Let's Make Healthy Change Happen.

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

**3/21/2019**

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.

## Overview

Our 2019-2020 QIP supports our Mission to deliver excellence in rural health care with our partners for all residents in our communities and supports our philosophy that Patients, Residents and their Families are at the centre of everything we do. Our 2017-2020 Strategic Plan is driven by our Vision of partnering for a Healthier Tomorrow using our values of Patient and Resident Centred Care, Integrity, Respect and Responsible as the framework for our Strategic Plan.

Nipigon District Memorial Hospital is embarking on our next strategic plan. This is an exciting time in healthcare as our system goes through significant transition. We will engage our system partners, staff, residents/patients and families to achieve the most relevant strategic plan for our facility.

We are committed to providing safe timely quality care that is effective, Patient/Resident and Family centred, accessible and efficient. Our Patients/Residents will receive excellent care and will have access to equitable supportive care to facilitate their involvement in decision making and participation in the delivery of their own care.

We will enhance the Patient and Resident experience and focus on our patient relations process as well as the safety of our staff.

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

We continue to exceed our targets in respect to readmission rates for patients with Chronic Obstructive Pulmonary Disease and Congestive Heart Failure. We have completed and implemented many order sets and medical directives in collaboration with our Physician group. This helps us deliver a consistent, standardized, evidence based approach to management of patients with a variety of illnesses in a timely manner. We are now working on the adoption of these order sets and medical directives.

We have participated in 4 Registered Nurse's Association best practices. One of our Registered Nurses has been successful in being accepted to a Fellowship focusing on Patient and Family Centred care and culturally sensitive hospice care for Indigenous patients.

We have received funding for one hospice bed. There has been a referral form, admission criteria and a Hospice Coordinator position created to support this important function.

## Patient/client/resident partnering and relations

We start each meeting with a "Patient Story". Most of the stories are very positive, but we also share stories that are not so positive. These provide for learning experiences and help us identify gaps in our delivery of care and look for possible solutions to promote PRFCC at our facility. We have developed a template to identify how it made you feel and what systemic changes can or should be considered in relation to the story.

With the help of our Patient, Resident and Family Advisory Council and our nursing staff we have developed a patient beside whiteboard to enhance communication between the healthcare team and the patient and family. We now audit the use of the boards to ensure sustainability of its use. As a result of this implementation our Resident families are now asking if there is a way to identify who their family

member's Nurse is and we are reviewing the best way to implement this communication.

We have added our Activity Coordinator as a new member on our Patient, Resident and Family Advisory Council and the Quality Committee of the Board. We have increased the number of family members on the PFCC Committee and combined the PFCC council created from the RNAO best practice group to the PFCC Council for the organization.

Patient, Resident and Family Centred Care module is taken by all staff in our Surge Learning program and is included in our orientation program for new staff and students.

Leadership rounding has been implemented. A minimum of 12 rounds are completed monthly.
A new Patient Relations process has been implemented with boxes throughout the building to increase concerns and opportunities to improve.

## Workplace Violence Prevention

We have established an Enterprise Risk Management process and risk registry. We have revised our Workplace Violence and Harassment program and included Domestic Violence as part of that program, and we continue to provide education on workplace harassment, bullying and gossip. We have had RNAO training on conflict prevention and management as well as Code of Conduct.

Our Staff Educator is now trained as a Certified Instructor for Non Violent Crisis Intervention and has been training the rest of the staff in interventions to defuse and contain situations for safe resolution and help to avoid escalation. We are strongly encouraging staff to report both verbal and physical abuse and we have begun to track these incidents.
We continue with our contract with a Security Company from Thunder Bay (1 hour west) to provide additional security when required and we have adopted a new policy in regards to close or constant observation. We will make every effort to provide additional staff to support close or constant observation for all Form 1 patients and other patients with Mental Health issues as required.
We are in the process of installing additional cameras within the hospital as we were successful in acquiring funding. We currently have some cameras with viewing monitors at the two nursing stations and we will expand on this.

Staff have been reminded to complete the appropriate forms when there is reason to do so and we are increasing our target for submitting workplace violence forms to 25. All Department heads were educated on all of the reporting forms in the organization and were to review with their staff. There has been a clear message provided to everyone that if it makes you uncomfortable it is worth mentioning.

## Executive Compensation

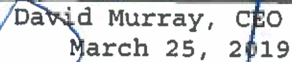
PERFORMANCE BASED COMPENSATION
We will be attaching compensation to the following (2) indicators
1. Increase reporting of workplace violence incidence- verbal and physical
2. Complaints acknowledged in a timely manner
COMPENSATION WILL BE AWARDED AS FOLLOW:
Two (2) percent for Chief Executive Officer and Chief of Staff

50 % compensation will be attached to each of the two indicators:
Patient involved in decisions about their care
85-100 % = 100 % compensation

75-85 % = 50% compensation

< 75 % = 0 % compensation

Kal Pristanski, Board Chair
March 25, 2019



David Murray, CEO
March 25, 2019

Submitted by Nipigon District Memorial Hospital
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## Other

Of significant note is the entire change in Leadership over the course of the last year. The Chief Financial Officer, Chief Executive Officer and the Chief Nursing Executive/Chief Operations Officer are all new to the organization.

This change in leadership has impacted the ability to move forward on several initiatives as each Leader adapts to the position. The learning curve is expectedly a part of this.

Excellent processes and framework has allowed ongoing timely reporting however action plan review and improvement has not occurred as timely and frequently as expected.

## 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 ______________ (signature)

Board Quality Committee Chair ______________ (signature)

Chief Executive Officer ______________ (signature)

Other leadership as appropriate ______________ (signature)