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



3/11/2019

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.

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## Overview

Renfrew Victoria Hospital (RVH) is a small rural hospital located in Renfrew, Ontario, about one hour west of Ottawa. It serves a catchment of 100,000 people that encompass all of Renfrew County to provide services. Regional Programs include Addiction Treatment Services, Regional Sexual Assault and Elder Abuse Program and a Chronic Kidney Disease Program. The hospital offers a wide range of services and has 55 beds which include inpatient medical/surgical beds and complex continuing care beds, with two operating rooms. The Emergency Department sees approximately 25,000 patients each year and the hospital also has a satellite systemic therapy unit to allow cancer care services closer to home.

RVH embarked on a journey in 2016 to develop a new strategic direction for the organization. Our new mission "to provide the best possible health care experience for our patients and families" and our new vision "to be a model of excellence in health care" align with our QIP journey. We have been engaged in the development of a yearly quality improvement plan for many years and will continue our journey with focus on success of the new strategic plan for the organization. The mission, vision, values and strategic direction provides the direction for the delivery of quality health services. The quality improvement plan is aligned with the hospital's four key strategic directions below, with an emphasis on the provision of quality health care services:

### Quality of Care

We will deliver the highest quality care to achieve the best possible experiences and outcomes for our patients and their families

### Strength in People

We will champion an environment that positions RVH as an organization of choice for staff, physicians, volunteers and partners where everyone is empowered to be the best they can be

### System Integration

We will strengthen relationships and embrace innovative opportunities to advance the delivery of seamless high quality care that is responsive to our community's needs

### Financial Performance

We will demonstrate financial discipline and innovation to support high quality care that responds to the evolving needs of our patients and their families

The QIP is based on priorities identified by the Continuous Quality Improvement Committee (CQI) of the Board, Senior Management team and care teams. The QIP is a tool to affirm and map the commitment of the Board of Directors and all staff in the continuous pursuit of positive clinical outcomes, positive patient experiences and positive staff work life. The plan is aligned with accreditation standards and recommendations. The balanced scorecard approach ensures key improvement initiatives in the areas of safety, effectiveness, access to care integration and patient-centered care.

CQI is a method that evaluates and continuously improves the caliber of care and service delivered from a patient perspective. CQI embraces quality by focusing on continuous process improvement, teamwork, staff and patient empowerment.

Each member of the senior administration team will work with his/her departments to have defined improvement targets and initiatives to the strategic priorities. The mode for improvement used to effectively analyze and implement change will be the "Plan, Do, Study, Act" (PDSA) model.

The 2019/20 aims and measures can be viewed in the attached detailed work plan. Targets and benchmarks along with change ideas are clearly identified within the workplan.

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

RVH has seen significant success and maintenance of some targets that were considered high performing areas when compared with other hospitals across the province. Most areas of the work plan were successfully implemented resulting in maintenance of safe hospital care and increased communication between health care providers and patients and families admitted to the hospital.

The National Research Council has changed the questionnaire for patient satisfaction which has altered the achievable targets for all hospitals. As we continue our quality improvement journey emphasis on the home first philosophy will continue to decrease the alternative level of care rates in our hospital. This indicator requires constant emphasis to ensure we are meeting targets and benchmarks that are part of our quality improvement plan.

The implementation of Best Practice Guidelines through our work as a Best Practice Spotlight Organization has resulted in significant achievements this past year. RVH has implemented five new best practice guidelines in the past two years. The five guidelines include screening for delirium, dementia and depression in older adults, assessment and management of pain, person and family centered care, women abuse screening in the emergency department setting and decision support for adults living with chronic kidney disease. We anticipate that we will achieve full Best Practice Spotlight Designation in April 2018. We will continue our quality work post designation into the 2019/20 year. This speaks to our commitment to quality, safety, and patient engagement.

RVH recently completed our hospital accreditation with Accreditation Canada. We have achieved "exemplary status" from this visit, which is the highest designation that an organization can achieve.

### **Patient/client/resident partnering and relations**

The patient/family advisory committee was established at RVH in the fall of 2015. The terms of reference/reporting structure for the hospital was developed in fall 2015 and the first meeting of the patient /family advisory committee was held in January 2016. The advisory committee continues to meet regularly and members are involved in care team meetings regularly.

The Patient and Family Advisory Committee advise the hospital on matters pertaining to patient experience as one example of their role. The Committee has been involved in the numerous change initiatives in 2017/18 and will continue to be involved in 2019/20. All ideas presented are reviewed and implemented wherever possible.

RVH uses a variety of other approaches to engage patient/families:

- Focus groups were conducted with all patients at various phases of construction of the new Nephrology Centre and Oncology Unit at RVH. These will continue with each new renovation or change at our hospital.
- Discharge planners phone all patients >65 after discharge to get feedback on care at RVH. The information is tracked and trended as well as reported back to teams, Board CQI committee and PFAC

- Patients and families were invited to participate in focus group which resulted in the development of a newsletter for renal patients that is published quarterly
- NRC Patient Satisfaction data is used to make changes in care as well. A structured process is in place for patient/family feedback at our hospital and this feedback is tracked/trended and changes are made when required
- Patients are involved in trials for new equipment that is purchased whenever possible

For the upcoming year RVH will continue our work related to best practices now that we have achieved our RNAO designation 2018.

In our recent accreditation survey in December 2017, RVH met and exceeded all standards related to patient and family centered care and our work was described as "stellar" by the surveyors.

### **Workplace Violence Prevention**

Violence in the workplace presents a risk to the well-being of Renfrew Victoria Hospital staff, physicians, volunteers, patients and visitors. It is everyone's responsibility to prevent violence in the workplace. At RVH, we strive to create a positive environment with mutual respect and open communication.

RVH's commitment to the prevention of Workplace Violence is reflected in our Value Statement that relates to "Safety and Wellbeing": Renfrew Victoria Hospital will make every effort to support the safety and wellbeing of individuals within our environment. Our Board of Directors, and Senior Leadership team, have recognized the importance of a safe environment, and have made it a priority in the Hospital's 5-year Strategic Plan. In the quadrant "Strength in People", it is highlighted that we will sustain and enhance an environment that supports Health, Safety and Wellness. In addition to above, department-specific goals and objectives target the improvement of Workplace Violence and safety for all.

In response to Bill 168 (Act to amend the Occupational Health and Safety Act with respect to violence and harassment in the workplace and other matters), RVH has updated its violence and harassment policies and programs, employee reporting and incident investigation procedures, an emergency response procedure for violent events, and a process to deal with incidents, complaints and threats of violence. In addition, a new process for identifying patients at risk of violence has been implemented. RVH continues to strive to investigate ways to improve staff safety, i.e. the implementation of a more robust panic alarm system.

Extensive education has taken place for all RVH staff, and staff in key areas and roles have received non-violent crisis intervention training, gentle persuasive approach training as well as general education on the new and/or revised policies, procedures and protocols.

In 2018, a new Panic Alarm system was implemented on a high-risk area. The system provides actual tracking of a staff's location if depressed. The hospital is moving forward with installing this system in other patient care areas.

## **Executive Compensation**

Two percent of compensation for executives (defined as Chief Executive Officer, Chief of Staff, VP Patient Care Services/CNE, VP Corporate Services and VP Financial Services) is linked to three of the five following indicators:

- Percentage of complaints acknowledged
- Reduce wait times for admission from Emergency
- Medication Reconciliation
- Improve patient satisfaction
- Number of workplace violence incidents

The Senior Executive team will be responsible to ensure success in the five key indicators. Refer to the QIP Workplan for specific performance targets for 2019/20.

As per the above statement, two percent of executive compensation will be associated with three of five QIP indicators within the RVH plan.

Indicator data will be reviewed at the CQI Board Committee quarterly with regular feedback to the Finance Committee and overall Board Committee of the hospital to ensure targets are met.

## **Contact Information**

Christene Ferguson, VP Patient Care Services

## **Other**

RVH is implementing the EPIC/Project Fusion health information system in June 2019. This will allow us to audit, track and ensure quality in many new areas. This is our focus for 2019/20, resulting in less indicators chosen for the QIP this year.

**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: Keanan Stone  (signature)

Board Quality Committee Chair: Sandi Heins  (signature)

Chief Executive Officer: Randy Penney  (signature)