

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

August 10, 2020



Red Lake Margaret Cochenour
MEMORIAL HOSPITAL

OVERVIEW

The Red Lake Margaret Cochenour Memorial Hospital is an 18 bed hospital in the northwest corner of Ontario. The hospital is located 2 hours north of the Trans-Canada Highway, 2.5 hours from the next nearest hospital and 550 km from the nearest tertiary care center.

We serve the communities of Red Lake, Ear Falls, and Wabauskang First Nation; a combined population of 5465 residents (2011 census).

We provide 24 hour emergency care, inpatient acute and chronic care and low-risk obstetrics. We also have a busy telemedicine program, provide chemotherapy for oncology patients and endoscopy service in collaboration with a visiting physician. Our multidisciplinary team includes laboratory, diagnostic imaging, ultrasound, physiotherapy, occupational therapy, and nutrition counselling and diabetes education.

The Red Lake Hospital also offers mental health and addictions counselling through the Community Counselling and Addictions Service, located off-site in a downtown office location. The Hospital is also the corporate sponsor for the local Employment Ontario program.

Each year, Red Lake Hospital submits a Quality Improvement Plan (QIP) with the intent of making change in key areas that are important to our staff, volunteers, patients and patient family members. This year our focus will continue to be directed towards ensuring the safety of our staff from violent incidents. Staff cannot provide the care our loved ones need if they do not feel safe in their

work environment. Another focus for us will be to ensure that any person who enters our building for mental health or substance abuse will have the proper supports in place when they leave to ensure their transition from the hospital is well supported with appropriate resources. Your experience, as always, remains important to us and this year our focus will be on ensuring you have received all the information you need before you leave our facility.

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

Our greatest achievement in the past year is surrounding the work our organization and affiliate organizations have accomplished to improve the Mental Health and Substance Abuse experience for our patients. Our affiliate organization was able to secure funding and take over the Mobile crisis service for the community whose future was uncertain. Funding was also obtained to create a safe room for patients that would better meet their needs in terms of stimulation and support. Finally the hospital was able to restart the suboxone program that had been shut down in the community. The program gradually transitioned to the Family Health Team which it was determined was more suitable, but the initial set-up and trial for the program began at the hospital.

COLLABORATION AND INTEGRATION

The Red Lake Hospital continues to collaborate with its local partners, over the past year partnerships have occurred through education sessions provided by the OPP, the suboxone program, and Home and Community Care. Each of these partnerships have resulted in improved services to the community and our patients. When the hospital was unable to successfully recruit a physiotherapist the Senior Leadership Team created a new model for physiotherapy that included utilizing OTN to receive services distally that were carried out locally by our Physiotherapy assistant. This resulted in another partnership as we were able to provide this physiotherapy service not only to our inpatients but to our community long term care facility as well.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

Our patient and family partnerships continue to grow as well as our Patient Family Advisory committee. This year our patient family advisers were involved in our strategic planning process for the organization which also included community engagement. We listened to our patient feedback which told us our patients wanted more information from us throughout our care process. In response we created leadership rounds to touch base with any new patients during the second quarter of the year. It was hoped we might be better able to solve problems in the moment with this initiative. The Chief Nursing Executive also began rounding within 48 hours of any new admission which included a review of admission orders and printing off patient education resources.

WORKPLACE VIOLENCE PREVENTION

Our work on violence prevention continues this year we focused on education and mitigation. We had presentations regarding methamphetamine and patient care tactics for agitated patients for all staff. This included ways to reduce stimulation and how to move and act around patients to decrease agitation and potential for violence. It included information about the science of addiction and how it effects the brain and the best ways to identify and respond to these scenarios. We also completed a new violence risk assessment with our Joint Occupational Health and Safety Committee and created an action plan we are currently completing.

VIRTUAL CARE

In the past year the hospital has worked on providing both physiotherapy and psychiatry services through virtual care. This was to allow access to patients that was previously unavailable due to shortages across the region and locally. Some of this work has allowed patients to stay in the community when they otherwise would have had to travel around 6 hours for the same services. We utilized virtual care to run our suboxone clinic as well and because of that we were able to find a home for the program in the community in a more suitable location for patients.

EXECUTIVE COMPENSATION

1) Implementation and achievement of the Patient Family Centered Care deliverable,s for year 2 of the BPSO program

*****Target is 100% of deliverable's achieved by end of Q4*****

2) Proportion of hospitalizations where patients with a progressive, life-threatening illness have received a Palliative Performance Scale (PPS) Score

***** Target is 30% of total palliative patients in Q3****

3) Percentage of patients with mental health diagnosis who receive a patient safety plan upon discharge

***** Target is 25% of all Mental Health patients in Q3****

4) Percentage of patients who were apprehended under the Mental Health Act where a transfer of custody form was completed between the hospital and the Police

**** Target is 50% of all mental health act apprehensions in Q3*****

CONTACT INFORMATION

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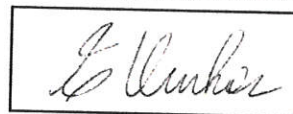
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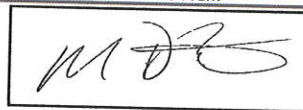
SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on _____



Board Chair



Board Quality Committee Chair

Chief Executive Officer



Other leadership as appropriate