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

The Alexandra Marine and General Hospital
Goderich, Ontario

April 1, 2016
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 underpin all that we do and all that we 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 inform the development of our strategic priorities, guide us in how we conduct our daily business, and establish a Quality Framework to ensure we continuously strive for excellence in all we do.

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 our Accreditation with Commendation status.

What We Will Achieve in 2016/17
AMGH has developed a Quality Improvement Plan for 2016/17 that builds on quality improvements we achieved in 2015/16. We chose indicators we believe have the most impact on the patient experience and patient safety.
QI Achievements From the Past Year

During the past year, our lab was accredited by the internationally recognized Institute for Quality Management in Healthcare (IQMH). The Lab accreditation process measures the ability of a facility to perform medical testing or the collection of specimens with formal recognition of this competence through accreditation to ISO 15189 requirements.

On April 14th, 2015 a team of IQMH staff and peer assessors spent the day at AMGH with the Lab to view our processes and documentation. Congratulations to the AMGH Lab team for achieving 99.8% conformance to 434 requirements!

AMGH has had a significant decrease in the rate of inpatient falls this year. We challenged ourselves to further decrease our rate of falls/1000 patient days by 10%. To date, our fall rate has decreased by 38%. We refreshed our current fall protocol to assure it reflected practice consistent with the most recent available falls prevention evidence. We implemented several strategies internally to assure a rapid response to patient's identified as risk for falling. We adopted a falling leaf as a symbol on the doors of patients at risk for falling. We routinely provide socks with non-slip soles to assure all patients have access to proper and safe foot coverings. We are in the process of purchasing fall alarm technology that signals the caregivers to an impending fall.

Our Patient satisfaction scores continue to show high levels of satisfaction with care and services received. Over the past few months, our InPatient Mental Health unit has made remarkable progress with their patient satisfaction scores.
Integration & Continuity of Care

Although AMGH does not have a QIP indicator specific to integration for 2016/17, this is a very strong aspect of our organization. We are always seeking new opportunities to proactively implement innovative tools such as a Cardiovascular Information System that will provide the platform necessary to link all of our cardiovascular monitoring and diagnostic technology to our electronic health record.

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:

- 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 imitative (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 Prevent and Control Network
• Clinical Connect – regional and provincial partner

Engagement of Leadership, Clinicians and Staff

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

We have introduced a journey that we call our Roadmap to Excellence which has provided a framework to increase accountability, alignment and engagement. Our Roadmap to Excellence focuses on evidence based leadership proven to improve customer service and transparency throughout our organization.

• **Daily huddles**: Each unit discusses hot topics, prepares for the day ahead, and is 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.
• **Stoplight Reports**: An action list and a status update using green, yellow, red indicators that capture issues or opportunities identified during rounding or at staff meetings.

• **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.

• **“AMGH Happenings”**: A monthly internal newsletter that highlights internal events, accomplishments and departmental updates.

• **Leadership Evaluation**: AMGH employs software that provides a common platform for the performance evaluation of our leaders. Each leader is charged with achieving the same 4-6 mission critical goals as identified in our Strategic Plan annually with the difference being in the weight assigned based on their influence/accountability to directly meet each specific goal. We use a 90-day plan to build alignment and provide a guiding map that guides their priorities each day.

• **Leadership Development Institute**: 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 with onsite coaching in between. 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.

• **Community Engagement**: During 2015/16, AMGH, along with the Hospital Foundation gave presentations to all of our surrounding communities at scheduled Council Meetings. Our desire was to keep our communities informed, develop relationships and engage our communities to assure the sustainability of our organization.

• **Communication Plan**: AMGH 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.
Patient/Resident/Client Engagement

AMGH continually seeks out improved ways of communicating with our patients. To develop the 2016/17 QIP, we reviewed the results of our Patient Satisfaction Surveys to determine areas that challenge us. These surveys are offered to all inpatients at discharge, ER patients and patients receiving outpatient services.

To provide further opportunity to hear the patient voice, links to all of our patient satisfaction surveys are found on the home page of our refreshed web page. Many patients prefer this route of completing their survey as it assures complete anonymity.

We have also instituted nurse leader rounding with patients. This is a short interaction daily between patients and unit managers. Patients appreciate being able to converse directly with the manager and this way many small issues can be resolved.

We have a community representative on our Quality Assurance committee, who brings the community perspective to the table.

Lastly, all our staff members are also patients. We encourage everyone to bring their stories and experiences forward to learn from. Oftentimes, it is our staff, presenting as a patient, who are able to determine when or where a process is not working like it should, thus affecting the patient experience.
Performance Based Compensation [part of Accountability Mgmt]

The Excellent Care for All Act (ECFAA) requires that a certain percentage of compensation for organizational CEOs and executives be linked to achievement of performance targets chosen from the QIP. AMGH is committed to meeting the goals within the QIP and understands the correlation between performance and achieving targets. We are however sensitive to the ongoing and indefinite salary freeze experienced by hospital CEOs and executives. We are equally cognizant that achievement of indicators may be significantly impacted by barriers outside the control of the organization regardless of our own intention.

Pay for Performance target:

CEO/President - 3%
Chief Nursing Executive/VP - 3%
VP of Corporate Services - 3%
Director of Finance/Health Records - 3%
Chief of Staff – 3%

Each of the indicators on the 2016/17 QIP will be a factor in the withholding of the Executive salaries. This year, AMGH has identified that we will look for aspirational trending toward our identified goals with demonstrated sustainability in the 4th quarter. Should the indicators show a positive trend toward the identified target throughout the year; this will be considered a success.

Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan

________________________________               __________________________________            _______________________________
Barbara Major-McEwan                                 Allan Ball
                                      William Thibert
Board Chair                                             Quality Committee Chair             Chief Executive Officer