



Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

May 14, 2020



HURON PERTH
HEALTHCARE
ALLIANCE

Clinton Public Hospital
St. Marys Memorial Hospital
Seaforth Community Hospital
Stratford General Hospital

The Huron Perth Healthcare Alliance (HPHA) provides a wide range of healthcare services to individuals living in and around Huron, Perth and north Oxford and Middlesex counties through care provided at Clinton Public Hospital, St. Marys Memorial Hospital, Seaforth Community Hospital and Stratford General Hospital. It is our primary responsibility to ensure that we support those whom we serve to achieve and maintain a level of health and well-being that meets their needs and expectations. As a member of the 60+ member Huron Perth & Area Ontario Health Team, planning will focus on identified priorities and target populations with opportunities for shared and harmonized quality improvement initiatives.

Services are aligned with centres of excellence and include emergency departments, Maternal Child Program, Integrated Stroke Unit, ambulatory care clinics, diagnostic imaging and laboratory services at all four sites, operating rooms at two sites, satellite outpatient chemotherapy and dialysis care, Schedule 1 unit and community mental health, hand therapy, pediatric speech language pathology, and regional outpatient diabetes care.

HPHA's Quality Improvement Plan (QIP), as a corporate planning process, demonstrates commitment by the HPHA Board, staff and physicians to continuous quality and safety improvement processes that support the Quadruple Aim in:

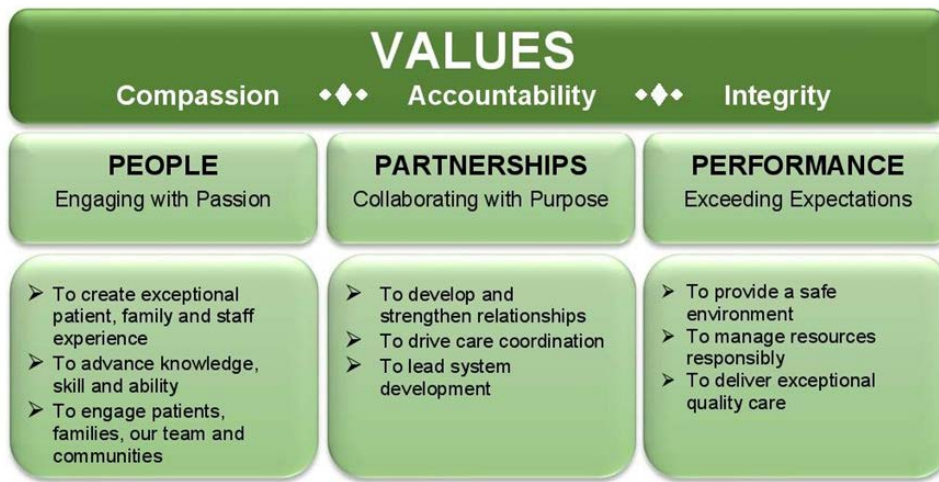
- Improving population health with positive patient outcomes
- Improving Provider Work Life through a safe and positive work environment

- Reducing costs with favourable performance across the health system
- Enhancing the Patient Experience with positive patient and family/caregiver experiences

QIP Development



The creation of this QIP utilized data collected from Quality of Care and case reviews, patient and staff safety incident reports, critical incidents, patient and family feedback and legislative requirements. The annual planning cycle involved a number of stakeholders at governance, leadership, physician and front line levels.



The 2020/21 QIP focuses on 2 key priority areas in alignment with Provincial Priorities: reducing hallway medicine through improvements made within the “Time to Inpatient Bed” indicator, and improving the quality and safety of the work environment through initiatives aimed at identifying and effectively managing occurrences of Workplace Violence.

In the 2019-20 QIP, HPHA committed to introducing standardized processes across all HPHA hospitals regarding Time to Inpatient bed and expanding the “Critical Care Indicators” (CCI) module in electronic patient care documentation to flag individuals with real or potential violent behaviour to outpatient mental health services.

The 2020-21 QIP focuses on implementation of an electronic dashboard to facilitate efficient and effective decision making relative to patient flow and Time to Inpatient Bed; and collaboration with system partners to provide education regarding responsive behaviours to staff and physicians.

DESCRIBE YOUR ORGANIZATION'S GREATEST QI ACHIEVEMENT FROM THE PAST YEAR

HPHA implemented Patient Orientation Discharge Summary (PODS) to improve the transition to home for patients and caregivers.

Through Canadian Foundation for Healthcare Improvement funding and engaging patients and caregivers, a Bridge-to-Home collaborative of 16 organizations across 7 provinces focused on improving quality of care and information, and patient and caregiver experience during these transitions. Co-designed discharge bundles consist of a PODS, teach-back confirmation and patient/caregiver post discharge follow up. PODS provides 5 key pieces of information for effective transition from hospital: medications, how patients might feel and what to do, changes to make in routines, appointments, and how to access information.



HPHA established a 6 bed Mental Health and Addictions Transition Bed Facility to:

- Provide short-term support for adults aged 18 years and older who are experiencing mental health and addictions crises, are at risk for homelessness, may have involvement with the justice system and can be safely supported in the community.
- Support clients with Transitional Case Workers and Crisis Workers to create and implement a plan for enhanced stability and meet urgent needs in a safe, therapeutic environment.
- Provide a safe comfortable alternative when hospitalization is not appropriate.
- Connect clients to community resources.

Beds are accessed through the Huron Perth Helpline and Crisis Response Team, and referrals made by individuals, family members, caregivers, healthcare providers, physicians, community agencies or police.



An Emergency Department RN created Loss Kits for families who experience loss in the ED. The kits contain a felt stuffed heart, card and forget-me-not seeds for fetal loss; and weighted teddy bears wrapped in a blanket and perhaps provide knitted hat and mitts in the loss of an infant. Sympathy cards are sent by the most responsible nurse as appropriate and a candle symbol is placed on the door of a palliative patient's room to promote calm and minimize interruptions.



COLLABORATION AND INTEGRATION

The Huron Perth Healthcare Alliance is one of 60+ members of the Huron Perth & Area Ontario Health Team (HPA-OHT) committed to continuing our long standing formal and informal partnerships to advance an integrated healthcare system, and improve community health outcomes and patient experience.

Year 1 priorities are improving care coordination, navigation and communication with identified target populations of complex health, palliative care, and mental health and addictions. The Ministry of Health's data demonstrates opportunities to improve

the following system performance indicators in the HPA-OHT through successful care coordination:

- Avoidable emergency department (ED) visits,
- Alternate level of care (ALC),
- 30-day readmission rate for selected conditions,
- Repeat ED visits within 30 days for mental health and substance abuse, and
- Hospitalizations for ambulatory care sensitive conditions

The 2020/21 QIP Priorities and sector-specific indicators resonate with the Huron Perth & Area OHT's commitment for quality improvement across all sectors of the health system. In their respective QIP submissions, partners will address collaboration and integration, alternate level of care and virtual care. The HPA-OHT will advance a historically strong performance in these areas as demonstrated through such initiatives as Health Links (since 2014), the "purchase" of non-funded long term care beds for ALC-LTC patients and a 13-member Community Support Services Network through which clients and caregivers benefit from a centralized intake, shared record and shared coordination of care.

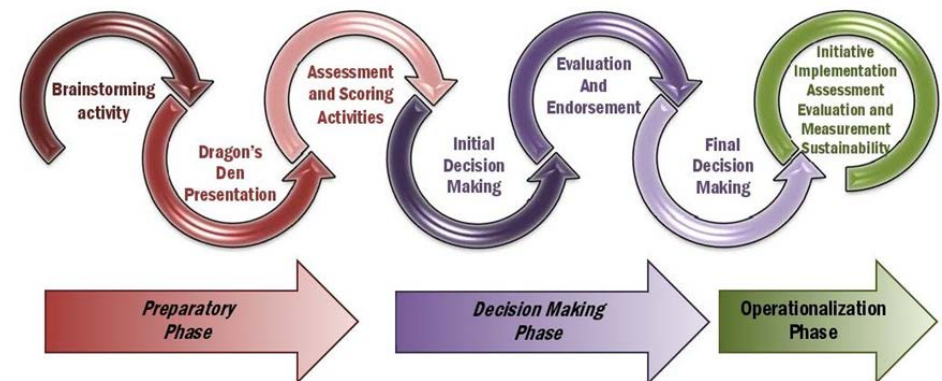
In 2019/2020, seven organizations of the Huron Perth & Area OHT partnered for Ontario's first Sub-Region Accreditation. Through this initiative, the partners created a Collaborative QIP Change Plan and implemented a harmonized multi-sector Workplace Violence policy, one of several harmonized policies that have the opportunity to spread to the partners of the OHT. These seven organizations have partnered in a 2020/21 Collaborative QIP Change Plan advancing workplace violence prevention through shared education regarding responsive behaviours to front line staff and physicians. Such collaboration in improvement and safety initiatives serves as an excellent example of and a springboard for similar work amongst the OHT partners.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

Our 2020-21 QIP was developed utilizing direct feedback from our staff, Patient Partners, Quality Committee of the Board and members of the Board of Directors.

To date, and in keeping with our transformational corporate journey aimed at embedding partnership with patients and family members to co-design our healthcare system, Patient Partners are integral members throughout the QIP process.

The two Patient Partners on the Quality Committee are voting members and also participate on the QIP development team. Patient Partners are also members of the Change Plans teams. The Quality Committee recommends the proposed QIP to the Board for approval.



HPHA continues to benefit from the active participation of Patient Partners in quality initiatives. Their perspective of what is fundamentally important to patients as well as areas where improvements should be considered are value-added and assist HPHA in aligning provincially driven directions with our corporate goals and strategies.

Patient Partner representation on Program Councils facilitates co-design and prioritization of department-specific improvement projects such as HPHA's Patient Oriented Discharge Summary (PODS) and Connecting the Dots projects. Both initiatives demonstrate HPHA's commitment to actively engage Patient Partners in all phases of Quality Improvement initiatives. The PODS initiative is highlighted above. Connecting the Dots has been a multi-sector three-year commitment to system-wide transformative care where support for and inclusion of caregivers are fundamental to the holistic care provided to our patients.

WORKPLACE VIOLENCE PREVENTION

HPHA is committed to the safety and well-being of our staff and physicians and to promoting an environment that supports our strategic goals. On a broader perspective, HPHA is a committed partner of integration and partnership, and member of the 60+ Huron Perth & Area Ontario Health Team.

During the first 2 years of prevention of workplace violence initiatives, HPHA implemented a Critical Care Indicator model and expanded this model to outpatient mental health programs.

Positive outcomes include improved provider and patient awareness, as well as management and reporting of potential and actual workplace violence.

The 2020/21 mandatory Workplace Violence Prevention indicator is structured as a Collaborative QIP Change Plan with the Sub-Region Accreditation group. Development and delivery of education to staff and physicians will increase knowledge of, comfort with and ability to respond to responsive behaviours.

Current HPHA prevention of workplace violence processes are effective in supporting and mentoring staff and physicians and

decreasing the likelihood of incidents or recurrence of events. Creation of system-wide improvements require partnerships and alignment of common practices. Continued engagement with Accreditation partners and Huron Perth and Area Ontario Health Team partners will facilitate harmonized practices required to promote safe working environments for staff and patients within the healthcare system as a whole.

VIRTUAL CARE

HPHA utilizes virtual care for a variety of purposes:

- Ontario Telemedicine Network (OTN) - Virtual visits are provided through OTN in our Nurse Practitioner and Assertive Community Treatment Team outpatient mental health programs, and for psychiatric assessments and consultations, as well as consultations regarding Cancer Care, post-operative patients and Medical Assistance in Dying. In response to the Corona Virus pandemic, virtual contact between practitioners and clients is possible via OTN if the client has an email address and a device at home that is compatible with OTN.
- Telephone contact - Pre-admit consultations are conducted by phone for Obstetrical, Operative, Diabetes and Stroke patients. Mental Health inpatients, Stroke patients and Complex Continuing Care/Rehabilitation patients of the Seaforth Hospital inpatient unit receive discharge follow up phone calls. Medical Imaging and Diabetes Program patients receive appointment reminders via a telecommunications software; this technology will be implemented for Nurse Practitioners in the near future.
- On-line Scheduling - Community Wide Scheduling (CWS), an online scheduling system, is utilized in numerous

outpatient programs, including Nurse Practitioners, the Psychiatric Day/Evening Program, Eating Disorders Program, Sexual Assault Program, orthopedic clinic, and Medical Imaging. The Novari system is utilized for scheduling for the Operating Room.

- Secure emails with providers - Secure hospital messaging is available for all staff through Meditech Magic Office (MOX) and is used clinically between outpatient Mental Health staff and Psychiatry, and outpatient Mental Health staff for communication, scheduling requests, client status updates, and transfer of accountability. Secure email is utilized to send information regarding community treatment orders to the Consent and Capacity Board. The PatientKeeper email system is utilized for communication purposes. ZIX is an encrypted program for communication with external partners such as our insurer and legal counsel.
- E-consultations – E-consultations are utilized between physicians for non-urgent consults and/or for medication requests if the primary care provider has an OTN account

EXECUTIVE COMPENSATION

It is a requirement of the Excellent Care for All Act that Executive Compensation be tied to select Quality Improvement Plan (QIP) measures.

HPHA is committed to ensuring a safe work environment for our staff and a safe experience for our patients. As a demonstration of this commitment, the 2020/21 initiative and mandatory hospital indicator to which executive compensation is associated is the Collaborative QIP Workplace Violence Prevention:

Responsive Behaviours Education Change Plan's target measure to "Complete statistical analysis of pre/post/follow-up survey responses by January 31, 2021". A Collaborative QIP demonstrates HPHA's

commitment to partnerships and advancing our healthcare system.

The HPHA Board of Directors approved a 5% Pay at Risk for the President and CEO (0.1% of which is associated with the Multi-Sector Service Accountability Agreement with the Local Health Integration Network) and 3% Pay at Risk for the Vice-Presidents, Chief Nursing Executive and Chief of Staff to be associated with the 2020/21 QIP indicator. Legislation continues to create limiting parameters around the structure of the framework, such as the "at risk pay" is a carve-out of existing executive base salaries.

CONTACT INFORMATION

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OTHER

Engagement of Clinicians, Leadership & Staff:

HPHA continues to advance the engagement and leadership of our Physicians, Leaders and staff. Initiatives have included leadership education in Collaborative Conflict Resolution. The HPHA leadership team and staff are intimately involved in the development of the QIP. In 2019 HPHA transitioned Care Teams to Program Councils with a greater emphasis on operational partnership and co-design with Patient Partners, staff and physician leaders; engagement of physicians throughout has been a key component in the success of this transition.

HPHA's Medical Advisory Committee (MAC) provides medical oversight and feedback related to corporate processes that

integrate medical practice with professional responsibilities as defined in the Regulated Health Care Professionals Act (RHPA). HPHA's MAC Patient Partner is also a member of the Quality Committee. This linkage facilitates bi-directional flow of information and the patient experience lens relative to the development of the QIP and other quality and patient safety initiatives. Physician champions initiate and are regularly involved in the planning and implementation of quality improvements to ensure the physicians' voice is included.

HPHA developed a Wellness Framework in 2019/20 that will guide recognition and acknowledgement of organizational factors of well-being, and positively influence and support individuals and teams resulting in healthy outcomes for all. The HPHA Wellness Committee is comprised of staff and physicians with the intent to include a Patient Partner. The Physician Wellness Lead will co-chair the Wellness Steering Committee and report to the MAC.

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 on **April 1, 2020**

Ron Lavoie, Board Chair

Rena Spevack, Board Quality Committee

Andrew Williams, Chief Executive Officer

Debbie Turner, Other leadership as appropriate
