

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



**3/30/2020**

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.

Province of Ontario brand mark
ontario.ca/excellentcare

## Overview

The Strength of Who We Are:

Vision Statement

Further develop and strengthen health system partnerships to meet the evolving needs of our community.

Mission Statement

Providing high quality, patient-centred care to our community, delivered by a dedicated team.

Values - ICARE

I - Integration

C- Community

A - Accountability

R - Respect

E – Excellence

Tag Line

You Can Count on Me

The Strategic Plan for AMGH is centred on our 4 Pillars of Excellence:

People Pillar

• Develop a comprehensive human resource strategy

• Ensure and promote a healthy workplace for staff, physicians and volunteers

• Actively engage our community partners in the planning and evaluation of hospital services

• Provide education to our community regarding health, wellness and system transformation

Quality Pillar

• Develop a Quality Improvement Plan according to the Excellent Care for All Act

• Continuously evaluate our programs and services against the best available evidence

Partnership Pillar

• Strengthen existing and develop new partnerships with our local and regional healthcare providers

• Develop partnerships with local providers and community resource agencies to promote wellness strategies for our community

Sustainability Pillar

• Maintain our commitment to ongoing development and growth in our three Centres of Excellence: Women’s Health, Services for Seniors and Mental Health and Addictions

• Maintain a balanced operating budget

• Achieve the ability to invest in capital and infrastructure at AMGH

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

AMGH enjoyed many successes in 2019/20; however, our continued success with patient experience is tremendous. AMGH is undergoing a significant transformation with our physician order entry system, voice recognition dictation and standardization of order sets. Although this is a multi-year phased project the successes to date have proven to have a positive impact on patient outcomes.

## Patient/client/resident partnering and relations

Patient/client/resident partnering and relations

AMGH continually seeks out improved ways of communicating with our patients. Throughout 2019/20 we increased our focused analysis of our patient experience results which were renewed in that latter half of 2017/18. The refreshed patient experienced tools increased the objectivity of results by measuring specific elements of care, experience and interactions with staff, volunteers and physicians.

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 AMGH Community Advisory Committee continues to be actively engaged in the operations of AMGH and serve as invaluable liaisons with the community.

## Workplace Violence Prevention

Workplace Violence Prevention

AMGH is extremely proud of the work that we have completed to address workplace violence. We are currently in the process of completing our second annual “Workplace Violence Assessment Tool” developed by the Public Services Health & Safety Association. AMGH continues to evaluate and monitor the following initiative implemented in 2018/19

• Implementation of onsite security twelve hours per day stationed on our inpatient addictions and mental health unit

• Completion of a policy and process for Flagging Patients at Risk of Violence (go live date is scheduled for April 9, 2019). This included mandatory training for all staff

• Ongoing re-certification and certification for staff in Non Violent Crisis Intervention Training

• Development and implementation of a ‘Code Silver’ policy to address visitors/staff who may have a weapon

• Purchase and distribution of noise makers for staff who may be in a risky situation an unable to reach installed code buttons

• Development and implementation of a ‘Working Alone’ policy

• Secured access has been installed in all stairwells of the inpatient mental health and addictions units as well as the back access door our emergency department

## Executive Compensation

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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 2019/20:

• Would you recommend this hospital to your family and friends?

## Contact Information

Contact Information

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## Other

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)

Allan Ball

Board Quality Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)

Donna Partridge

Acting President/Chief Executive Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)

Jimmy Trieu

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Board Quality Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)

Chief Executive Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)

Other leadership as appropriate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)