

Let's Make Healthy
Change Happen.



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



**TILLSONBURG DISTRICT
MEMORIAL HOSPITAL**

Partnering to keep healthcare close to home.

2/26/2019

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

Tillsonburg District Memorial Hospital (TDMH) is committed to providing excellence in Patient and Family Centred Care (PFCC) for our community. This commitment is central to our Mission, Vision and Values and is guided by continuous quality improvement that measurably improves patient care and safety.

The TDMH Quality Improvement Plan (QIP) is aligned with our Strategic Plan as well provincial and South West Local Health Integration Network (LHIN) priorities.

We continually strive to implement best practice guidelines, demonstrated by our commitment to participating in a number of accreditation processes (i.e. Accreditation Canada, Laboratory, Pharmacy etc.) on an ongoing basis, and seek to implement opportunities to improve outcomes, satisfaction and access through feedback obtained from our patients, families, staff and physicians.

We have chosen indicators that provide sufficient volumes to be meaningful for a small hospital in order to truly utilize our QIP for the intended purpose. We have also chosen to add a number of hospital-specific indicators; including, our progress towards implementing care pathways for Chronic Obstructive Pulmonary Disease and their impact on this specific patient population. Over the last year, our PFCC Committee has focused their efforts on reviewing and revising our patient satisfaction surveying methodology. The indicators that we have selected to measure patient experience will assist us in addressing the specific needs of our patient population. With aligning and focusing our quality improvement initiatives, we can leverage our available resources to effectively manage our quality improvement efforts.

Our robust, staff/physician and board-led quality committees maintains a focus on quality and patient safety. At the committee level, QIP indicators are regularly tracked in order to monitor performance in the provision of care.

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

TDMH and our partner hospital Alexandra Hospital, Ingersoll (AHI) hosted a Quality Advance. The goal of this facilitated exercise was to collectively focus on the present and ever-present future. Through engaging board members, physicians, leadership to front line staff we were able to understand the science of quality; explore what quality healthcare meant to each of us; celebrate what our organizations were currently doing to ensure quality care and outcomes; and, define our vision and what will be necessary to get us there. As an outcome to this session, TDMH and AHI will be known for **providing exceptional care to every patient, every time and by everyone**. This definition fosters our commitment to our patients and their families with a goal to provide the best care possible.

As a follow-up to our Accreditation with Exemplary standing award in September 2017, TDMH was notified by Accreditation Canada that our leading practice submission “Closed Loop Medication Administration in the Emergency Department” met all required criteria for acceptance as a Leading Practice. As a small healthcare facility, we are proud to have demonstrated a positive change and that we are people centred, safe and efficient.

TDMH is committed to a philosophy of patient and family centred care and positive health outcomes of patients. For this reason, TDMH updated its visiting guidelines that encouraged visits from family throughout a patient’s hospital stay.

Closely collaborating with our PFCC Committee, we have embarked on a journey to enhance our patient satisfaction surveying methodology. Our Inpatient survey has been updated in order to better understand and improve our patient experiences. The method in which the survey is completed has also been expanded to ensure that all of our patients or their families have a venue to provide their feedback.

In order to improve patient outcomes, reduce length of stay and enhance hospital efficiency, TDMH has implemented a “hospitalists” physician model.

TMDH is participating with a number of community agencies including Public Health, Mental Health and Law enforcement to develop a local drug strategy, grounded in evidence and built on strong partnerships and coordination. We have adopted a four pillar approach inclusive of prevention, treatment, harm reduction and enforcement. Collaborating with our regional partners, TDMH has made enhancements to our electronic patient record to support safe prescribing of opioids upon patient discharge.

TDMH continues to demonstrate our commitment to staff safety by providing Crisis Intervention Training to staff working in high risk areas. With input from staff, and in collaboration with our Joint Health and Safety Committee (JHSC), a detailed violence risk assessment was completed with associated action plans. These plans are regularly monitored by our Leadership team in collaboration with our JHSC. A major follow-up from this assessment is the investigation of tools and technology that will ensure the safety of our staff and patients (i.e. panic alarms, swipe card access).

We continue to expand our quality and performance at TDMH with a focus on reporting of quality metrics from the bed to the board.

Patient/client/resident partnering and relations

Feedback from patients and their families is critical to the success of the quality improvement work at TDMH. We continue to utilize the results of patient satisfaction surveys as well as feedback to identify areas of improvement and to guide performance management decisions.

We are committed to PFCC. Ultimately the experiences of our patients and their families are both the driver for our quality improvement work and a very important measure of our success.

In order to ensure that our quality plan aligns well with the priorities that patients and families feel are most important, we have shared the plan with our patient advisors. This feedback has been incorporated into our QIP.

Workplace Violence Prevention

Protecting our staff from the threat of violence is a top priority. The following are steps TDMH takes to reduce the likelihood of violence in our workplace:

- Established a workplace violence prevention program
- Provide training to all staff about the program and ensure that they understand that all claims of workplace violence will be investigated and remedied promptly
- Encourage staff to report and log all incidents and threats of workplace violence
- Provide safety education (e.g. Crisis Intervention Training) for staff working in high risk areas
- Secure the workplace where appropriate. For example, install video surveillance, extra lighting, and alarm systems; minimize access through restricted access points; and, policies supporting displaying identification badges
- Equip staff with handheld alarms or noise devices

Any report of violence is acted upon immediately to ensure that the threat is mitigated and staff is safe. Reports of violence are shared electronically with the Leadership Team on a monthly basis and violence and staff safety is a standing agenda item at each Leadership Team meeting. Reports of all staff member violence are reported to the JHSC on an ongoing basis.

Executive Compensation

Our Executives' compensation is linked to performance in the following way:

A 5% salary rollback has been applied to the President/Chief Executive Officer. A 2% salary rollback has been applied equally to the Chief of Staff; Chief Operating Officer and Vice President Finance; Chief Nursing Executive

and Vice President Clinical; and, Chief Quality and Patient Safety Officer and Vice President Human Resources. The compensation at risk was divided among the priority indicators on our QIP.

Contact Information

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Sign-off

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

Board Chair, Cheryl Buchner _____

Quality Committee Chair, Ruby Withington _____

President/Chief Executive Officer, Sandy Jansen _____

Dated the _____ of March, 2019