2017/2018 Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

Queensway Carleton Hospital

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Overview

Queensway Carleton Hospital is pleased to present our annual Quality Improvement Plan (QIP) in concert with Health Quality Ontario. The QIP covers our successes and lessons learned from the previous year's efforts as well as our action plans outlined for the year to come.

QCH's goals and objectives are focused on the following:

- Clinical Excellence – improving patient safety and quality of care
- Operational Excellence – effectively and efficiently using our infrastructure, our finances and our people.
- Patient/Family Centered Care and Service – improving patient/family engagement and satisfaction
- Integrated Care and Service – improving continuity of and transitions in care and service across the hospital and upon discharge by collaborating strategically with our partners
- Responsiveness to Care and Service Needs – improving access to programs and services (through efforts such as reducing wait times)

QI Achievements from the Past Year

Over the past year, QCH has reduced 30-day readmission rates for patients hospitalized with Stroke, Congestive Heart Failure, Diabetes and Chronic Obstructive Pulmonary Disease. This has been accomplished by enhancing resources in the discharge phase of the patient's experience, such as post-discharge phone call follow-up for those at greatest risk of readmission, in order to ensure supports are in place for the patient to remain at home. The implementation of our new Model of Nursing Clinical Practice has impacted the delivery of quality care from several perspectives by: defining key nursing and support positions on each unit to coordinate efficient and effective care delivery and by ensuring each patient is cared for by a nurse whose scope of practice is wide enough to meet all the patient's needs. The initial roll out of the Model began in 2016, and will continue throughout 2017.

One of the hallmarks of implementing an effective Quality Improvement Plan is the ability to adapt. The 2016/17 Quality Plan highlighted our determination to improve the care for fragile elderly patients with hip fractures and multiple co-morbidities. Our initial plan was a 4-bed specialty area within a Medical unit where these primarily surgical patients could receive the expertise needed for their medical conditions. As plans were reviewed and explored, we realized a mixed Medical/Surgical unit would be better equipped to provide the complex care required. Using our Continuous Performance Improvement methodology a Value Stream Mapping exercise was completed to assist us in developing the care model that will best meet the needs of these complex patients. We have put a plan in place that brings the expertise of a hospitalist to each of the hip fracture patients in this unit. These plans will continue to unfold.
Population Health

The demand for inpatient Mental Health services at QCH has been steadily increasing. As a Schedule 1 mental health facility, demands for mental health services have increased both in the Emergency Department and in our Mental Health Unit, despite the capacity of the unit remaining unchanged. We are working to address these demands. In 2016, we implemented a new Crisis Intervention Service which provides consultation for the Emergency Department to help patients navigate outpatient services and community supports to ensure the most appropriate care. Further, we have a submission to the Ministry of Health for the renovation of our inpatient unit to support both the current and future needs of this patient population.

The Queensway Carleton Hospital is respected for its expertise in the care of the frail elderly population. As a major achievement, in November 2016, we opened a 34-bed Acute Care of the Elderly (ACE) unit, the second of its kind in Ontario. QCH is a participant of the Canadian Foundation for Healthcare Improvement national ACE Collaborative. As part of QCH’s ACE strategy, interdisciplinary teams will be evaluating a new screening tool for delirium, studying the impact of sleep hygiene in care of the frail elderly, and working with the Emergency Department to improve care of the elderly in ED and facilitate patient flow to the ACE Unit. The unit itself reflects senior-friendly functional design elements such as specialized infrastructure, surfaces, colours and lighting. Staff working in this unit have had additional targeted training in working with the elderly, and are experts in managing the needs of this population.

ACE Patient Gerald McCluskey enjoys bright daylight after returning from his lunch in the ACE Unit’s multi-purpose room. Photo Credit: Julie Oliver, Ottawa Citizen, January 2017
Equity

Mental Health patients are a vulnerable population who continue to be marginalized by some. QCH has both inpatient and outpatient Mental Health programs which are currently undergoing improvements to the care environment. As well, we have enhanced our mental health services in the Emergency Department with the addition of a specially trained Mental Health Crisis Intervention service, which ensures prompt community follow up for all Mental Health patients presenting in the ED. This additional service means patients previously admitted while community supports were established, no longer require admission.

The Queensway Carleton Hospital serves a diverse population from various cultures and nationalities, but none stand out as a specific priority group. We provide translation services in a multitude of languages, as needed.

Integration and Continuity of Care

Queensway Carleton Hospital has a close working relationship with two new "Health Link" organizations: the Arnprior Region and Ottawa West Health Link (AROW) and the South and West Ottawa North Grenville Health Link (SONG). Working with these organizations results in coordinated care for patients with complex needs, and for whom a team approach provides more comprehensive resources. In addition, our close relationship with the Champlain Community Care Access Centre allows patients to be discharged safely at the earliest opportunity with resources in their home to support patients where they are most comfortable.

Access to the Right Level of Care - Addressing ALC Issues

Patients are often deemed to require an alternate level of care following hospitalization because there is a high rate of functional decline associated with hospitalization. QCH is addressing this in two important ways. First, the new acute care of the elderly unit has been specifically developed and designed to meet the needs of the frail geriatric patient and to reduce the negative consequences of hospitalization. Second, we are working toward reducing the risk of readmission for those who have been successfully discharged. Again, the avoidance of unnecessary hospitalization limits the risk of functional decline, which limits the incidence of patients requiring an alternate level of care.

Through our cooperative and collaborative work with the CCAC and other partners, including Bruyère Continuing Care, we have been able to maintain our level of ALC patients near 18%. Although this number is higher than we would like, we are particularly pleased that it has not increased substantially given the increasing age of our patient population, and the lack of progress in available supports in the community.
Engagement of Clinicians, Leadership & Staff

At QCH, the development of the Quality Plan is integrated into our annual strategic planning exercises. Hospital leaders, from the manager level to the Chief Executive Officer, meet annually to set strategic directions. These strategies are cascaded throughout the organization to ensure all projects align with and move the organization toward the goals and objectives of each strategy.

The prioritized initiatives in the QIP are also the priority initiatives on our Balanced Scorecard and the top priorities in our integrated risk management plan. As such, staff, leaders and clinicians see the same messages in every strategic guidance document developed. Priorities are identified through a myriad of avenues, including staff-initiated incident reports and patient satisfaction surveys, as well as front line suggestions and concerns that are either dealt with at the unit level or brought forward to the most appropriate person in the hospital through our Continuous Performance Improvement program.

This year’s selected priorities include: Medication Safety, Clinical Practice Standards including the continued implementation of the Model of Clinical Nursing Practice, excellent care in geriatrics in the Emergency Department and with the Acute Care of the Elderly unit; staff engagement in a culture of continuous improvement; a balanced budget; clinical workflow and technology including the integration of equipment for real time monitoring of clinical care needs, Transitional Care Planning and, the introduction of "Care Standards" to enhance the involvement of support services in the patient experience.

These priorities guide decisions regarding staff education and the allocation of funds. Engaging staff in consultation at every level is integral to Queensway Carleton Hospital’s values.

Resident, Patient, Client Engagement

The journey and metamorphosis of the Patient Family Advisory Council at QCH has been rapid. Initially, hospital committees were asked to inform the Patient Family Advisory Council (PFAC) of pertinent issues. Within one year, hospital committees began seeking PFAC involvement and consultation as partners in care. A key example of this is the newly revised Visitors Policy. Initially PFAC provided feedback that suggested the need for identified family care partners to be permitted at the bedside outside of visiting hours. Further discussion and involvement of PFAC established the foundational principles of family involvement in care and the etiquette required by all. The policy was revised over time by both staff and PFAC with respect for the role each plays; the final result was a fully transformed Visitors Policy describing the role of Care Partners and the etiquette required by both visitors and staff.

QCH has embraced the patient/family voice into the business of the hospital as evidenced by the inclusion of Patient Family Advisory Council (PFAC) members on 21 committees to date, including all safety committees. The next step is to have PFAC involvement on all unit leadership teams.
Staff Safety & Workplace Violence

QCH identified violence against staff as a risk receiving board level attention. Work place inspections, staff incidents and Code Whites (situation in which a patient, visitor or staff member is behaving such that there is imminent risk of harm to self or others) are regularly reported. Trends are monitored and mitigation strategies implemented. We perform scheduled violence risk assessments throughout the organization.

QCH has developed and is implementing an additional Hazard Reporting Program. The prompt reporting and control of hazards supports a safe and healthy work environment and contributes to a culture of safety.

Training programs for Non-Violent Crisis Intervention and Handling Aggressive Behaviour are ongoing. In addition, QCH provides Gentle Persuasive Approach training for those employees working with patients with behavioural symptoms related to dementia. QCH has implemented a policy for flagging patients with a history of violence to communicate the behaviours, triggers and safety measures to staff, volunteers, other patients and visitors, in order to reduce the risk of harm while providing best care to the patient.

Performance Based Compensation

In September 2016, the Government of Ontario introduced a new framework for determining executive compensation in the broader public sector based upon the requirements of Regulation 304/16 of the Broader Public Sector Executive Compensation Act, 2014. This new framework requires that all designated employers, including Queensway Carleton Hospital, have a published Executive Compensation Program in place by September 2017.

Queensway Carleton Hospital’s Board of Directors is currently developing a proposed program for public consultation in accordance with the Act and the new framework.

The Board of Directors provides oversight to the performance based compensation process and regularly reviews progress being made toward identified hospital performance targets. As well, the Board provides mid-year and annual executive performance evaluations based on the Quality Improvement Plans.

Contact Information

Questions related to our Quality Improvement Program may be sent to questions@qch.on.ca.
Other

In our patients' own words:

"I would like to thank the nurses at QCH for their attention while I was there. I had a hip replacement. While I found all the hospital staff to be competent, caring and pleasant, the nurses were indeed outstanding.

"A stay in the hospital is never fun, but your nurses made it a lot less unpleasant than it might have been for me. Their professionalism was most impressive, and with that and their obvious empathy, concern and caring, I could not help believing that I was indeed "in good hands".

"I cannot say enough about the excellent care at Queensway Carleton Hospital. By the knowledgeable action of all who cared for me, my life was saved."

"All staff were kind, caring and helpful from the cleaning staff to the doctors. The food was so delicious and presented in the most appetizing way."

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 Mr. Bob Davis

Quality Committee Chair Mr. Bob Davis

Chief Executive Officer Mr. Tom Schonberg

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