

Let's Make Healthy
Change Happen.



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



4/1/2019

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.

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Overview

In early February 2015, the Kirkland & District Hospital (KDH) and the Englehart & District Hospital (EDH) received approval from the North East Local Health Integration Network (NELHIN) to proceed with plans for a shared leadership and partnership. The Blanche River Health Partners (BRHP) was established to recruit and hire an Integrated Chief Executive Officer (CEO) and to become a foundation to a partnership agreement that would establish shared principles, values and guidelines that the hospitals will follow in working together. The BRHP was comprised of representatives from both Hospital Boards. Successful recruitment of an Integrated CEO was achieved in the fall of 2015, with a new CEO on-site on November 30, 2015.

In June 2016, the two hospitals Boards passed a motion to become a Combined Board with equal representation of board members from each hospital site. The creation of the Combined Board provided the opportunity to create Integrated Quality, Strategic Planning, Resource and Audit committees, thus aligning the governance and enhancing the integration process. In January 2018, the Joint Board of Directors has unanimously voted to pursue formal amalgamation. This amalgamation journey will take approximately a year to formalize, requiring application for approval from the Local Health Integration Network (LHIN) and the Ministry of Health and Long Term Care (MOHLTC).

In February 2019, the Joint Board voted for Amalgamation and thus officially now making the two hospital sites amalgamated. The employees and unions of both hospitals have received formal notification. Community Town Hall meetings will be held for further community input. Our first joint adventure will be Accreditation in May 2020.

Both the EDH & the KDH are fully accredited, community hospitals committed to providing quality, patient-centered health care services in Northern and Central Timiskaming. Our hospitals continue as leaders in Health Care Services by collaborating with Community Health Partners creating safe and healthy communities and ensuring seamless transitions to other Health Services.

The Kirkland & District Hospital has 62 beds (41 Medical/Surgical, 6 ICU and 15 Complex Continuing Care), is staffed by 250 employees, and has 9 visiting Specialists, 11 Physicians (including 1 General Surgeon, 1 Anesthetist.) In partnership with Sudbury's Health Sciences North Hospital, the KDH provides satellite services in the patient-care areas of Dialysis, Chemotherapy, Cardiac Rehabilitation and Virtual Critical Care. KDH has a 24/7 Emergency Department and offers Diagnostic Imaging, Laboratory, Respiratory, Clinical Nutrition, Pharmacy, Physiotherapy, Timiskaming Diabetes Program, Hospice Palliative Care and Ontario Telemedicine Network (OTN) to both our in-patients and out-patients.

The Englehart & District Hospital has 30 beds (16 Acute Care, 14 Complex Continuing Care), is staffed by 100 employees, and has 2 Physicians model daily coverage, and 2 visiting Specialists. In partnership with Sudbury's Health Sciences North Hospital, EDH provides Virtual Critical Care. EDH has a 24/7 Emergency Department and offers Diagnostic Imaging, Laboratory, Respiratory in partnership with Vital-Aire, Physiotherapy, Occupational Therapy, Hospice Palliative Care and Ontario Telemedicine Network (OTN) to both our in-patients and out-patients.

Both EDH and KDH are committed to a culture and environment of teaching/learning for students. KDH is affiliated with many Ontario Colleges and Universities including the Northern Ontario School of Medicine (NOSM), Nipissing University, College Boreal (DI) and Northern College and EDH is affiliated with the Northern Ontario School of Medicine (NOSM). Several student placements take place in the hospitals annually.

Our 2019/2020 QIP is aligned with Accreditation Canada, NELHIN and Ministry of Health & LTC (MOHLTC) priorities including:

- NELHIN Integrated Health Services Plan
- Hospital Service Accountability Agreements (H-SAA)
- Accreditation Canada Required Organizational Practices (ROP)
- Senior Friendly Hospital Strategy
- Mandatory and Publically Reported Requirements
- Ontario's Action Plan for Health Care

Our 2019/2020 Integrated Quality Improvement Plan (QIP) continues to build upon strategic priorities and commitment to quality patient care by the strengthening of partnerships, leadership, integration, financial accountability and transparency.

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

Englehart and Kirkland Hospitals are extremely proud of the work that has been done to develop a new physician model of care for Englehart and District Hospital. Englehart Hospital now has 24 hour physician coverage in the Emergency Department of one dedicated physician. This dedicated physician model ensures timely access for patients. The nursing staff is well supported as they have direct and immediate access to the physician for support. As a result of this change patient complaints have significantly decreased and wait times have improved.

The new physician model also provides a dedicated physician for the In-Patients, both acute and ALC. Rounding is completed in a timely manner daily and an increase in patient/family meetings take place. Concerns and complaints have decreased significantly from both the patient and families and the staff on the In-Patient area. Nurses now have immediate access to a physician on the In-Patient area to address changing patient conditions and patient needs.

We've seen an improvement in seamless access for patients that require a higher level of care. Patients admitted to Englehart Hospital that require an Intensive Care Unit (ICU) setting but don't require a tertiary center are accepted by the Kirkland Hospital Hospitalist and admitted at Kirkland Hospital. Once the acute episode of care has resolved the patient is repatriated to Englehart Hospital. This change allows patients to receive care closer to home.

With the integration (amalgamation) of the hospitals we have been able to ensure appropriate allied health care. Allied Health has been very helpful in working at each hospital when we are faces staff shortages. Allied health is assisting in Physiotherapy, Diagnostic Imaging, Laboratory, Palliative Care, Education, and Mental Health Nursing across both hospitals. Without this change each hospital would have had a decrease in these services due to staffing and recruitment challenges.

Patient/client/resident partnering and relations

The Englehart and Kirkland District Hospitals are committed to a culture of patient engagement. The Englehart and Kirkland District Hospitals welcome any suggestions and feedback to support an environment of high performing, patient-centered healthcare at our hospitals.

In partnership with Accreditation Canada, patient surveys are delivered via a questionnaire, distributed by mail and provide an opportunity for improvement with anonymous patient feedback.

KDH tracks real-time patient satisfaction with in-patient discharges from the hospital. All comments are tracked and patients are contacted if they indicate any negative outcomes. Patients and their families can also share compliments and concerns at each Hospital website and with our Patient Relations Department. Feedback comment boxes were installed at both hospital sites in the Emergency, In-Patient, and Diagnostic Imaging and Laboratory departments. The cards are collected and given to the CEO for review. To ensure patients and families receive enough information upon discharge, the hospitals will conduct 48 hours post discharge calls to patients. This call will also allow for patient input during their hospital stay.

A Patient Experience Program has been developed for both hospital sites. This program outlines patient and family involvement in policy review and special projects occurring at both hospitals to align with Accreditation Canada guidelines.

Our Patient Advisors have participated in Accreditation, Strategic Planning, Footprint Renovations and Patient Accessibility, Quality of Care reviews and Quality Improvement Planning.

This integrated QIP has been reviewed by patients and family with incorporation of their feedback. In order to support an understanding of the Quality Improvement process, a detailed explanation of the Quality Improvement process and documents was provided.

Patient and family input suggested ways to make the QIP and the accompanying narrative more meaningful and easier to understand for those stakeholders. Suggestions included:

- The Quality Improvement Plan (QIP) which is made available to the public should include a section at the end to provide a definition of vocabulary and acronyms.
- It was also suggested that it would be helpful for these publicly available documents to include a description of specific tools or programs identified in change ideas.

Our Board and CEO work closely with the Health Leaders of our Indigenous community. We have established a spiritual space for those patients and or family members wishing to participate in traditional ceremonies while in hospital.

Workplace Violence Prevention

Staff safety and Workplace violence is a key priority for the both hospital sites.

Both hospital sites have adopted the OHA Emergency Measures Codes and the two hospitals have established a common Joint Health and Safety Committee. This committee meets regularly and conducts inspections to identify any workplace hazards. Our hospitals have an integrated Respectful Workplace Committee that meets to review safety incidents, staff safety plans and no trespass orders that are initiated to provide a safe workplace. All staff is encouraged to initiate any emergency code or to contact the police if an unsafe situation arises. Our Emergency Measures Planning Committee has established an annual work plan to outline policy reviews, meeting schedule and emergency code exercises. A debrief and a summary of the outcome of all codes will be shared via email with all of the staff.

We have a robust on-line incident reporting system that notifies the team when any risk develops. Emergency Codes and Safety & Security incidents are reported via the on-line system. Patient violence is also flagged in the patient's chart as a critical care indicator. The team is able to trend the data and make safety improvements to provide safety for all.

The Management team is available to support staff 24/7 as we have a rotating call schedule that designates a Manager-on-call. The Central Registration department at the Kirkland and District Hospital is staffed over 24 hours providing the support to staff at both hospital sites; to initiate Emergency Codes and to notified Manager on call.

On an annual basis, the hospitals provide mandatory education to all staff on Respectful Workplace, Health & Safety, Emergency Measures, Infection Control Quality Improvement and Patient Safety. Many other topics such as back-care, lift safety, privacy, and patient engagement initiatives are discussed and we continue to partnership with behavioural support for education for staff support.

The Kirkland and District hospital has recently upgraded the Nurse Call System. This new system will lead to increased staff safety. The system provides the staff with a badge that allows the staff to trigger an alarm if they face an unsafe situation.

Work environments have been reviewed for safe spaces and renovations are in place to ensure secure areas are available if required by staff.

Executive Compensation

The Board of Directors follows the framework for Executive Compensation set out by the OHA and the provincial legislation. Quality indicators are monitored at quarterly Resource and Audit and Quality and Strategic Planning committees.

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):

We have reviewed and approved our organization's Quality Improvement Plan as presented at our Quality Committee:

Board Chair : Michele Lafreniere
Board Quality Committee Chair Mitch Moreau
Chief Executive Officer Gary Sims
Chief Nursing Officer: Monika Schallenberger