

Let's Make Healthy  
Change Happen.



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



3/21/2019

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.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

The Perth & Smiths Falls District Hospital (PSFDH), is a two site acute care hospital organization located within the South East Local Health Integration Network (Se LHIN). Then PSFDH provides acute care services which consist of: Emergency, Intensive Care, Medical Surgical, Obstetrics 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 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.

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 2018/19. Our Patient and Family Advisory Council has been a driving force in ensuring that our commitment is to our patients and families first and foremost and 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. Please see below for examples of quality improvement achievements from this past year.

### Patient Experience:

- \* Implementation of the validated Health IM InterRai electronic mental health assessment in collaboration with the Police
- \* Implementation of the E tracker in the emergency department
- \* Implementation of medication reconciliation for patients with Chronic Obstructive Pulmonary Disease.
- \* Implementation of post discharge telephone call on the inpatient medical surgical unit and post-surgical patients.

### Safe Care / Medication Safety:

- \* Implementation of daily visual management boards in all of the inpatient units to display patient safety metrics and increase awareness.
- \* Sharing patient experience stories at staff meeting to support the patient and family experience
- \* Patient and family advisors, Board and governor's participation in safety rounds and the interaction with health care providers.
- \* Created visual management safety strategies to support narcotic safety on the inpatient units

### Workplace Violence:

- \* Promotion of a culture of workplace violence reporting to maintain a safe work environment for all.

- \* Develop training power points for the learning management system on workplace violence and the importance of reporting.
- \* Revise online reporting incident management tool in consultation with staff to ensure efficacy.

All of these quality improvement initiatives supported the increase of workplace violence awareness and ultimately the number of incidents reported.

[https://qipnavigator.hqontario.ca/images/NarrativeImages/56204\\_2019321105411\\_1.png](https://qipnavigator.hqontario.ca/images/NarrativeImages/56204_2019321105411_1.png)

#### Effective Transitions:

- \* Facilitate the early identification and coordination of care for patients who have complex health issues.
- \* Develop patient oriented discharge summaries for patients who are discharged home.
- \* Discharge information sheets have been reviewed by the Patient and Family Advisory Council to ensure that patients would have an appropriate understanding of their discharge instructions.
- \* Implement the early identification of patients who require respiratory therapy support.
- \* Ensure the safe transition from hospital to the Community Lung Health program for chronic obstructive disease patients.
- \* Participate in the community paramedicine program to support the safe transition of patients to the community who may require additional home support.
- \* Participate in the Assess and Restore pilot mobility outpatient program to support the improved mobility of patients post discharge to prevent possible readmission.

#### Access to the Right Level of Care:

- \* Identify complex patients who have had a hospital stay that is greater than 90 days to review their plan of care and make appropriate adjustments if required.
- \* Implement the Restorative Mobility pilot project to prevent readmission of patients once they are discharged home.
- \* PSFDH participated in the identifying seniors at Risk housing project.
- \* Implementation of a new flow coordinator checklist to increase awareness of the resources available within the community.

### **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. This was especially helpful with reviewing our discharge instruction handouts. PFAC members really adjusted the terms, language and visual references to support easy reading and understanding for our patient population.

Patient satisfaction survey data is shared with comments with our PFAC to identify any areas of improvement. The QIP for 2018/19 patient experience issue included the questions "would you recommend this emergency department to your friends and family? This survey response resulted in achieving a response rate of 70%. This change was accomplished through the feedback and input of the PFAC.

The patient experience remains at the centre of our values and as an organization we have embedded patient and family advisors on many hospital committees, board committees and staff meetings to ensure that the voice of the patient and family is always heard.

Patient stories are shared as well at the beginning of many committee meetings to always adjust our focus and decision making with the patient as the focus.

The feedback that we have received from our PFAC has led to the development of quality improvement initiatives for the 2019/20 QIP. The philosophy of patient and family centred care has become embedded within our organization and continues to evolve to support ongoing quality improvement strategies with a patient centered focus.



## *Patients and Families* THE Heart OF Care

### **Workplace Violence Prevention**

The PSFDH is committed to providing a safe, healthy and supportive work environment that supports a culture of workplace safety. Workplace violence is a strategic priority for the PSFDH and several quality improvement initiatives have been implemented to support a culture of reporting which will facilitate the implementation of strategies for improvement.

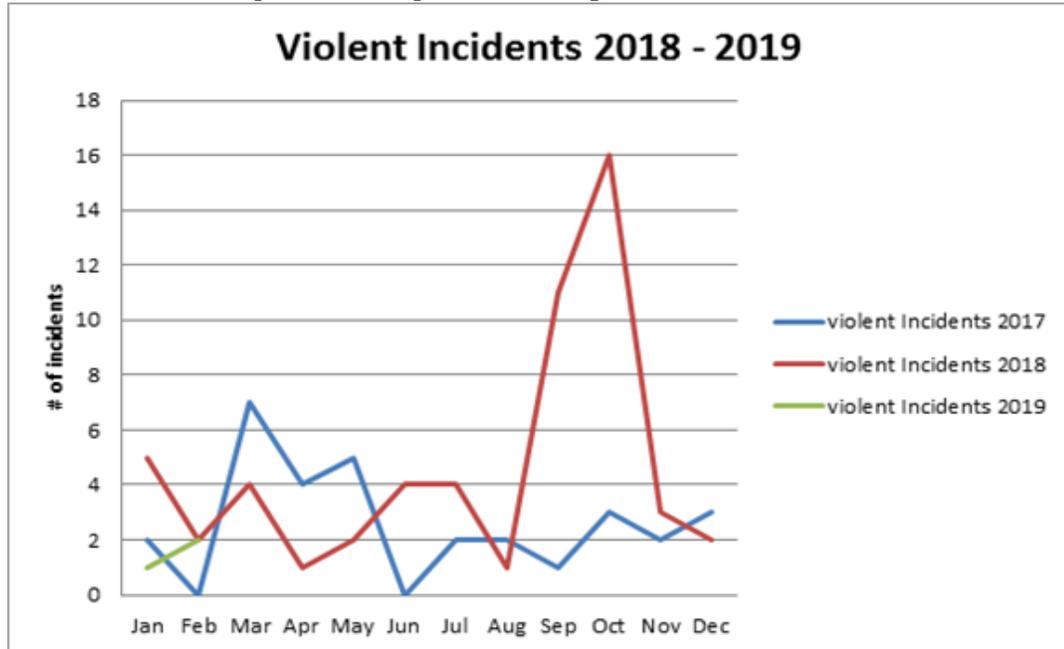
Mandatory education sessions were held for all staff to review the definition of violence and also the importance of reporting any incidents of workplace violence. A dash board was developed to report incidents of violence and is posted on all units to increase awareness of workplace violence. The learning management system was updated to support the ongoing education of staff and new hires to the organization.

Feedback was also obtained from staff through a survey to ensure that understanding of the incident reporting system was accomplished.

All incidents of workplace violence are completed and reviewed by Senior Leadership and the Joint Health and Safety Committee to ensure that all prevention strategies have been explored including response to strategies such as:

- \* Action plans
- \* Debriefing
- \* Root cause analysis

Have been utilized to improve workplace safety and reduce future incidents.



### Executive Compensation

Executive compensation meets legislated guidelines and public disclosure of salary and expenses and also meets the current practices and guidelines in the province of Ontario.

### Contact Information

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### 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)