

Let's Make Healthy  
Change Happen.



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

### The Alexandra Marine and General Hospital Goderich, Ontario



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**April 1, 2017**

# Overview

## **The Strength of Who We Are:**

### **Vision Statement**

New Horizons for Health & Wellness  
Best of the Past .... Innovative Future

### **Mission Statement**

You Can Count on Me

### **Values - ICARE**

I - Innovation  
C- Compassion  
A - Accountability  
R - Respect  
E - Excellence

Our mission stated simply "You Can Count on Me" speaks to the importance of serving others and drives accountability to each individual employee. The acronym ICARE represents the values that support all that we do and strive to be.

AMGH has four Strategic Pillars that inform our priorities, goals, and desired outcomes throughout the organization: People, Quality, Finance and Integration. These pillars guide us in the development of our strategic priorities, in how we conduct our daily business, and establish a Quality Framework to ensure we continuously strive for excellence.

The Strategic Pillars of AMGH provide a foundation upon which we build our LHIN Accountability agreements, our internal quality improvement processes and our individual service and employee accountability. These Pillars align with the practices that we as an organization are responsible for in order to maintain or better our Accreditation with Commendation status.

### **What We Will Achieve in 2017/18**

AMGH has developed a Quality Improvement Plan for 2017/18 that builds on the quality improvements we achieved in 2016/17. We chose indicators we believe will have the most impact on the patient experience, patient safety, and how effective we are as an organization.

# QI Achievements From the Past Year

AMGH has maintained their documented decrease in the rate of inpatient falls this year. Over the past few years we had challenged ourselves to decrease our rate of falls/1000 patient days by 10% each year. During 2015/16, our fall rate decreased by 38%. We are very proud of the fact that we have maintained the level achieved last year. We have successfully added an additional bed / chair alarm system to our fall prevention measures.

Our Patient Satisfaction scores for all inpatient areas, outpatient services and the emergency room continue to show high levels of satisfaction with care and services received. In 2015/16, 100% of patients who completed a survey indicated they were treated with courtesy and respect.

We have successfully implemented a Cardiovascular Information System that utilizes software to link our cardiovascular monitoring and diagnostic technology to our Electronic Health Record.

## Equity

AMGH will address equity of services to its Mental Health and Addictions population actively throughout the 2017/18 cycle. In collaboration with the Huron Perth Addictions and Mental Health Alliance, AMGH will be working with organizations across Huron and Perth to identify gaps in the system to meet the needs of this population and reduce repeat hospital admissions.

## Integration and Continuity of Care

AMGH remains strongly committed to an integrated healthcare system with streamlined services for patients, and efficient and effective utilization of our resources. We continuously seek opportunities to collaborate and partner with other healthcare providers across the continuum of services in the South West LHIN including knowledge sharing, operational and program development and collaboration to identify and act upon opportunities for improvement.

We are proud to acknowledge our partnership and/or collaboration with the following organizations and peers:

- Maitland Valley Medical Centre
- InterHospital Laboratory Partnership (IHLP) – member
- Ontario Laboratory Information System (OLIS)
- London X-Ray Associates

- SW Digital Imaging
- Medishare
- Healthy Hearts Program
- Huron Perth Diabetes Education Team
- SW Small Talk Program
- Ontario Infant Hearing Program
- SW Behaviour System Support Initiative (BSO)
- Huron Perth Addictions and Mental Health Alliance (HPAMHA) – member
- Geriatric Co-operative for Huron County
- Choices for Change
- Hospice Huron
- AMGH partners with seven other organizations to provide risk management software and reporting
- AMGH and Huron Perth Health Care Alliance (HPHA) have a shared governance arrangement for Pharmacy services
- AMGH/HPHA have a shared governance arrangement for Information Technology services
- AMGH/HPHA partnership for managed print services
- AMGH/HPHA partnership to share a regional email provider
- AMGH/HPHA partnership to share Nuance Transcription System
- AMGH/HPHA partnership in Scanning and Archiving initiative (Electronic Medical Record)
- SW Hemodialysis services – satellite site
- SW Stroke Network – Telestroke site
- Huron County Midwifery services
- SW Maternal Newborn Child Youth Network
- Huron Perth Area Providers
- SW Health System Funding Reform Leadership
- SW Access to Care
- SW Non Urgent Transport Initiative
- SW Regional Wound Care Program
- SW Rehab Care
- SW Regionalization of Endoscopy
- SW Ontario Infection Prevention and Control Network
- Clinical Connect – regional and provincial partner

# Engagement of Clinicians, Leadership & Staff

AMGH recognizes that in order to succeed, it is imperative that all within the organization are working to achieve the same goals. We feel that having a lean organization with a relatively flat organizational structure allows us to respond quickly to changes in both our internal and external environments of care.

Our Roadmap to Excellence is well established. This framework has increased accountability, alignment and engagement. AMGH continues to focus on evidence based leadership proven to improve customer service and transparency throughout our organization.

- Daily huddles:** Each unit discusses current patient care topics, prepares for the day ahead, and provides an opportunity to connect with multidisciplinary staff and physicians
- AIDET Communication tool:** All staff are to use this tool to elevate the patient experience by keeping the patient informed, proactively allaying their fears by keeping them informed, building the relationship. AIDET stands for – Acknowledge, Introduce, Duration, Explanation, and Thank You.
- Monthly Rounding:** All leaders meet with their direct reports monthly using an evidence based approach to build the relationship, celebrate what is working well, identify others for recognition, ensure barriers or issues are being addressed, and to focus on a key message to drive understanding.
- Monthly CEO staff forums:** 30 minutes on 2-3 focused topics and key messages for all staff to remain informed on hospital wide operational updates.
- Roadmap to Excellence Pillars and Communication Board:** A public board located on a wall in our cafeteria to highlight our Strategic Pillars and Goals. It provides ‘real time’ updates on information relative to moving forward in achieving our goals.
- Departmental Communication Boards:** Each department has a communication board posted which includes reporting of Quality Indicators specific to each department and performance of the organization as a whole.
- Leadership Development:** AMGH believes that the investment it makes in its leadership will directly impact on the quality of service and the ongoing health of the organization. We invest in a quarterly, off-site leader development day. These days provide a platform to continue to build our Roadmap to Excellence, live our values and assure our leaders have the opportunity to grow and evolve.
- Communication Plan:** AMGH has successfully launched a refreshed website to improve opportunities for communication. We regularly engage local media to provide stories and information regarding the exceptional care we provide to our community. AMGH actively utilizes various social media platforms such as Facebook, Twitter and YouTube to regularly communicate with the community we serve.

AMGH has also implemented a search engine within our website: BIRCH – Breastfeeding Information Resources for the County of Huron. This site was developed to assure that our newly delivered moms have access to information that we can validate as evidence informed and up to date.

## Resident, Patient, Client Engagement

AMGH continually seeks out improved ways of communicating with our patients. To develop the 2017/18 QIP, we reviewed the results of our patient satisfaction surveys to identify opportunities for improvement. These surveys are offered to all inpatients at discharge, ER patients and patients receiving outpatient services.

Patients have the opportunity to provide their feedback in writing or virtually through our hospital website.

There are community representatives on a number of committees, who bring the community perspective to the table.

The Board of Directors at AMGH have implemented a Community Advisory Committee that will provide advice, consultation and education to inform the Board of Directors' decision making and strategic planning processes to achieve sustainable health care services.

## Staff Safety & Workplace Violence

AMGH is committed to keeping its staff safe while at work.

We have provided mandatory NVCI (Non Violent Crisis Intervention) training for all staff.

The JOHSC (Joint Occupational Health and Safety Committee) reviews all incidents of violence towards staff and makes recommendations as appropriate.

Our e-learning platform is utilized to provide education to our staff regarding workplace violence.

Staffs are encouraged to document all incidents of violence in our Risk Reporting system to allow for improved tracking / trending.

# Performance Based Compensation

The Excellent Care for All Act (ECFAA) requires that a percentage of compensation for organizational CEO's, Executives, and Leaders reporting directly to the CEO be linked to achievement of performance targets chosen from the Quality Improvement Plan (QIP). AMGH is committed to meeting the goals within the QIP.

AMGH has historically withheld 3% of salary contingent upon successful achievement and/or movement toward achieving the identified goals. We are equally cognizant that there has been an ongoing salary freeze and that achievement of some goals is impacted by barriers outside of the control of the organization.

Pay for Performance target:

CEO/President - 3%  
Chief Nursing Executive/VP - 3%  
Chief Information Officer/VP - 3%  
Chief of Staff – 3%

Pay for Performance Indicators for 2017/18:

- Percentage of ER patients who had their wait time explained
- Percentage of ER patients who indicated their pain/discomfort was addressed
- Would you recommend this ER to your family/friends?
- Would you recommend this hospital to your family/friends? (Inpatient Acute)
- Would you recommend this hospital to your family/friends? (Inpatient Mental Health)

## Sign-off

The Quality Committee reviewed the Quality Improvement Plan and recommended approval to the Board of Directors. The Board of Directors approved the Quality Improvement Plan for 2017/18 on March 6, 2017.

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Barbara Major-McEwan

*Board Chair*

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Allan Ball

*Quality Committee Chair*

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Bruce Quigley

*Chief Executive Officer*