding and a name change being one of many. Our unique organization has continually progressed towards unifying three distinct health care locations with a broad sociodemographic population. It is important to us to support and build on the cultural uniqueness and community identity that is embedded in each area.

Quality improvement for the NSHN is ongoing and the recent work within the rural health hub project will only strengthen the existing foundation. The last year has provided challenges and opportunities; including becoming smoke-free Sept 2016, implementing the Meditech patient care solution March 2016, developing and opening the Hospice program March 2017, working with the physician staff as one retired and a new member joined the team, the retirement of the long term CEO in January 2017, and the development of the Health Links Project.

The upcoming year will continue to prioritize fiscal management. Additional priorities will include preparation for accreditation in June 2018, ongoing development of the patient and family council, development of a new strategic plan for the organization and the successful roll out of the rural health hub project.

QI Achievements From the Past Year

Quality improvement has taken many paths for the NSHN and started with a re-organization of human resources so that dedicated time for staff education could be created and maintained over the long term. In collaboration with our provider partners, it was identified that the over-all skill level of nursing staff could be further developed, supporting the provision of both safer and higher quality care. With this came one on one mentoring to develop CTAS assessment capacity, ongoing "clinical updates and CTAS information tidbits" to nursing staff and the skills fair. With staff education came the opportunity to speak about "customer service" and how we can continually improve on a customer-focused approach.

We have a good foundation on which to build enhanced patient centered care, with our patient satisfaction scores being extremely positive. Ninety-eight percent of our patients and resident populations would recommend our facility to family or friends. It is the dedication of our entire team across the care continuum and pride in the care that we provide that allows us to be seen favorably in the eyes of our customers.

Our waiting times for urgent to emergent emergency room patients has met or exceeded targets consistently and we saw a dramatic improvement in the rate of falls on acute care at our Blind River site.

Population Health

The NSHN covers a broad geographic area with three communities operating health care facilities and multiple townships. Within these communities are the unique groups of Amish, Francophone, and First Nations citizens. The sociodemographic trending along the north shore of lake Huron from Echo Bay to Spanish captures a population with a lower than average income, higher than average smoking rates, and lower than average rates of exercise and employment when compared to Ontario

overall. Accordingly the rates of COPD related admissions are disproportionately high. As an organization we have worked actively to promote smoking cessation with the public and provided staff with smoking cessation education and supports, as well as becoming a smoke free organization.

As we move forward into the 2017-2018 year we will work with the Health Links project to support the high users of the health care system.

The most recent needs assessment and extensive one on one interviews completed by the Rural Health Hub team have identified the following key gaps in the provision of health care: a) insufficient palliative care, b) insufficient mental health services, c) insufficient assisted living and supportive housing homes, and d) lack of reliable transportation for medical appointments, amongst other concerns.

Equity

NSHN strives for equity across all aspects of service. Staff knowledge and understanding of culture and how it impacts care has been supported in its development with a number of staff having completed formal education.

Accessibility for all persons continues to be managed so there are no barriers for those with wheel chairs, other walking devices, being elderly and frail or from poor eye sight. Unique access concerns such as bathroom access for post-surgical patients have been addressed. We consistently use a senior-focused lens when addressing structural or process changes.

We work closely with our French-Language committee to meet the needs of our francophone population and have on various occasions worked with our First Nations patients to support the use of traditional and spiritual care while with us.

Integration and Continuity of Care

Collaboration with multiple partners has been ongoing with many examples of informal vertical integration, including our work with Algoma Manor (contracts to provide dietary and laundry services), the Huron Shores Family Health Team (Social work, Registered Dietitian and Diabetic Education Services) and the Matthews Hospital Association. Additional collaboration and integration are being explored with the work of the Rural Health Hub.

Collaboration with CCAC has been greatly increased with an onsite coordinator joining the NSHN team in August 2016. The increased capacity for discharge planning and direct patient support at the time of discharge has been extremely positive.

Access to the Right Level of Care - Addressing ALC Issues

The use of hospital beds for alternate level of care across the Algoma East and Algoma West region of the NSHN reflects the aging population and the prevalence of long standing health conditions like COPD and CHF.

The population distribution of those 65 and older is 17.4% compared to the 8.6% in the province of Ontario as a whole (Stats Canada 2011). The hospitals at Blind River and Thessalon work with this reality on a daily basis. Patient hospital stays (Acute care days per 1000 residents) for Blind River for COPD is 21.9 days compared to the provincial average of 14.1.

We have addressed our human resource capacity to enhance support for discharge planning and work closely with the Community Support Services (CSS) program to engage patients and family's to maximize care at home. CSS has received increased funding to support 18 people in the community and initiatives like congregate dining have received base funding which has a very positive impact on the people these programs serve. The amazing and dedicated work of this health care team is beyond compare and has made a real difference for the families they work with.

Engagement of Clinicians, Leadership & Staff

The Quality Committee for NSHN has always included staff and physician representation. Moving forward, the mandate of this committee will be reviewed to maximize both physician and staff engagement and create more specific linkages between the strategic plan for the organization and the daily quality improvement efforts. As the work or the rural health hub moves forward the opportunity to create linkages with our partnering organizations in the development of the QIP and its daily application will be addressed as a priority action.

QIP work is shared with all staff through unit specific meetings, communication meetings with the CEO, public posting of information, and as briefing notes for the Board of Trustees and the Medical Advisory Committee. In all of these forums improvement opportunities are explored and root cause analysis of pressure areas are discussed. Over the last year visual information on daily falls has been displayed on both the acute care and long term care units, providing staff with real time information so that fall prevention is consistently and actively applied. This provides a point of discussion for the whole team when a fall does occur. All who come to the unit can see at a glance what the status is for this metric.

Resident, Patient, Client Engagement

Patients, Residents, and care givers are an integral component of quality improvement. We have been privileged to hear a number of patient stories about their care experience. These stories highlight where we have done well and where we have room to improve. The safety of our patients and residents is of utmost importance. The focus of the upcoming year is to actively incorporate the voice of the patient as we update our incident and patient concern management process. This will ensuring we meet the mandatory reporting requirements that come into effect July 2017 as noted by the Ministry of Health.

Patient surveys to capture information about their experience are part of our standard work. Most recently a survey to better understand how patient centered we are has been undertaken. This will guide our work going forward. It is our goal to integrate the perspectives of patients, residents, their families and care givers into the solutions that will lead to improved services, better experiences, higher quality care and increased satisfaction.

Staff Safety & Workplace Violence

Staff and work place safety continues to be an organizational priority. Violence in the work place can take many forms. Accordingly our emergency preparedness planning and practicing is ongoing. A Code silver response was newly introduced to address the violence of someone potentially presenting with a lethal weapon. Updated polices and a power point were presented to staff during the skills fair education. Polices and process were put in place in the emergency department to flag patients that have a history of violent behaviour so that staff can proactively care for them. Steps have been put in place to streamline communication with our community partners, such as the police, when managing patients that need extra support.

Staff education is ongoing, with education February 2017 on protecting the privacy of employees and duty to accommodate. During 2016 we provided education on the New Workplace Sexual Violence and Harassment Requirements and Bill 132, Managing Investigations, and an Orientation to Work Place Violence and Harassment.

Performance Based Compensation

The Excellent Care for All Act (ECFAA) requires that the compensation of the CEO and executives reporting to the CEO be linked to the achievement of performance improvement targets laid out in our QIP. The purpose of performance based compensation related to ECFAA is to drive accountability for the delivery of QIPs, enhance transparency and motivate executives. The compensation for the management team at NSHN is as follows:

Senior Management Team
Chief Executive Officer – 5% of annual base salary linked to achieving the targets as outline below
Chief Nursing Officer – 5% of annual base salary linked to achieving targets as outline below
Chief Financial Officer – 5% of annual base salary linked to achieving targets as outline below
Chief of Staff - 5% of annual base salary linked to achieving targets as outline below
Director of Environmental Services - 5% of annual base salary linked to achieving targets as outline below

Targets

Quality Dimension	Indicator
Patient Centered	Home Support for Discharged Palliative Patients
Patient Centered	Did you receive enough information when you left the hospital
Patient Centered	Being able to speak up about the LTC Home -"I can express my opinion about the home without fear of consequence"
Safety	Number of CTAS II and III who left without being seen
Efficiency	Cash deficit at year end less than Board Motion

Rationale / Description

The metrics for improvement were chosen for a number of reasons. NSHN has newly implemented a hospice program. This program will address the deficit of accessible and appropriate palliative care services that was found to be a concern during the needs assessment of the rural health hub project.

For patients and care givers to be fully engaged in the recommended care they must have the tools and information so they can make informed decisions about the next step at the right time. Early and appropriate access to care is more likely for the informed patient. Accordingly, the metric on receiving enough information at discharge is intended to reduce emergency room visits and 30 day readmission rates post discharge.

Safety of care is critically important in managing the person who presents to the emergency department. If a person leaves prior to being seen the consequence could

be significant. Ensuring patients are seen when they present and seen in a timely manner are at the corner stone of this metric.

Lastly, the organization has a responsibility to ensure appropriate and responsible management of the public dollars used to fund its business. Every opportunity must be taken to ensure work processes are efficient, collaboration is maximized and duplication is minimized.

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 Roger Boyer
Quality Committee Chair John Frederick
Chief Executive Officer Connie Lee