

Let's Make Healthy
Change Happen.



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



3/27/2019

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.

ontario.ca/excellentcare

Overview

Headwaters Health Care Centre is a medium-sized community hospital in the heart of the Greater Dufferin area and a major employer in the region. Headwaters is proud to have a team of over 700 staff, 160 physicians, and more than 300 volunteers. Headwaters is accredited with Exemplary Standing by Accreditation Canada. Located in Orangeville, Headwaters provides a full range of general hospital services including: 24/7 emergency; diagnostics; obstetrics; palliative care; medicine, surgery and ambulatory care including chemotherapy and dialysis

Last year, we had over 42,000 visits to our Emergency Department, 4,584 day surgeries, 949 inpatient surgeries, 4,000 inpatient admissions, 2,382 minor procedures, 824 births, over 29,000 diagnostic tests, and 28,263 outpatient visits. Headwaters works in partnership with health service providers to deliver specialty services such as cardiac, mental health and cancer care.

In 2018, we completed an 8,000 square-foot expansion and renovation of our Ambulatory Care Centre and expanded our surgical services program. Renovations to our emergency department and main hospital lobby are expected to be completed in 2019 and aim to improve the overall patient, visitor and staff experience.

We launched our Imagine Headwaters campaign in 2018 and invited our community to join us as we planned for our future together. Over many months we talked with over 2,500 local citizens, patients and families, partner organizations, staff, physicians, hospital volunteers and so many others. We were humbled by the level of pride in our hospital and excited by the potential that people see in us. We are excited to be launching our new strategic plan in June 2019.

We recognize that our community is rapidly changing with a population increase above the provincial average. Our rising population and changing demographics mean we must plan for appropriate levels of services to meet local needs now and in the future.

Through developing the strategic plan with our community, we learned the most important themes are (see image below).



This Quality Improvement Plan (QIP) is focused on our most important quality improvement goals and is based on our program and patient safety priorities. Our plan also considers the health care priorities of the Ministry of Health and Long-Term Care, and the Central West Local Health Integration Network, inclusive of the local Sub-LHIN Regional Collaboratives. This year we have included several custom indicators which demonstrates alignment to organizational and community priorities. We regularly review data to monitor our progress and help us continue to deliver safe, effective care that meets our patients' needs and expectations.

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

Over the last year, Headwaters has engaged in several quality improvement initiatives to make receiving care in our community safer, more equitable, accessible, timely, efficient and patient centred. We are very proud of our teams' dedication to improving quality. Key quality achievement over the past year include:

Emergency Department:

- We collaborated to improve metrics for access and flow within our Emergency Department. This focused effort included an introduction of a Fast Track area, which resulted in reduced volumes of patients who left the department without being seen and improved our initial physician assessment (PIA) time.
- We revised and refreshed bed access and patient flow processes with bed utilization tools, bed meeting times and attendees. This focus resulted in improved patient flow through the phases of care and renewed focus on getting patients out of the Emergency Department as efficiently as possible.
- Introduction of a new physician schedule which balanced workflow at peak times.
- Education and training delivered to clinical teams including 6 CTAS (Canadian Triage Acuity Scale) and Medical Directives courses for nursing teams that are designed to enhance the consistency of the triage experience for patients.

Outpatient Care:

- Our recent redevelopment efforts concluded with the opening of a new operating room and redesigned post anaesthesia recovery unit (PACU) and Day Surgery area. Successful in incrementally growing in alignment with Post Construction (PCOP) commitment.
- Continued partnerships with our local community, through Health Links, to better support patients with complex care needs. With active leader participation in our two local sub-regional collaborative committees (Palliative and Mental Health)
- As an Ontario Breast Screening Program site, we participated in the Breast Cancer Screening Mammoth in October where 88% of the women screened that day, had never been screened before or had not been screened regularly.

- We completed construction and opened our satellite chemotherapy preparation suite that meets all current NAPRA (National Association of Pharmacy Regulation Authorities) Standards for compounding of hazardous sterile preparations, making better use of health care resources.
- To remain as efficient as possible, our laboratory department collaborated with a variety of key stakeholders to engage in meaningful conversations about appropriate and necessary testing and treatments. We leveraged Choosing Wisely Canada tools and techniques to reduce overuse and waste in hospital care.

Inpatient Care:

- We introduced bedside shift report for safe and person-centred care as we implemented this practice on two medical units, standardized information was exchanged with patients as valued, active participants in their plan of care. Evaluation of the program has indicated excellent patient engagement and comfort.
- We refreshed hourly rounding for standardized, safe, efficient and patient-centred care on all inpatient units to proactively manage patient needs.
- We introduced the Blaylock Risk Assessment Screen Score (BRASS) encouraging teams to identify patients who have comprehensive discharge planning needs and proactively plan for successful transitions in care.
- From September 2018, we have welcomed 11 new physicians to Headwaters across many departments with the introduction of the Hospitalist Program.
- Introduction of Patient Orientated Discharge Summary (PODS), a patient-centred tool empowering patients with Chronic Obstructive Pulmonary Disorder with information to effectively manage their health after discharge from our hospital.
- Roll out of medication reconciliation upon discharge for all admitted patients was completed. This formal process partners health providers and patients to ensure accurate and complete medication orders at transitions in care.

Patient/client/resident partnering and relations

Last year we committed to genuinely enhance the way we partner with our patients and families in their individual care and in how we develop and drive improvement to our programs and services. Over the past year we are proud to share that we:

- Partnered with patients and families to refresh and develop the Patient Family Advisory Partnership. We developed a vision and multi-year plan to strengthen our approach to collaborating and co-designing programs, policies, models of care and plans to help improve health outcomes and experiences of our patients and families.

- Actively recruited 10 new Patient Family Advisors and designed a robust recruitment and support system. Reviewed and improved our patient and family feedback processes, including implemented processes to monitor our time to acknowledge feedback from patients and families and report outcomes.
- Thoughtfully engaged patients, families, caregivers, partners and community members in our strategic planning processes, through our Imagine Headwaters Campaign. Our new strategic plan has been shaped by the many voices, perspectives and opinions of our community by gathering what matters to them about their community hospital, its programs and services and their care experience.

Patients, families, residents, were actively engaged as partners in developing and informing quality improvement commitments made in our QIP by:

- Involving Patient Family Advisors in the direction and implementation of organizational projects, gathering their views and feedback and incorporating their lived experiences in improvement initiatives
- Developing a creative display that will rotate through various areas of the hospital encouraging participation with patients, visitors, public to give their feedback on our QIP indicators
- Leveraging feedback from our community engagement for informing strategic planning and aligning priorities identified. Engaged over 2,500 community members in our Imagine Headwaters Campaign.
- Leveraging trends from patient satisfaction survey results.
- Incorporating thematic information from patient and family feedback in the form of compliments, inquiries and complaints.
- Integrating themes and insights provided by reviews and reflections from patient safety events.
- Engaging our patients and their families at the bedside and in waiting rooms with surveys and questions to guide our QIP development.

Workplace Violence Prevention

Ontario is experiencing an increase in the frequency and severity of workplace violence incidents in the health care sector, particularly in the field of nursing. Headwaters is committed to providing a safe, inclusive workplace free of violence and harassment.

We have recently reviewed our current practices and have developed a work plan to address opportunities for improvement using evidence-based resources from the Public Services Health and Safety Association.

We continue to commit to the following strategies to prevent workplace violence:

- Workplace Violence Prevention Policies and Procedures paired with associated education
- Code White Policies and Procedures paired with associated education
- Refreshed tools and resources

- Sustainable offerings of Gentle Persuasive Approach for Dementia and Management of Aggressive Behaviour (MOAB) courses for our team members and prioritizing team members in working in areas and departments considered to be at higher risk for workplace violence. During 18/19 35 staff members attended MOAB training.
- Identifying and communicating risk of violent behaviours with patients during their hospitalization

Executive Compensation

Executive Officer (CEO) and the executives reporting to the CEO to the achievement of performance targets in our QIPs.

The purpose of performance-based compensation is to:

- drive performance and quality of care
- establish clear performance expectations and expected outcomes
- ensure consistency in the application of the performance incentive, accountability and transparency
- enable teamwork and a shared purpose.

Performance-based executive compensation is linked to achieving the specific QIP targets, as well as achieving other organizational improvement targets. The amount of compensation that is performance-based for each executive team member is determined as a percentage of that member's base salary.

Headwaters' Executive Team Composition and Portion of Compensation Linked to Performance *

The performance-based percentages for the 2019/20 fiscal year are: President & Chief Executive Officer 3.6% Chief of Staff & VP Medical Affairs 1.42% VP Patient Services and Chief Nursing Executive 1.79% VP Corporate Services 1.79%

Each Member listed above will have his or her Performance-Based Compensation tied to the achievement of two key targets in the board approved 2019/20 QIP. Specifically, Performance-Based Compensation will be based on achievement of the following indicators:

- Complaints acknowledged in a timely manner (Health Quality Ontario (HQO) priority indicator)
- Patient & Family Advisory Partnerships (Headwaters Custom indicator)

**Please note, HHCC has undertaken a review of its Executive Compensation program in accordance with the 2018 government direction. As the latter was cancelled by the new government and new direction has yet to be determined this portion of the QIP may be updated when the new Executive Compensation plan is approved and implemented.*

Contact Information

Sandy Critchley, RPT, BScPT, MHST
Director of Quality, Patient Safety and Risk Management
100 Rolling Hills Drive
Orangeville, Ontario
L9W 4X9
519-941-2410 x3210
scritchley@headwatershealth.ca

Sign-off

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



Board Chair



Board Quality Committee Chair



Chief Executive Officer