Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2023

Red Lake Margaret Cochenour
MEMORIAL HOSPITAL

Ontario Health

OVERVIEW

This year our Quality Improvement Plan (QIP) focuses on communication. Communication plays a role at every level of the care process and for every member involved. Proper communication ensures our patients receive the right medications, our infection control program remains strong and that staff are able to work together in the most efficient way possible.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

The RLMCMH partners with out patients and caregivers through several streams including patient and family advisory committees, the patient relations/feedback process and targeted focus groups. Creating a safe space to receive care has been a priority for our members and this work has led to our new outdoor fire pit and flex room to accommodate more patient family and friends during the end of life period. This year we will be focusing on the patient feeling comfortable with their care and health upon leaving our hospital. This includes rounding with patients during their stay with us and making sure the discharge and admission process serves their needs and is written in a way that makes most sense to the patient. Through focus polling, consultation and co-design we feel we can achieve these goals this year, making care more accessible and equitable in the process.

PROVIDER EXPERIENCE

During a hospital-wide staff meeting our frontline identified communication within and between departments as a large issue contributing to decreased morale. To address this issue the CEO created a group consisting of Human Resources and front line staff to address these issues. The group has formulated an action plan that will be carried out this fiscal year which includes understanding other departments, increasing celebrations of others and following a communication script during interactions with others. The pinnacle event for this group will be the "communication games" featuring hospital wide gamification addressing the importance and best strategies to utilize for communication.

WORKPLACE VIOLENCE PREVENTION

Last year our staff continued to experience unnecessary violence as part of their work. The hospital created more tools for staff that revolved around safe behavior expectations from our patients and how to communicate our need for safe behaviours in order to create a better environment for everyone in our facility. The hospitals goal for this year is to work on our communication around what challenges our local staff face. Often campaigns seem removed from our small rural location and thought of as only things that occur “in bigger hospitals”. It is hoped that by highlighting local data it can bring real awareness as to what we face as we move towards a joint understanding of what “zero tolerance” expectations are.

PATIENT SAFETY

Our hospital hosts a weekly patient safety meeting to discuss any incidents that have occurred. The committee is made up of the Leadership Team with representation from the Physiotherapy Department. Where warranted, frontline have also attended in order to provide feedback and recommendations. Each incident receives a full review with recommended actions and the incident is considered "open" until those actions have been put in place. Once the follow-up items have been completed the individual receives a personalized email with follow-up included that thanks them and welcomes any more input they might have. To encourage this reporting process quarterly shout outs are given to staff and the practice is reinforced upon orientation. Any valuable learnings that would impact multiple staff or departments are included in a newsletter and shared. All of these reviews include a "just culture" question approach that asks the staff "how can we make sure this error is not repeatable for anyone". Looking at the system itself has resulted in more comfort with the reporting and review process.

HEALTH EQUITY

Our journey towards more equitable health for all begins the moment the interview process begins at the organization. We have restructured our interview questions to capture inclusion and stress the importance of strength through diversity. We have strived to create a French option for onboarding qualified staff and are setting our sights on offering infection control information in other languages. We have also created a new accessibility plan using patient knowledge and advice from persons with disabilities. Our staff have also taken courses on cultural safety and inclusion in the past year and cultural safety is part of our onboarding process.

EXECUTIVE COMPENSATION

Quality Dimension	Objective	Target 2023-2024	100%	50%
Patient–centered • 50%	Percentage of staff who responded 4 or higher to the following question "How would you rate your experience with interdepartmental communication?"	• Goal by Q3: 16%	25% for all staff responding with a 4 or higher	18% of staff responding with a 4 or higher
Patient Centered • 50%	Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital	• 65% of inpatients responding "completely"	• 65% of inpatients responding "completely"	• 62% of inpatients responding "completely"

CONTACT INFORMATION

Amanda Kaczmarek
Director of Quality and Risk
akaczmarek@redlakehospital.ca
807-727-3804

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

S Green

Board Chair

Board Quality Committee Chair

Angela Bishop

Chief Executive Officer

Other leadership as appropriate

Theme I: Timely and Efficient Transitions

Measure

Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Review and improvement of the Inpatient Admissions and Discharge process	C	Other / All inpatients	Other / 4	CB	100.00	The current process is confusing and the roles of each task are not correctly aligned, by completing this project workload will be improved and duplication will be eliminated. The project will also serve to improve communication between the care team and patients.	

Change Ideas

Change Idea #1 Review and redesign of the ADMISSIONS process for inpatients

Methods	Process measures	Target for process measure	Comments
Focus group redesign that involves patients and families, nursing and physician input	Completion of the redesign	completion of the project by Q4	This project was on last years QIP and is being carried forward to this year as we were unable to complete it due to health human resource shortages.

Change Idea #2 Review and redesign of the DISCHARGE process for inpatients

Methods	Process measures	Target for process measure	Comments
Focus group redesign involving patient and family members, nursing and physician input	The completion of the project	completion of project by Q4	This project was on last years QIP but is being carried forward as we were unable to complete it last year due to health human resource constraints

Theme II: Service Excellence

Measure

Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of respondents who responded “completely” to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	P	% / Survey respondents	CIHI CPES / Most recent consecutive 12-month period	58.06	65.00	This is an area we would like to improve upon. It is believed that proper education can improve hospital readmissions and increase patient experience and adherence to their care program.	

Change Ideas

Change Idea #1 Discharge rounds by the nurse manager within 48 hours of suspect end of length of stay

Methods	Process measures	Target for process measure	Comments
patient satisfaction scores as recorded quarterly by the Director of Quality and Risk Evidence of rounds through nursing audits	number of inpatients rounded on by nurse manager within 48 hours prior discharge.	60% of inpatients receiving a rounding visits by the nurse manager by the end of Q3 65% of inpatients answering "completely" to "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?"	Total Surveys Initiated: 31

Measure

Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff who responded 4 or higher to the following question "How would you rate your experience with interdepartmental communications?"	C	% / Worker	In-house survey / 4	16.00	25.00	This is a front line led initiative based on a desire to improve communications throughout the hospital. The staff's morale is expected to increase patient satisfaction as an outcome. As this is a new initiative the worklife pulse survey will be used as a before and after measurement tool.	

Change Ideas

Change Idea #1 Run a communications campaign through the month of April

Methods	Process measures	Target for process measure	Comments
releasing communications video's throughout the month of April and testing staff knowledge through a quiz. April will become "communications month" moving forward.	number of quiz respondents	20% response rate from staff on communications quizzes	

Theme III: Safe and Effective Care

Measure

Dimension: Effective

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	P	Rate per total number of discharged patients / Discharged patients	Hospital collected data / Oct–Dec 2022 (Q3 2022/23)	CB	CB	Our number is currently high and we are holding this as a watch metric to ensure our performance remains high	

Change Ideas

Change Idea #1 not applicable at this time

Methods	Process measures	Target for process measure	Comments
not applicable at this time	not applicable at this time	not applicable at this time	This will be a watch metric indicator for us with potential for an improvement project should the quarterly results dip below 87%. Our current results are 94%

Measure

Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	P	Count / Worker	Local data collection / Jan 2022–Dec 2022	12.00	0.00	Our goal is always to achieve zero violent incidents.	

Change Ideas

Change Idea #1 The creation of a communication campaign regarding expected behaviors of the public on our premises featuring local data and statistics.

Methods	Process measures	Target for process measure	Comments
Incidents of workplace violence as reported through our incident reporting system Staff satisfaction levels with campaign	Completion of the campaign by the end of Q3	decrease in reports of violence by end of Q3 to 10	FTE=50 Although we have zero tolerance for violence and are ultimately aiming for zero we recognize violence happens in healthcare and are choosing to measure this change idea as a decrease on last years stats.

Change Idea #2 Deliver staff training on "lateral violence" in the workplace

Methods	Process measures	Target for process measure	Comments
delivery of mandatory training for staff regarding "lateral violence"	number of staff trained on lateral violence for the organization	60% of all staff having received training on lateral violence	lateral violence is considered to be higher in hospital settings and affects staff morale. It is hoped that recognition of this type of violence will improve patient interactions and increase staff satisfaction leading to a more positive work and care experience