

Let's Make Healthy
Change Happen.



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



2/18/2020

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

The Perth & Smiths Falls District Hospital (PSFDH) is an accredited two site acute care hospital organization located within the South East Local Health Integration Network (SE LHIN). The PSFDH provides acute care services which consist of: Emergency, Intensive Care, Medical Surgical, Outpatient Services/Clinics and Obstetrical and Surgical Services to over 60,000 people within our catchment area. The PSFDH supports and aligns the delivery of hospital services with the priorities of Ontario's Patient's First Legislation as well as the SE LHIN's Putting Patient's First Integrated Health Services Plan. It is our mission to provide high quality and family centered care built on collaboration and partnerships. We strive to ensure exceptional patient care and experiences to every patient - every time.

Participation and partnerships that build an integrated health system with patients and families is at the center of our core values. This integrated health system approach works in collaboration with:

- * A commitment to excellence in the provision of safe, high quality care
- * Providing dignity and respect in every interaction we have
- * Collaboration and information sharing with our patients and families, our partners and each other
- * Accountability to our stakeholders
- * Responsible stewardship of all our resources
- * Dedication to the recruitment, retention and development of our great people

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

The PSFDH is very proud of the many quality improvement initiatives that have been accomplished over 2019/20. Our Patient and Family Advisory Council continue to be an integrated part of our organization and contribute to the success of our quality improvement strategies. This engagement ensures a commitment to our patients and families as we continue to work with health care providers to ensure that our patient and family centered care journey increases patient safety and the delivery of high quality health care services.

There are many examples of PSFDH quality improvement success from 2019/20. The strategies that are outlined below are an example of some that our organization has chosen to spotlight and have a focus on the patient experience which contributes directly to better outcomes and access to care.

Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital? - PSFDH successfully maintained well above 80% satisfaction levels with the implementation of specific strategies. These strategies consisted of: reviewing the diagnostic imaging and surgical services discharge instructions by PFAC, the completion of follow up phone calls post discharge and expanding on the use of patient orientated discharge summaries.

Percentage of patients discharged from hospital for which discharge summaries are delivered to Primary Care Providers within 48 hours of discharge. - PSFDH successfully maintained over a 95% success rate each quarter with the implementation of these specific strategies: implementation of auto fax for report distribution, update for the provider Meditech dictionary and the completion of ongoing collaborative education and discussion with Primary Care Providers and our community partners to ensure a collaborative process for this transition period.

Percentage of complaints acknowledged within 5 business days - PSFDH successfully implemented quality improvement strategies to achieve our goal which resulted in 100% of all complaints acknowledged within 5 business days. The strategies that were implemented included: the development of an organizational tracking framework that categorized and trended complaints, implementing a process to have complaints reviewed by PFAC and strategies to implement change ideas for quality improvement.

Collaboration and integration

PSFDH continues to work collaboratively with community partners to facilitate seamless transitions from hospital to the community for our patient population. As an organization we meet with our Community Health Centers, Lung Health programs, Public Health Agency, the SE LHIN Home and Community Support programs and our local Long Term Care and Retirement Homes to continue to build upon the services we provide and support the Home First Philosophy.

The PSFDH continues to work with regional partners to move toward an integrated approach to the delivery of health care services by collaborating on the development of an Ontario Health Team (OHT) model. As a small rural community hospital, we continue to support several discussions regarding OHT development and at this time we continue to be in the development phase of this process.

The Patient and Family Advisory Council has successfully facilitated organizational collaboration between our patients and families and we continue to work with our regional patient and family advisory committee to assist with regional projects and changes that may impact the delivery of health care services to ensure that the patient voice is always present.

Patient/Client/Resident Partnering and Relations

The annual Quality Improvement Plan (QIP) is developed in collaboration with the Patient and Family Advisory Council (PFAC). The QIP remains a standing item on the agenda to monitor our progress and also to support the ongoing discussion of quality improvement strategies through the lens of our Patient and Family Advisors. The PFAC Council continues to assist our organization with insight into the patient experience and interactions with health care service delivery.

The patient experience remains at the center of our values and as an organization, we have embedded patient and family advisors on many hospital committees, board committees and staff meetings. Their participation has also been revised to include voting rights to ensure that the voice of the patient and family is always heard.

Patient satisfaction survey results continue to be shared with PFAC to identify any areas for improvement. The QIP for 2019/20 patient experience issue included the question; "did you receive enough information regarding upon discharge?" and continues into the QIP for 2010/21 in which PFAC will continue to monitor responses and trends to support quality improvement.

Workplace Violence Prevention

Workplace violence prevention continues to be a strategic focus for our organization. Each year that this priority indicator has been identified on the QIP has resulted in an increase in awareness and therefore ultimately reporting. As an organization we continue to provide education and strategies to improve awareness and reporting. Crisis Prevention Intervention is a mandatory education

session that is held to assist staff with de-escalating situations that may become violent. Encouraging incident reporting for all types of violence continues to be a focus for ongoing education and employee awareness. PSFDH continues to support a zero tolerance for workplace violence.

Virtual care

PSFDH recognizes that patients who reside in the community may have barriers to accessing care such as access to transportation. As an organization we believe in providing the right care, at the right place and at the right time, for all of our patients. In order to make this a reality we have partnered with our local Community Health Center to provide tele medicine options for patients.

PSFDH currently provides space for virtual telehealth appointments to be completed. This has facilitated increased access to care for many patients and continues to expand with services and options.

The community surrounding PSFDH is currently experiencing a shortage of Primary Care services. A virtual care clinic to support Primary Care services for patients has been implemented off site. This quality improvement initiative has also supported the delivery of health care services to our community through the utilization of virtual care technologies.

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 _____(signature)

Board Quality Committee Chair _____(signature)

Chief Executive Officer _____(signature)

Other leadership as appropriate _____(signature)