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



2/27/2018

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 2018/19 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 achievements 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 2018/2019 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.

### **Resident, Patient, Client Engagement 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 2018/19. 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 to implement best practices and expect to achieve our designation with RNAO in April 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.

### **Collaboration and Integration**

Renfrew Victoria Hospital understands that a strong focus on integration across all areas of the patient journey, beyond the care delivered in the hospital setting will help to ensure patients receive safe, high quality, accessible and coordinated care. The hospital works with numerous partners including CCAC, Assisted Living, primary care physicians and health links to plan appropriate, safe care after discharge.

The Home First Philosophy promotes seamless integration of services from hospital to home. Home First policies protocols, joint discharge rounds, huddle boards and white boards in patient rooms ensure integration with all interdisciplinary team members and family involvement.

RVH/SFMH leads the Health Link program for Health Link 9. This aids in the implementation of health links and has provided opportunity for the hospital to link complex patients with care providers that can advocate and navigate their care needs after discharge. Discharge planning follow up phone calls provide opportunity to speak to patients after discharge and provide additional support.

### **Engagement of Clinicians, Leadership & Staff**

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

Quality projects are identified by departments, key committees, team members and compiled by the VP, Patient Care Services. Key projects are presented throughout the organization to appropriate committees and staff. The model for improvement follows the Plan/Do/Study/Act cycle.

Key projects and quality reports are shared at the CQI committee of the board on a quarterly basis. Indicator reports are reviewed quarterly at this committee to ensure excellence in service is maintained. All indicators for the 2017/18 Quality Plan are included in this quality indicator report to the CQI Committee to ensure oversight at the Board level.

Each Department completes the RVH Balanced Scorecard for the June Annual Report to highlight accomplishments and new initiatives.



Staff empowerment is one of the most important means for achieving high-quality services. RVH has embraced a philosophy of teamwork where all staff members participate on teams and key committees to enhance the quality of care provided in the hospital. Examples of staff participation include: inpatient care teams, Ethics Committee of the Board and the Human Resources team.

Care team committees meet on a monthly basis to determine quality projects for the year. Care teams develop department goals and objectives in line with strategic directions and pillars of quality. Clinical staff, physicians and Senior Management participate and provide input at the care team committees.

## **Population Health and Equity Considerations**

### **Population Health:**

The population health data for Renfrew County and our catchment areas has been obtained from the Renfrew County Community Health Profile. This report was developed in March 2016 and provides a brief overview of the socio-economic and health status of residents served by the Renfrew County and District Health Unit. It is intended to inform the work of Health Unit staff, community partners, government decision-makers and community members as we work to address local health issues and improve health.

**Population size, growth, age and fertility:** Just over 105,000 people live in Renfrew County and District. The area is characterized by a large rural population (almost half) and a relatively low population density. A higher proportion of the population is over age 45 compared to Ontario. The population is aging and growing slowly. The fertility rate has increased in recent years to 50 live births per 1,000 females age 15 to 49, and is higher than Ontario.

**Culture and language:** Prominent cultural groups are German and Polish. A small proportion of the population (2%) belong to a visible minority and only 5% are immigrants. About 2% are registered or treaty Indians and almost 8% claim Aboriginal identity. The population is predominantly English-speaking.

**Income:** Median incomes are lower than Ontario as a whole. However, the prevalence of low income is lower than Ontario (12% vs. 14%).

**Employment and education:** Employment indicators such as labour force participation rate, unemployment rate, and full-time vs. part-time work are similar to those for Ontario. A smaller proportion of the population age 15 and over has a post-secondary certificate, diploma or degree.

**Life expectancy:** Life expectancy for females (82.8 years) is significantly lower than Ontario. Life expectancy for males (79 years) is similar to Ontario.

**Availability of physicians:** There are more general family physicians per 100,000 population than Ontario, but there are fewer specialist physicians.

**Well-being:** The proportion of the population that perceive their health and their mental health as very good or excellent is similar to Ontario. However, the proportion that perceives that most days are quite a bit or extremely stressful (29%) is significantly higher than Ontario.

**Reportable infectious diseases:** Incidence rates of selected reportable infectious diseases are comparable to or lower than Ontario.

Health risk factors: Rates of high alcohol intake, smoking and obesity among adults are higher than Ontario. Other health risk factors such as overweight, vegetable and fruit consumption 4 or fewer times per day, and physical inactivity during leisure time are comparable to Ontario. The prevalence of these risk factors is concerning in both jurisdictions.

Causes of death: The leading causes of death are cancers, circulatory diseases, respiratory diseases and injuries. Mortality rates are similar to Ontario except for circulatory diseases, which is higher.

This data was used to develop our new strategic priorities which drive our quality workplan at the Renfrew Victoria Hospital.

#### Equity:

Health equity refers to the study and causes of differences in the quality of health and healthcare across different populations. Health equity is different from health equality, as it refers only to the absence of disparities in controllable or remediable aspects of health.

RVH embraces the opportunity to ensure quality of healthcare across different populations

Some examples of work done for different health populations are listed below:

The hospital is working towards French language designation for regional programs to ensure we have the ability to provide care in both official languages.

RVH embraces the opportunity to ensure quality of healthcare across different populations. Aboriginal Cultural Safety training was completed for 23 staff at the hospital in 2017. This has allowed a significant number of staff to better understand how to provide excellent care to this patient group. An aboriginal patient sits on the patient and family advisory committee at our hospital and has been instrumental in the development of policies related to smudging. The patient continues to provide advice to our team to improve care at each meeting.

In the past two years there has been a significant number of Mennonite families move to our catchment area. The CEO, Chief of Staff and senior leadership team have met with leaders from this community to better understand how to meet the needs of this unique population. A hitching post has been built on hospital property adjacent to the emergency department and yearly meetings will take place to ensure current and future concerns continue to be addressed.

### **Access to the Right Level of Care - Addressing ALC**

Initially announced in 2007, Aging at Home is a strategy that provides a continuum of community-based services for seniors and their caregivers, allowing seniors to stay healthy and live independently at home, with dignity, for as long as possible. The program also aims to decrease the number of visits to emergency departments and reduce the number of seniors waiting for admission to long-term care homes (LTCHs), as well as reduce delays in transitions to these settings.

The Renfrew Victoria Hospital has been an active participant in the aging at home strategies in our Champlain LHIN and led the implementation of an assisted living program in our community in 2010. This program continues to be successful and allows seniors in our community to remain in their own homes with the right supports.



The quality improvement plan for 2018-19 continues to focus on initiatives to address ALC pressures within our own hospital. Our focus on senior friendly hospital initiatives that will maintain or improve functional decline in the elderly will enhance probability for this patient population to return home safely. Other initiatives such as follow up phone calls from our geriatric emergency nurses and discharge planners can provide support beyond the hospital stay. RVH has implemented a patient oriented discharge summary to ensure elderly patients have increased knowledge and understanding of their conditions at the time of discharge. All of the above initiatives are embedded into our quality improvement plan for this year.

### **Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**

In light of the National opioid epidemic RVH has endeavored to ensure a safe environment that positively contributes to this significant issue. Interventions vary by the type of care provided. Our ER department has challenged its physicians to both minimize prescribing of opioids and not renew prescriptions. The Renfrew community has typical small-town challenges including no community pharmacies that are open 24 hours. This requires policies that specifically address the dispensing of narcotics from the ER department. The policy states that narcotics may only be dispensed when the community pharmacies are all closed and only enough doses may be dispensed to allow the patient to acquire the full prescription from a community pharmacy to a maximum of 6 doses. Our inpatient interventions have focussed on proper documentation surrounding the administration of opioids. All analgesic administration must follow a pain assessment and a newly implemented patch-4-patch program for fentanyl requires shift checks of the patch and co-signing of administration and destruction.

### **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.

## **Performance Based 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 in Emergency Department
- 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 2018/19.

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 has recently completed hospital accreditation with Accreditation Canada. The hospital met all required organizational practices and a high percentage of the standards. The hospital achieved exemplary status which shows our ongoing commitment to quality and safety. We will continue to implement best practice guidelines over the coming year.

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 2018/19 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)

Quality Committee Chair:

  
Sandi Heins (signature)

Chief Executive Officer:

  
Randy Penney (signature)