

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 2, 2024



OVERVIEW

Hanover and District Hospital (HDH) is a rural hospital that provides exceptional care in all that we do. HDH works closely with our health system partners to provide a full range of acute care services, and selected secondary care services to meet the needs of the region that we serve. The hospital's vision is to "partner for excellence in rural health care" while living our values of integrity, compassion and collaboration.

These past few years have been particularly challenging for HDH. The hospital has been under tremendous pressure in relation to the Emergency Department closures in the south Grey Bruce region. However, HDH is proud that our hospital has remained steadfast in our commitment to ensure that patients in our region have access to Emergency Department Care when they need it the most. Further, the patient experience at HDH is paramount in all that we do; as such, we are proud that our patient satisfaction scores have been reflective of the exceptional care that HDH provides.

Looking ahead, this year's quality improvement plan (QIP) seeks to 1) Enhance the overall patient experience across all departments – Especially, the Emergency Department, and 2) Optimize patient flow initiatives such as facilitating timely access to inpatient beds and ensuring our patients are prepared for their discharge home. Lastly, this year's QIP will place a special focus on Diversity, Equity, Inclusion and Anti-Racism for both of staff and patients.

ACCESS AND FLOW

At our institution, the pursuit of improved patient care is a perpetual journey. Grounded in a process-driven approach, we meticulously evaluate and refine our practices, leveraging direct feedback from patients alongside performance metrics to steer our course. This relentless commitment to refining our processes ensures that every aspect of care delivery is scrutinized and optimized to meet the evolving needs of our patients.

Our QIP serves as our guiding beacon in our relentless pursuit of enhancing the patient experience. Through a series of carefully curated initiatives, we are dedicated to ensuring that patients receive timely access to care precisely where and when they need it most. By aligning our efforts with the principles of the QIP, we are committed to streamlining processes and optimizing resources to facilitate efficient and effective care delivery. Our focus will be ensuring timely access to inpatient beds from the Emergency Department and ensuring that medication reconciliation and instructions are understood and communicated to the patients at discharge to prevent future readmission.

EQUITY AND INDIGENOUS HEALTH

At HDH, our commitment extends beyond providing exceptional healthcare to fostering a workplace and patient care culture rooted in diversity, equity, inclusion, and anti-racism. We recognize that embracing diversity enriches our organization, making us more resilient, innovative, and empathetic in our approach to patient care and staff support. We are dedicated to cultivating an environment where every individual, regardless of background or identity, feels valued, respected, and empowered to thrive.

The Health Equity Committee at HDH has undertaken a significant initiative in developing a comprehensive five-year work plan to guide our efforts in promoting diversity, inclusion, equity and anti-racism. This plan serves as a roadmap, outlining key strategies and actions to address disparities and advance equitable healthcare practices within our organization. In creating this plan, HDH has actively sought input and collaboration from leaders representing Indigenous communities and other diverse groups. By engaging in meaningful consultation, we ensure that the perspectives and needs of these communities are central to our approach. The past two years, HDH has actively engaged in Indigenous education and training, and will continue to do so this year in our quest to provide inclusive care. This year, our plan is to provide education on LGBTQ2S+ to ensure that our staff are equipped with the knowledge and skills to provide respectful and inclusive care.

HDH is steadfast in upholding the principles of diversity, equity, and inclusion, striving to create a healthcare environment where everyone has equitable access to quality care and opportunities for optimal health and well-being.

PATIENT/CLIENT/RESIDENT EXPERIENCE

At HDH, we prioritize the patient experience above all else. To ensure that we continuously meet and exceed patient expectations, we employ a multifaceted approach to gather valuable feedback. Our Patient and Family Advisory Committee (PFAC) serves as a vital resource, providing insights and perspectives that help shape our practices and policies. Additionally, we regularly conduct surveys to capture feedback directly from patients and their families, allowing us to identify areas for improvement and celebrate successes. Furthermore, our commitment to excellence extends beyond the initial encounter, as we conduct follow-up phone calls to gather post discharge feedback and address any lingering concerns. By actively listening to the voices of those we serve, we can adapt and evolve to deliver the compassionate, patient-centered care that defines our commitment to excellence at HDH.

In the past year, our Patient and Family Advisors were instrumental in providing valuable information that improved the patient's experience with the following projects: parking, registration kiosks locations, creating a patient information pamphlet for HDH's flex clinic, and creating patient friendly signage. The PFAC is also actively involved with helping HDH determine strategic and QIP goals.

PROVIDER EXPERIENCE

At HDH, our strategic focus on our people and teams underscores our commitment to fostering a workplace culture that thrives on positivity and support. With a staff workplace satisfaction rate of 92%, we take great pride in the dedication and passion of our team members. Central to our efforts is our Wellness and Mental Health Committee, which spearheads initiatives aimed at nurturing a healthy and balanced work environment. Through a variety of activities and programs, we prioritize the well-being of our staff, promoting both physical and mental wellness. Additionally, we have created a Recognition Program to recognize and appreciate the exceptional care provided by our staff. We utilize various channels, including thank you notes, shout-outs, appreciative social media posts, team meetings and huddles. These gestures not only express our gratitude but also reinforce the sense of camaraderie and teamwork that defines our workplace culture. At HDH, we are committed to partnering our staff to create an environment where they feel empowered, valued, supported, and inspired to deliver exceptional care each day.

HDH places a strong emphasis on staff education and development. We recognize that providing our team members with the knowledge and tools they need is essential for delivering exceptional care to our patients. Through comprehensive training programs, workshops, and continuing education opportunities, we empower our staff to continually enhance their skills and stay abreast of the latest advancements in healthcare. By investing in staff education, we not only ensure the delivery of high-quality care but also foster a culture of continuous learning and professional growth, leaving our staff feeling valued.

SAFETY

At HDH, ensuring safety is vital to our mission of providing exceptional care. We have implemented a range of initiatives dedicated to safeguarding both our staff and patients. Our incident management system serves as a crucial tool for promptly reporting and addressing any incidents that may occur, allowing for thorough follow-up and resolution. Additionally, our Patient and Medication Safety Committee meticulously reviews all medication-related, falls, and miscellaneous incidents to identify opportunities for improvement and prevent future occurrences. We maintain robust policies for patient safety, subject to annual review to ensure they remain current and effective. HDH has an active Joint Health and Safety Committee that is focused on ensuring that the workplace is a safe environment. Regular inspections, from a safety lens, are conducted to ensure staff and patient safety.

POPULATION HEALTH APPROACH

HDH is dedicated to ensuring that patients receive high quality care close to home through strategic partnerships with a variety of organizations. One such collaboration is with Bright Shores Health System, where we've established an outpatient Rapid Access Addiction Medicine (RAAM) Clinic within our hospital premises, providing timely and specialized care for individuals facing addiction challenges. Additionally, our close partnership with the Hanover Family Health Team enables us to deliver comprehensive support to obstetrical and postpartum patients, ensuring continuity of care and optimal outcomes for mothers and newborns, as well as support to our Acute Care Unit.

Furthermore, our alliance with Home and Community Care Support Services (HCCSS) allows us to extend our reach through Flex Clinic care, delivering essential medical services to patients within our region who may face barriers to accessing traditional healthcare settings. These partnerships exemplify our commitment to innovation and community engagement, ensuring that individuals in our area have access to a broad spectrum of healthcare services tailored to their specific needs.

At HDH, our longstanding dedication to collaboration and partnership underscores our mission to provide compassionate and comprehensive care that enriches the lives of our patients and strengthens the health of our community.

EXECUTIVE COMPENSATION

The Board agrees the following executives will be linked to the Organization's achievement of the targets set out in the annual QIPs: 1) President & CEO (Administrator), 2) Chief of Staff, 3) Senior Management reporting directly to the President & CEO

Each year, QIP targets are reviewed with the Board Governors indicating the degree to which the targets have been met. As indicated in the Hospital Board Policy and QIP, 5% of the President/CEO annual base salary (step increase) is considered to be "at risk" and is linked to achieving 100% of the targets set out in the QIP.

Achievement of all targets would result in 100% payout; partial achievement of targets will result in partial payout, as determined by the Board of Governors.

Summary: Performance based compensation accounts for 5% of each executive's annual compensation.

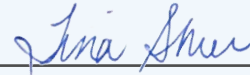
CONTACT INFORMATION/DESIGNATED LEAD

Executive Assistant to the CEO
(519) 364-2340, ext. 209

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

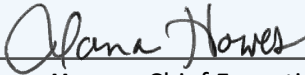
I have reviewed and approved our organization's Quality Improvement Plan on **April 1, 2024**



Tina Shier, Board Chair



Pamela Matheson, Board Quality Committee Chair



Dana Howes, Chief Executive Officer

Other leadership as appropriate

Access and Flow

Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department wait time to inpatient bed	O	Hours / ED patients	CIHI NACRS / ERNI hospitals: December 1st 2022 to November 30th 2023. Non-ERNI hospitals: April 1st 2023 to September 30th 2023 (Q1 and Q2)	6.23	6.00	To facilitate efficient patient flow management, ensuring timely access to inpatient beds for high-acuity cases and enhancing overall hospital throughput.	

Change Ideas

Change Idea #1 Review and improve current policy.

Methods	Process measures	Target for process measure	Comments
1) Educate staff on new policy and expectations for admitting patients to the Acute Care Unit from the Emergency Department, 2) Ensure that the repatriation policy is being upheld by our local hospital partners (SBGHC) to ensure that there are available Acute Care for admission.	# of patients who meet the 90th percentile for wait times (this will exclude admitted patients from SBGHC who are expected repatriate to their home hospital)	We are targeting to improve our current performance; ideally less than 6 hours	

Change Idea #2 Utilize NP to create a fast track to allow low CTAS patients to move through the department quicker allowing patients requiring admission access to MD/care quicker.

Methods	Process measures	Target for process measure	Comments
Work with our frontline staff and NP to create a fast-track.	# of patients who accessed the fast-track during Monday to Friday (9am to 5pm)	Correlate fast track data with data from the # of patients who meet the 90th percentile for wait times.	

Equity

Measure - Dimension: Equitable

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	80.00	To align with provincial initiatives and empower staff to cultivate a more inclusive healthcare environment.	Rainbow Health Ontario, Consultants

Change Ideas

Change Idea #1 Provide all staff with the opportunity to complete the Rainbow Health Ontario 2SLGBTQ Foundations Course.

Methods	Process measures	Target for process measure	Comments
Health Equity Committee will consult experts at Rainbow Health to provide Foundations Course.	Completion of Foundation course with 80% of staff completing.	80% of staff will complete relevant health equity, diversity, inclusion and anti-racism education.	

Change Idea #2 Continue to provide educational opportunities for Indigenous education via Workshops and Lunch and Learn.

Methods	Process measures	Target for process measure	Comments
Healthy Equity Committee will continue to work with South West Ontario Aboriginal Health Access Centre to provide local education.	# of Workshop or Lunch and Learns offered.	1-2 Sessions this fiscal year.	

Experience

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	O	% / Survey respondents	Local data collection / Most recent consecutive 12-month period	94.46	95.00	95-100% of respondents who responded "Yes" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	Hanover Family Health Team, Grey Bruce Diabetes, Home Care Community Support Services

Change Ideas

Change Idea #1 Take an inventory of patient information material and modify patient information with the guidance of the Patient and Family Advisors.

Methods	Process measures	Target for process measure	Comments
Hand out prepared packages to patients on commonly admitted conditions.	1) Audit the education section of the CareNet on patient e-chart with a goal of 100% of charts, 2) Monitor the number of reorders for education packages for HDH, 3) Continue to monitor patient responses/satisfaction surveys indicating that they have received sufficient information prior to discharge	We are targeting to increase the information provided to patient on what to do if they are worried about their condition or treatment after they leave the hospital to 95-100%	Total Surveys Initiated: 433 Survey responses available are: • Yes • Somewhat • No

Change Idea #2 Clinical Brain Train Board on Lexicom and include on huddle boards.

Methods	Process measures	Target for process measure	Comments
1) Orientate nurses to Lexicom annually to continue information being provided regarding medication and medical conditions to patients, 2) Discuss patient education at rounds, 3) Continue to provide every patient, upon admission, with the Welcome Information leaflet on Acute Care.	1) Audit the education section of the CareNet on patient e-chart with a goal of 100% of charts, 2) Continue to monitor patient responses/satisfaction surveys indicating that they have received sufficient information prior to discharge	We are targeting to increase the information provided to patient on what to do if they are worried about their condition or treatment after they leave the hospital to 95-100%	

Change Idea #3 Charting that Clinical Education was given to patient.

Methods	Process measures	Target for process measure	Comments
Review documentation of education charting in CareNet system.	1) Audit the education section of the CareNet on patient e-chart with a goal of 100%, 2) Continue to monitor patient responses/satisfaction surveys indicating that they have received sufficient information prior to discharge	We are targeting to increase the information provided to patient on what to do if they are worried about their condition or treatment after they leave the hospital to 95-100%	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	O	% / Discharged patients	Local data collection / Most recent consecutive 12-month period	96.36	95.00	To promote medication and patient safety by ensuring the medication reconciliation is a standardized process for all discharged patients.	Brightshores Health System (Pharmacy Department), Community Pharmacies consulted (as needed)

Change Ideas

Change Idea #1 To continue to maintain a high medication reconciliation rate at discharge.

Methods	Process measures	Target for process measure	Comments
1) Education on importance and proper completion of medication reconciliation, 2) Education for nurses and Physicians, 3) Continue to audit charts to determine compliance	1) Education sessions to all staff, 2) Audit medication reconciliation quarterly	Maintain target of 95-100%	

Measure - Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents reported by hospital workers (as defined by OHSa) within a 12 month period.	C	Number / Staff	Local data collection / 2024-25	16.00	16.00	Monitor and encourage reporting of the number of workplace violence incidents.	Brightshores Health System, Keystone, CMHA, Police/Hospital/Stakeholder Partnership Committee

Change Ideas

Change Idea #1 Identify causes, challenges, gaps and develop education/safety networks for staff.

Methods	Process measures	Target for process measure	Comments
Use the RL6 in-house hospital incident and patient safety reporting systems for determining the number of workplace violence incidents. Violence Hotline initiated to help increase reporting of incidents.	Collect data on the number of violent incidents reported by workers, including physicians and those who are contracted by other employers (e.g. food services, security, etc.) as defined by the Occupational Health and Safety Act.	We are targeting the tracking/collection of numbers to monitor the number of workplace violence incidents.	

Change Idea #2 Continue to build on a culture of violence awareness and responsiveness and will continue to encourage reporting of violent incidents.

Methods	Process measures	Target for process measure	Comments
1) Police-Hospital Committee meetings twice annually and as needed, 2) Provide education to staff defining the terminology with respect to violence and harassment, 3) Mandatory CPI training for all staff, 4) Staff to complete annual patient safety survey regarding violence in the workplace, 5) Wellness and Mental Health Champions available to staff as a resource and encourage reporting when applicable, 6) Overnight security in the ED hired, 7) Debriefs/reviews on all violent incidents, 8) Annual Non-Violent Crisis Intervention Training	1) Monitor the number of staff with CPI training against those who still need training, 2) Review survey results	We will target the percentage of trained staff and ongoing education of mandatory departments i.e. ER, Switchboard/Registration, Environmental Services, Maintenance, Acute care and others as interested.	

Measure - Dimension: Effective

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Medication reconciliation upon internal transfer to Surgical Services	C	% / Other	Local data collection / 2024-25	84.00	95.00	To promote patient safety, enhance patient outcomes and satisfaction.	Brightshores Health System (Pharmacy Department), Community Pharmacies as needed

Change Ideas

Change Idea #1 To ensure that medication reconciliation is occurring at the transfer of care of surgical patients.

Methods	Process measures	Target for process measure	Comments
1) Education on importance and proper completion of medication reconciliation, 2) Education given to nurses and physicians, 3) Audit charts to ensure that medication reconciliation is happening at transfer of care to surgical services	1) Education sessions to all staff, 2) Audit medication reconciliation of all surgical patients to ensure that medication reconciliation is completed	We are targeting for 95-100%	