

Let's Make Healthy
Change Happen.



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



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Overview

The Dryden Regional Health Centre has governance over the hospital, Dryden and Area Family Health Team, Mental Health and Addictions Services and the Regional Crisis Response Program including the Stabilization Unit. The teams are comprised of professionals that are dedicated to a quality of care that encourages innovation with a focus on the health and wellness of our community.

The Dryden Regional Health Centre for our "Quest for the Best" and is supported by the organizational mission, vision, and values. The "Quest for the Best" focuses on implementing evidenced-based tactics and strategies to Hardwire Excellence within the organization. This is a journey that supports the organization's commitment to excellence with a renewed focus on vision, mission, and values. Critical success factors include:

- Aligning goals, behaviours and processes with mission, vision, values, and strategy;
- Applying tactics that are evidence based;
- Defining targets and objective measurable goals;
- Ensuring effective accountability and performance management;
- Measuring progress and aligning resources and focus as necessary;
- Improving and accelerating performance by "creating a culture where employees, physicians and volunteers are connected to purpose, model behaviours consistent with the organization's values and are well-supported in delivering high quality care and patient experience".

Mission:

The Dryden Regional Health Centre, as a partner in the health system, is committed to delivering comprehensive patient and family centered healthcare through the provision of quality of service.

Vision:

Improving quality of life through excellence in rural health care delivery.

Values:

Respect, Integrity, Humility, Compassion, Accountability. As an organization we strive to embed our core values throughout all the services that we provide to our patients, visitors, staff, and volunteers.

Currently the DRHC is updating their strategic plan for the next four years, anticipating that it will be shared June 2018. It is expected that the organization will have a new Purpose statement, replacing the current mission and vision.

The Dryden Regional Health Centre utilizes several methods to gather information and feedback. Our measures are founded on the DRHC strategic plan, Ministry of Health data, Local Health Integrated Network data, patient/family feedback and staff/physician engagement scores. The information is gathered at certain points throughout the fiscal period and is central to our decision-making process. The QIP supports measures and change ideas that have been identified as important to our patients, families, community, and employees/physicians. The input of various stakeholders has shaped our Quality Improvement Plan and created a foundation for improving the patient experience.

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

Effective transition; The nurse leadership team reviewed our existing process for patient rounding to create a more focused rounding on patients upon admission and discharge. Specific questions are to be discussed to ensure patients on admission are aware of their Plan of care and ensure they have received all the information about their admission and upon discharge to ensure that they have everything they need to ensure success. These interactions have been tracked and the deficiencies noted at these interactions can be rectified.

Efficient; The nurse leadership team review our existing process for patient rounding to create a more focused rounding on patients upon admission and discharge. Specific questions are to be discussed to ensure patients on admission are aware of their plan of care and ensure they have received all the information about their admission and upon discharge to ensure that they have everything they need to ensure success. These interactions have been tracked and the deficiencies noted at these interactions can be rectified. On admission barriers to discharge are discuss and this allows the team to address any issues immediately.

Access of services: The following initiative started in 2017, an invaluable partnership with Paawidigong First Nations Forum. They are providing counselling to our crisis response clients in our unit. Each client is receiving a counselling appointment one-to-one per week. This is making a difference in the lives of clients at crisis response services.

Resident, Patient, Client Engagement, and Relations

The Patient & Family Advisory Committee includes individuals from Dryden and our surrounding area who have had a recent experience as a patient or family member of a patient and who share a willingness to partner with staff and physicians to provide direct input into policies, programs and practices which affect patient care and services. The QIP was developed with a Patient Advisor who collaborated as an active committee member providing feedback to improve both the process and outcome measures that are important to the people for whom we care.

Through collaboration on our Patient & Family Advisory Committee (PFAC) and organizational committees, our members use their perspective and experience to shape policy and program to improve the patient experience at DRHC.

Central to the Dryden Regional Health Centre (DRHC), is to provide a consistently excellent patient experience for all. Hearing the voices of patients, families and caregivers is essential to transforming and improving the patient and family experience. Integrating the patient's point of view, perspective and experience into service and quality improvements across the organization will help to ensure the delivery of high quality care. We engage with our patients and families utilizing several methodologies including participation on organizational working groups/committees, patient surveys, post discharge phone calls, patient rounding, focus groups and advisory committees.

Collaboration and Integration

The Dryden Regional Health Centre (DRHC) is both a hospital and community-based organization that fosters innovation and collaboration. As a small, rural health centre, the DRHC has been innovative in its approach to serving the community of Dryden and area and has taken on the leadership role in advancing the local Dryden and Area Health Hub transforming into an early MOHLTC/NWLHIN adopter as an Integrated Health Care Organization. As an early adopter, we will develop a system that will deliver health care around the patient's journey and focus on health outcomes that are important to people. The Dryden Integrated Health Care Organization will be comprised of health service providers in and around the community that actively take on the role of planning and providing health care services based on the unique needs of the community.

The long-term goal is to ensure that patients receive the right care, at the right place and from the right provider. The Dryden Regional Health Centre will continue to have a leadership role, working together to identify patient centre solutions that will improve transitions in care and provide individualized care plans focusing initially on the high users of the system.

Currently, the DRHC has identified several efficiencies or improved access/benefits of integration, including:

- Organizations ability to improve recruitment and retention of staff
- Capacity to support front line human resources with HR best practices
- Shared accountability management team for all services governed by the DRHC
- Reduce duplication of resources by taking advantage of back office overhead costs
- Reduce gaps in service by providing a service delivery model that has a larger pool of professional staff to draw from.
- Various departments share services reducing duplication i.e. mental health intake model
- Shared staff education and clinical supervision

The DRHC has identified several advantages to a system that provides coordinated integrated care:

- Integrated governance structure with a skills-based board- current examples: community mental health (includes crisis response and stabilization unit), family health team (primary care) and acute care
- Community driven with a focus on coordinating care around the patient and family
- Flexibility to direct resources across sectors i.e. community and hospital

- The integration of services increases the circle of care and permits the right health care provider to connect with the patient in a seamless manner

Current examples of integrated care: Primary care, community mental health/ addictions, crisis response and acute care integration improves:

- Care coordination between hospital and community
- Referrals between services
- Less duplication of services
- Increased communication between services
- Decision-making when identifying services for the catchment. Effectively responds to community needs
- Access to care through an increased coordinated care plan
- Back office efficiencies
- Supports quality improvement planning between primary care, acute care, and community mental health services
- Shared education opportunities
- Ability to increase cohesion between services improving communication across the health sector
- Increased sharing of staff reducing gaps in service

Engagement of Clinicians, Leadership & Staff

The following outlines the committees and roles that are responsible for the development, implementation and evaluation of the QI plan throughout the fiscal period.

Dryden Regional Health Centre- Quality Improvement and Performance Management Framework

DRHC Accountability and Performance Management Team

The team is responsible for managing the Leadership Evaluation Management Process (LEM) and developing/ implementing the QI plan with feedback and consultation with appropriate stakeholders. Monitors progress on a monthly basis to mitigate risks, challenges and develop actions plans with strategies focused on ensuring the success of the projects. The team reports to the DRHC Quality Committee of the Board, medical staff leadership as appropriate and posts departmental reports on the huddle boards throughout the organization.

DRHC Medical Advisory Committee

The Medical Advisory Committee is responsible for identifying and making recommendations to the Board of Directors/ CEO with respect to systemic or recurring quality of care issues. Reports to the DRHC Quality Committee of the Board (linking to the Board of Directors)

DRHC Quality Committee of the Board

Responsible to ensure that the DRHC is in accordance with the ECFAA by monitoring and reporting to the Board of Directors on quality issues, risk management related to quality and safety and overall quality of services. The committee utilizes reports provided by the DRHC Accountability and Performance Management Team and Medical Advisory Committee to make recommendations to the Board of Directors regarding quality improvement initiatives and policies. The committee is responsible for overseeing the preparation of the annual quality improvement plans.

DRHC Board of Directors

Receives reports from the Quality Committee of the Board including: Quality indicators report (safety, clinical quality, patient safety, and access); patient satisfaction/ experience; employee / physician engagement survey results; progress on major quality improvement initiatives; accreditation status- including patient safety culture report). The Board is responsible for approving the quality improvement plan upon recommendation of the Quality Committee of the Board of Directors.

Population Health and Equity Considerations

The Dryden Regional Health Centre recognizes that based on Stats Canada and Northwestern Health Unit 2011 data, we have an aging population and generally less healthy residents with lower health outcomes than the rest of Ontario. Our

Indigenous population is increasing and typically is not attached to primary care within the community. In addition, our community members travel significant distances to access specialized care that could potentially be offered in Dryden utilizing systems such as OTN.

We have responded to the growing community needs by providing services that are accessible within the area. Highlights include:

- outreach clinics to the seniors and Indigenous residents in our catchment area;
- ambulatory fracture clinic
- OTN/telehealth services reducing the need for residents to travel for services out of the local area
- mental health and crisis staff provide services off site and within the emergency or inpatient unit as needed
- partnership (s): ALC client and caregiver support through the Patricia Region Senior Services Life Enrichment Program and Kenora/ Rainy River Alzheimer's Music Therapy and Care Giver Support Group
- local oncology services
- OT/PT community care outreach program

The DRHC is dedicated to ensuring that our services are culturally appropriate, and we continually seek out opportunities to work with our partners. We currently offer off site primary care services offered within the community to reduce the need for travel and ensure accessibility for seniors and Indigenous residents. The clinics are offered every 4-6 weeks at three different locations providing access to primary care, chronic disease management and health promotion/prevention screening. This has been a successful model of care for the past 8-9 years and has provided the team with the opportunity to develop relationships and build trust within the community with residents that typically are not well connected to primary care or have difficulty travelling due to illness or age.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

Our mental health and addiction agency provides assessment, consultation and referral to primary care and other treatment professionals to assist clients who struggle with opiate abuse problems. We support and refer clients to methadone/suboxone harm reduction techniques. Our counsellors at mental health and addiction services provide counselling techniques that promote mindful practices and other evidence-based methods to assist clients in their coping and managing with pain. Some of the most vulnerable people in our community are supported through our programming. We also have access to a withdrawal bed and a residential addiction treatment program. We have started providing admission to clients into the crisis unit to receive treatment while currently prescribed methadone or suboxone. This increases support and treatment options for many of those in our society who are vulnerable and at risk.

Workplace Violence Prevention

The DRHC is committed to ensuring that the facility provides a safe working environment for all, free from violence, bullying and harassment. The organization is working with the Joint Occupational Health and Safety Committee to implement the program and monitor work place violence. Statistics have been reviewed from three years back to determine a base line for workplace violence and trend going forward. In addition, front line staff have access to mandatory Non-Violent Crisis Intervention training ensuring that there is education that prepares employees in the event of an incident.

The Joint Occupational Health and Safety Committee has been engaged to provide the Work place violence program leadership. The team has completed a risk assessment for each service area and engaged JOHSC and staff, ensuring that the plan reflects the work environment. In Q4, the organization implemented the Vocera system, providing the organization with a comprehensive communication tool for front line providers and management. Processes will be identified to utilize the tool as a panic button system, providing staff with an additional safety measure in the event of an incident. The DRHC had the MOL Health and Safety Workplace Violence inspection and received no orders for action.

Performance Based Compensation

As a mandatory component of the Excellent Care for All Act, 2010 (ECFAA), compensation of the CEO and other executive leads are linked to the achievement of performance improvement targets laid out in the QIP.

The senior management team members that will participate in the executive compensation program include:

Position	Performance Based Compensation
Chief Executive Officer	5%
Chief of Staff	1%
Senior Vice President of Patient Care Services, CNO	1%
Senior Vice President, Chief Operating Officer	1%
Senior Vice President, Human Resources	1%

Contact Information

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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	Karen Seeley
Quality Committee Chair	Judi Green
Chief Executive Officer	Wade Petranik