

Let's Make Healthy
Change Happen.



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



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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 have 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.

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Overview

Muskoka Algonquin Healthcare (MAHC) proudly serves Muskoka and East Parry Sound communities, which are part of Nipissing and east of Algonquin Park, by providing safe, quality, patient-and family-centered care at its two sites located in Bracebridge and Huntsville. MAHC is a rural teaching hospital and is affiliated with several academic institutions, including the Northern Ontario School of Medicine (NOSM) and more than two dozen colleges and universities.

Mission: Working together to provide outstanding integrated health care to our communities, delivering best patient outcomes with exemplary standards and compassion.

Vision: As a trusted partner, we strive to improve the delivery of health care to our communities and to be known as an outstanding place to work, learn, live and be cared for.

Values: Our primary aim is to ensure the individuals we serve are provided with exceptional care and the best experience possible. Our values of accountability, respect, optimism, leadership, and engagement underpin our commitment to this aim.

Quality and safety is MAHC's promise to our people and patients. Taking care of people (staff, physicians and volunteers) results in patients and their families receiving the care they expect and deserve. MAHC is committed to using best practices ensuring optimal patient outcomes. To assist us in fulfilling this commitment, MAHC has adopted the Health Quality Ontario's (HQO) definition of a high-quality health system.

Our 2023-2024 Quality Improvement Plan (QIP) reflects the eighth year that MAHC, North Simcoe Muskoka Home and Community Care, Muskoka Health Links, the Cottage Country Family Health Team, the Algonquin Family Health Team, and Community Mental Health Association have worked collaboratively to improve the quality of care for the people of Muskoka and have a history of some shared QIP initiatives. As a collaborative, we are working to improve safe, integrated, effective, patient-centred access to care throughout the entire continuum of health care.

The Muskoka and Area Ontario Health Team (MAOHT), of which MAHC is a key partner, is one of the first 24 teams to implement a new model of organizing and delivering health care that better connects patients and providers in their communities to improve patient outcomes. Working together as partners, the MAOHT will build a quality-focused, equity-driven and outcomes-based system of care provision and services. The MAOHT will focus on adults over 65 who are experiencing transitions in the health care system and at least one chronic disease. As part of the delivery of those services, how performance will be measured will be determined. As such, MAHC expects to take an important role in the development of these quality/safety performance indicators. MAHC's 2023-2024 QIP is designed to leverage the forward momentum of our overarching quality and safety culture by ensuring we are proactive in anticipating and responding to patient and staff needs, and by improving care transitions from our hospital to the community in collaboration with the MAOHT. Our ongoing quality improvement journey continues to be informed by our patients and their families, our staff, physicians, Board of Directors and health care partners.

Our collaborative work in developing our QIP helps to ensure our patients receive the right care, in the right place, at the right time. This year's QIP includes a number of quality initiatives. As well, many departments and clinical areas have identified quality initiatives and performance indicators in

addition to the QIP performance indicators, which forms part of MAHC's Balanced Scorecard.

Each selected quality improvement priority and its associated improvement indicator is supported by several underlying initiatives to improve quality of care for the communities served by MAHC. By working together with our community partners, we continue to strive toward enhancing care through the following focused strategies:

1) **Time to Inpatient Bed:**

Timely access to an inpatient bed from the Emergency Department or the operating room is crucial to the effectiveness and outcome of patient care. Many factors will influence this indicator's result, such as the availability of inpatient beds, the availability of Environmental Support staff, the percentage of Alternate Level of Care (ALC) patients, the overall patient population and hospital resources.

2) **Occupancy Rate Acute Unit**

The availability of acute care beds to accommodate new admissions is imperative. With the support of our partners, we are committed to ensuring patients who no longer require the services of our hospital are discharged in a timely manner. MAHC continues to foster strong partnerships with Home and Community Care (HCC), long-term care facilities, retirement homes, and other community partners. The focus of these partnerships is to transition patients from the hospital to the most appropriate care aiming to reduce time waiting in the hospital when their acute care phase of hospital care is complete. MAHC will also endorse and promote the initiation of preventative care models that reduce admission or readmission focused mainly on priority chronic diseases such as Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Diabetes and Stroke.

3) **Transition from Hospital to Home- Patient Experience: Did you receive enough information when you left hospital?**

Our patients have advised us (via patient satisfaction survey results) that there is a need to improve support on discharge and provide them with the information they require. Transitioning home after being a patient in a hospital can be challenging. It can be a time of stress for the patient, their family, and health care providers also. Poor transitions also increase the risk of complications and can put a strain on the system (readmissions, visits to the ED etc.).

4) **Train and Deploy Patient Partners**

Patient & Family Centred Care at MAHC is a key tenet of the Strategic Plan and is directly linked to MAHC's definition of Quality that "results in shared decision-making between the patient/family and health care team to achieve a patient identified desired health outcome." There is a Patient and Family Advisory Council representative on the Quality & Patient Safety Committee of the Board.

5) **Medication Reconciliation at Discharge**

Patients often receive new medications or have changes made to their existing medications at times of transitions in care. Medication reconciliation refers to the process of avoiding inadvertent inconsistencies across transitions in care by reviewing the patient's complete medication regimen at the time of admission, transfer, and discharge. By reducing potential discrepancies we reduce

the risk of adverse drug events. Another key benefit of medication reconciliation is that it acts as an important communication tool by keeping everybody involved in a patient's care informed about the medications the patient should or should not be taking. When discharging patients from hospital, it is important to ensure accurate medication reconciliation is performed to ensure safe medication compliance once the patient is home and accurate medication information is communicated to continuing care providers.

6) Healthcare-Acquired Pressure Injuries

Bedsore, also known as pressure injuries, cause problems for many patients with limited mobility. They increase the risk of death and hospitalization and decrease quality of life. The unrelieved pressure causes bedsores when bones under the skin meet support surfaces (like mattresses) and blood flow in that area is reduced. We will continue to track and review hospital-acquired pressure injury metrics and implement formal strategies to help ensure consistent adherence to the pressure injury assessment and management protocols.

7) Workplace Violence

MAHC is committed to ensuring a safe workplace for our people and patients. MAHC is confident our organization's reporting culture is well developed and utilized appropriately. Our QIP target this fiscal will be to continue to increase the number of incidents reported. This data will be used to develop strategies to reduce overall incidents. The Workplace Safety Working Group will use the collected data of workplace violence incidents (as defined by the Occupational Health and Safety Act) to identify improvement initiatives and will develop and implement these initiatives to reduce incidents of workplace violence.

Associated with all of the QIP objectives above are targeted change ideas that will drive and achieve improvements within the quality dimensions of safe, effective, patient-centered, efficient, timely and equitable. MAHC's culture supports and encourages high-quality integrated care in every patient/family/provider interaction. We believe that together we can build healthy communities that are aligned with regional and provincial priorities.

Continuing the Journey Toward Patient-Centred Care and Patient- and Family-Centred Care Culture

The Patient and Family Advisory Council (PFAC) has determined that its next initiative is to introduce and enhance the patient's voice at MAHC by working closely with 'Patient Experience Partners'. Toward this goal, strategies will be developed, implemented and maintained to train and deploy 'Patient Experience Partners'.

Pandemic Response

MAHC is committed to continuous improvement of the changes, taking feedback from our frontline staff and providers as to how we could improve. Multiple channels of communication were set up including Incident Response Team, cascading teams throughout the hospital reporting to one central pandemic team, multiple daily calls to keep leaders informed as well as frequent virtual huddles inviting frontline staff and providers to address any concerns.

MAHC organization's greatest QI achievement from the past year

By working together with our partners, we met with success by:

- Reviewing and revising our Code Green Emergency Response Plan
- Conducting a mock Code Green table top exercise
- Continue working on the Code Orange Emergency Response Plan
- Continuing to build and enhance our Business Continuity Plan
- Continuing to enhance the support of our complex patients through hospital-community-based initiatives such as Health Links and Tele homecare (connecting patients with care through technology).
- Educating staff and physicians on strategies that support the care transitions of the elderly with complex behaviours.
- Integrating Behavioural Success Agents to assist with developing care plans for patients with dementia- related behaviours.
- Maintaining the successful integration of Home and Community Care employees onsite at MAHC in the role of Care Coordinators who assist in a timely and seamless discharge planning for patients requiring additional support in the community.
- Hospice Muskoka Transitional Care Unit established (Alternate Hospital Facility)
- Identifying immunization status (pneumovax, influenza) for all admitted patients who met eligibility requirements for immunization in collaboration with the Family Health Teams. This ensured that patients who may require immunization were identified and appropriately immunized.
- Maintaining hand hygiene compliance rates.
- Focusing on workplace violence at MAHC. In addition to improved reporting and tracking, MAHC has implemented numerous process and policy changes, enhanced security, and an overarching framework for violence prevention and mitigation continues to be developed. Much of the work has been accomplished through the ongoing collaboration with interdisciplinary staff, physicians, community partners, patients and families.
- Proudly receiving a four-year Accreditation with Exemplary Status from Accreditation Canada In December 2022.
- Lunching our multi-year Capital Redevelopment Project to build our new hospitals
- In collaboration with MAOHT, MAHC will continue to foster strong partnerships with Home and Community Care, long-term care facilities, retirement homes, and other community partners to transition patients from the hospital to the most appropriate care setting to reduce time waiting in the hospital when their acute care phase of hospital care is complete.

Patient/Client/Resident Engagement and Partnering

MAHC has been very purposeful in elevating the patient voice. MAHC launched its Patient and Family Advisory Council (PFAC) in January 2017, and continuing work has enabled the transcendence of the patient voice with MAHC initiatives. MAHC recruited six (6) patient and family advisors who represent all regions of Muskoka. The advisory committee reviews the QIP for input and support. Since this time, patient and family representatives have participated in the STEMI project launch, the Endovascular Access workgroup, Capital Plan Development Task Force, minor renovation projects including the renovation of the labour and delivery room at the HDMH Site and have become regular members on the Ethics, Family Practice, Obstetrics and Emergency Department committees and other committees. It is anticipated that more Patient Experience Partners will be recruited and educated to the remaining clinical care teams by December 2023. The PFAC has identified several areas for improvement and would like increased involvement with patient satisfaction initiatives in the coming year. This is all part of the continuing journey to person-centred care.

Provider Experience

At MAHC we support our staff, we participate in the Psychological Health and Safety program through the Public Services Health & Safety Association. This program is designed to provide tools and resources to workplaces to support the creation of a psychologically healthy and safe workplace and ensure that we are meeting the needs of our staff. We are part of the Organizational Health and Wellbeing Strategy in our region and have adopted the Stepped Care Model with a focus on the rollout of Step 6, the Frontline Wellness program. Step 6 will provide training and tools for leadership in order to support a successful action plan. The Frontline Wellness program offers brief intervention which includes 4-6 therapy sessions, symptom management and CBT techniques. It also offers group programming and mini-workshops for leaders and staff. These mini workshops can be designed for each team and their unique needs and create a culture of connection. MAHC's ultimate goal is to sponsor a culture that promotes and shares the awareness of wellbeing, positive coping mechanisms and strong healthy and resilient employees and an organization. MAHC is in the developing stage of a pulse survey for all staff to be able to identify opportunities for improvement with regard to wellness.

The Occupational Health and Safety and Employee Wellness team are working on several wellness initiatives, such as onsite meditation, yoga, and pet therapy as well as Frontline Wellness workshops to be offered to all staff. We will also be rolling out the Frontline Wellness program with increased communication surrounding mental health and how to access this resource.

We are currently working with our Employee Assistance Program (EAP) providers for Your Health Space, which is run through the Canadian Mental Health Association (CMHA). Your Health Space provides training in several areas related to psychological health and safety. Programming is delivered through three spaces designed for health care workers, leaders and support staff. This service provides multiple workshops from burnout to occupational stress, mindfulness, compassion fatigue and more.

Workplace Violence Prevention

MAHC has policies and procedures with respect to reducing the risk of violence, reporting of workplace violence, and for summoning immediate assistance. In order to test our policies, we conduct mock Code Whites (aggressive/violent person code). To support our staff when there are incidents of violence in the workplace, formal debriefs are conducted as needed. From a training perspective, we currently provide a training program to deescalate confrontational and violent situations. Our training program moved from Non-Violent Crisis Intervention (NVCI) to the MANDT training program, which is mandatory for all MAHC staff to complete.

To support the policies and procedures, training and support within MAHC, there is infrastructure in place to help keep people safe. This includes:

- The ability to summon support and assistance with the use of panic buttons in the Emergency Department and switchboard (i.e. dispatch to the OPP).
- Practices to ensure safety when working with potentially aggressive patients.
- Enhanced security coverage, particularly during high-volume seasons.
- Ongoing education.
- Formal debriefs to ensure practice changes occur as identified by trend analysis.
- Review and analyzing incident-reporting data.

- Construction of secure rooms within the Emergency Departments for potentially aggressive patients, equipped with cameras for monitoring patients.
- Patient flow processes to assist in getting patients to the right bed in the most efficient manner.
- Development of Behavioural Support Agents to create care plans for inpatients exhibiting aggressive behaviour related to dementia.
- Development of Patient Order Sets for aggressive mental health and addictions patients.

To support the care of our patients and ensure the safety of our staff, a Mental Health Working Group was established and recommendations for change continue to be implemented. The working group became an implementation committee that worked toward the implementation of the recommendations, which have included:

- Purchase of pineal restraints and safety pajamas
- Implementing order sets for mental health patients in the Emergency Department
- Creating a locked, secure Emergency Department
- Developing a Code Silver policy and procedure with plans for a mock event with our OPP partners
- Focus on shortening time to see a physician in the Emergency Department for mental health patients
- Collaboration with the Canadian Mental Health Association (CMHA) to provide onsite support.
- Working closely with neighbouring Schedule 1 facilities to ensure standardized approaches to care to support transitions
- Construction of two monitored secure rooms in May 2019 at each of our sites
- Working with our partners to improve timely transfers of patients to a Schedule 1 facility.

The Joint Health and Safety Committee developed a Workplace Safety Working Group. This group has continued to develop additional strategies for workplace safety. A workplace violence framework was developed to support MAHC through the continued implementation of programs to reduce the risk of violence in the workplace. The overall safety and security of our people at MAHC is of great importance and is on a path of consistent quality improvement as we learn from both violent incidents and near misses.

Patient Safety

Quality care and patient safety is a strategic goal of MAHC. All staff are accountable for providing safe patient care and service. Every day our valuable people strive to excel in safe delivery of high-quality care. MAHC is committed to using best practices to ensure optimal patient outcomes. To assist us in fulfilling this commitment, MAHC has adopted the Health Quality Ontario's (HQO) definition of a high-quality health system and uses the Canadian & Patient Safety Framework the ultimate aims are:

- Improving key quality and safety areas
- Reducing unwarranted care variation
- Strengthening the delivery of high-quality health services that improve patient experience and outcomes

Additionally, MAHC has developed a quality and patient plan. This people-centred quality and patient safety plan defines five goal areas designed to drive improvement and to align Canadian legislation, regulations, standards, organizational policies and public engagement on patient safety.

Everyone in the organization plays an important role in patient safety. Roles and responsibilities for patient safety are defined in position profiles, performance appraisals, handbooks, and orientation material. The prevention of patient injury is the first consideration in all actions performed and is the responsibility of each employee and physician who practices in our hospital. Rules and procedures to minimize the possibility of patient injury are essential parts of the patient safety initiative.

The Balanced Scorecard is a conceptual framework for translating MAHC's vision into a set of performance indicators. Indicators are identified to measure progress toward achieving its vision; other indicators measure the long-term drivers of success. The Balanced Scorecard at MAHC contains appropriate indicators that are developed at the department levels. Where the targets are not being met, we develop and implement an action plan for process improvement, measure the results and provide ongoing monitoring of the indicator for a period sufficient to ensure sustainability of performance. Process improvement uses the FOCUS – PDSA methodology using departmental or cross-functional teams.

MAHC creates and fosters a supportive environment for all staff and physicians to report errors, near misses and adverse events. MAHC tracks these reported events so that we can identify trends and patterns that require investigation and improvement, continued learning and creating awareness. Patients expect safe care, and MAHC's healthcare providers strive to deliver care that results in better health and safe, effective outcomes for patients.

Health Equity

MAHC recognizes there are distinct racialized and marginalized groups that have long been disadvantaged both in employment and health care. In recognition of this and to achieve MAHC's vision "As a trusted partner, we strive to improve the delivery of healthcare to our communities and to be known as an outstanding place to work, learn, live and be cared for"

MAHC is committed to advancing equity, inclusion, diversity, and addressing bias and discrimination, in order to achieve better outcomes for all patients, families, providers, and staff. We want to ensure patients and families feel welcomed in a safe environment free of harassment and discrimination. In 2021, we launched Equity, Diversity and Inclusion policy and a working group to advance important work in the area of diversity, equity and inclusion at MAHC. All people will be treated with respect and dignity, and barriers to safe, and quality health care will be eliminated. We are committed to employing the right people to provide the best possible health care and encourage applicants from underrepresented and equity-seeking groups because we know the importance of reflecting the diversity of our community in our care, governance, leadership, and workforce. In addition, an Indigenous Patient Navigator role was created in 2022.

MAHC will establish and maintain collaborative relationships and partnerships with all communities and stakeholders so that the perspectives and needs of all staff, providers, patients and families, are recognized and addressed through shared and committed leadership ensuring that our diversity, equity, and inclusion initiatives, actions, and results are transparent and synergistic. Our Diversity, Equity, and Inclusion committee provide regular reports to the board.

Executive Compensation

The Ontario government passed the Excellent Care for All Act (ECFAA) and Bill 16 in 2010, which required Hospital Boards to establish an “at risk” component of executive compensation and achieve targets, tied to the QIP. At MAHC, each senior leader develops goals that create synergy with the Strategic Plan and the QIP and that align with responsibilities within their portfolio and in accordance with our Executive Compensation Policy. Executive compensation is linked to performance in three performance assessment categories: Quality, Financial and Strategic. Performance assessment categories are rated on the following scale:

- Quality = 50%
- Financial = 30%
- Strategic = 20%

Each year, all executives at MAHC have 3% of their compensation “at risk”. This portion of the compensation is held back and measured against the achievement of goals and objectives.

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Dave Uffelmann
Chair, Quality and Patient Safety Committee of the Board

Sign-off

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

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

Board Chair _____ (signature)

Board Committee Chair _____ (signature)

Chief Executive Officer _____ (signature)

Other leadership as appropriate _____ (signature)