

Let's Make Healthy
Change Happen.



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



MUSKOKA ALGONQUIN
HEALTHCARE

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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 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.

Overview

Muskoka Algonquin Healthcare (MAHC) proudly serves the community of Muskoka through safe, quality patient care at two sites located in Bracebridge and Huntsville. We are committed to best practices and delivering the highest quality of care that ensures optimal patient outcomes. To reflect this commitment, MAHC has identified "quality care outcomes and patient safety" as one of 5 key foundational pillars within its new Strategic Plan. Our 2015/16 Quality Improvement Plan (QIP) is designed to leverage the forward momentum of our overarching quality and safety culture by ensuring that our environment becomes even safer for our patients, by elevating best patient outcomes through cost effective strategies, by being proactive in anticipating and responding to patient needs, and by improving care transitions from our hospital to the community in collaboration with our partners.

Our ongoing quality improvement journey has been informed by our patients and their families, our staff, physicians, and health care partners. Our collaborative work and engagement with our community partners ensures that our patients receive the right care, in the right place, at the right time. To support the MAHC culture of quality through collaboration, we have chosen nine (9) QIP objectives to direct and streamline our focus of improving quality and safety by:

- Improving access by reducing wait times in the ED
- Ensuring sustainability through organizational financial health
- Improving access by reducing unnecessary time spent in acute care
- Improving safety by reducing unnecessary hospital readmission
- Improving value through patient satisfaction and engagement
- Improving safety through medication reconciliation upon admission
- Improving safety through medication reconciliation upon discharge
- Improving safety by reducing hospital acquired infection rates
- Improving safety by avoiding falls.

Each selected objective, and its associated improvement indicator, is supported by several underlying initiatives to improve quality of care at MAHC. The carefully targeted initiatives will drive and achieve improvements in the domains of Patient- and Family-Centered Care, quality, safety, access, efficiency, and effectiveness. These initiatives range from unit level engagement of staff, to quality board huddles, to system wide strategies such as Health Links and Home First that have been collaboratively developed, implemented, and sustained with our community partners. The MAHC culture supports and encourages high quality care in each and every patient-family/provider interaction. We believe that together we can build healthy communities that are aligned with regional and provincial priorities.

Integration & Continuity of Care

MAHC actively seeks partnerships to fully realize the potential of integrated care. We work extensively with partners within our North Simcoe Muskoka (NSM) Local Health Integrated Network (LHIN) to successfully implement an integrated health system plan through the Care Connections forum. We have collaborated with our local Family Health Teams (FHT) and Community Care Access Centre (CCAC) to focus on the care of seniors and people with complex medical needs through Health Links. And, we have a highly integrated relationship with our CCAC focused on discharge planning and Home First. Through our partnerships we are creating an

interconnected system that promotes shared care models that optimize transitions through better information management and information sharing. These interconnected partnerships enhance quality and improve safety for our patients and their families by simplifying the system and designing services that maximize efficiencies.

MAHC is committed to focusing on the experience and engagement of our patients through their health care journey. Through the creation of a Patient and Family Advisory Council, our patient partners will have a strong voice in key decisions, strategies, and changes that will drive results and align with our 2015/16 QIP. Our philosophy of Patient- and Family-Centered Care will enhance safety and quality of care through specific service excellence tools including bedside shift report, the use of whiteboards at every patient bedside to translate information about their care, leader rounding on patients and families, and post-care telephone calls ensuring that patients have all of their necessary medications and are recovering well at home. All of these tools support the integration of the patient and their family into the health care team as a full partner in care.

Challenges, Risks & Mitigation Strategies

Fiscal constraints faced by all mid-sized acute care health care organizations in Ontario are perhaps MAHC's biggest challenge. Managing a multisite organization separated by forty-two (42) kilometers requires significant stakeholder engagement and creativity when executing essential changes. Already a lean and efficient organization, the cascade of ongoing challenges and risks associated with provincial funding allocation combined with the increase in mandatory initiatives could result in declining opportunities due to financial and resource restrictions. To date, and in spite of these challenges, MAHC continues to provide a range of clinical services that support the Muskoka community and in a way that is very fiscally responsible.

As an organization, we continue to focus on operational quality and efficiency. In support of this focus, MAHC is undertaking the work of developing a strategic Master Program/Master Plan. This work necessitates partnerships with our community, our LHIN, and health care providers at all levels within Muskoka and the North Simcoe Muskoka LHIN. This work focuses directly on ensuring that we sustain top quality of care to Muskoka residents over the long term. Broad stakeholder engagement and consultation has been the central theme with the Master Program/Master Plan initiative and this will continue in 2015/16.

In an effort to mitigate the risks associated with the financial and geographic hurdles, MAHC has invested in developing quality improvement expertise throughout its leadership structure. This includes developing LEAN capacity at all levels of the organization. Investment in decision support resources has assisted the senior team and front-line leaders in identifying key quality improvement opportunities and has allowed us to realize quick wins that leverage stakeholder support and build momentum for change success.

Our commitment to Patient- and Family-Centered Care is without exception central to the overarching success of our Quality Improvement Plan. Involving patients and their families in decisions that will affect the care they receive and the way that they receive it is a strategic objective of MAHC. The role and voice of the

patient and family at tables within the organization will powerfully drive our quality agenda.

Information Management

Information and information technology are key enablers to the success of delivering on our new Strategic Plan. To support effective and efficient operations, it is essential to have IT systems that manage information in a consistent manner across the organization. Information sharing between providers and across the full continuum of care will optimize the patient experience and maximize the quality of care delivered at all points in the patient journey.

MAHC is committed to implementing a large scale information technology project that would result in transitioning the organization from a paper-based system to one that is predominantly electronic. Having switched domains, MAHC is now preparing to launch a Cerner electronic medical record in early spring 2015. An electronic medical record platform will drive best practices and provide us with a tool to further standardize the way in which care is provided. Enhancing standardization at MAHC will ensure that our patients always receive the highest quality of care.

Engagement of Clinicians & Leadership

Engagement of clinical staff and leadership in the development of the MAHC QIP has been broad this year. Board members, the senior leadership team, front-line managers, front-line clinicians, and physician representatives have all collaborated in the development of our QIP.

MAHC employees in all departments are involved in quality improvement initiative methodologies such as LEAN, KAIZAN that continuously enhance the quality of care for our patients. As well, all employees are strongly encouraged to identify and implement quality improvement strategies throughout the year. This year alone, MAHC has implemented 200 quality initiatives that improve patient care.

Leadership and front-line staff participate in daily huddles around quality boards to identify current safety issues and to discuss urgent and/or emerging issues. Our senior leadership team conducts weekly rounding on both staff and patients creating not only a visible presence to patients and staff but providing an opportunity to compliment and recognize staff on excellent work and address any concerns.

MAHC's QIP has also been developed in partnership with a Quality Improvement Network that has been developed at the North Simcoe Muskoka Local Health Integration Network. The Quality Improvement Network has been working together over the past year on integrating our quality improvement plans and working toward a common quality agenda with common performance indicators.

Patient/Resident/Client Engagement

MAHC senior leadership team currently rounds weekly on admitted patients at both sites. Through the rounding process, the patient's voice is elevated, logged, and tracked so that themes emerge and appropriate actions implemented. These themes have been integrated into both our 2015/16 QIP and into our new Strategic Plan. As well, MAHC asks for patient feedback through engagement surveys conducted by NRC Picker. The patients responses and qualitative comments that are received as part

of the survey data are themed and trended and have been valuable in forming our 2015/16 QIP.

MAHC is also embarking upon the implementation of Patient- and Family-Centered Care in 2015/16. Patient- and Family-Centered Care (PFCC) is embedded within our new Strategic Plan and is, overall, pivotal to the success of the Strategic Plan and our 2015/16 QIP. PFCC has been introduced in Orientation over the past 6 months and is part of our current onboarding process.

Accountability Management

The priorities and targets within our QIP support priorities identified in our Strategic Plan to improve patient engagement, experience, and outcomes. These targets and priorities are further supported by the MAHC business commitments which form the performance based compensation structure of the senior leadership team. To ensure that the QIP initiatives become part of the MAHC fabric, unit specific goals and objectives are developed by front-line leaders and staff and reviewed at huddles and staff meetings to guarantee target success. With oversight from the Board of Directors, the senior leadership team will be held accountable for the overall performance of the organization through monthly reviews of the quality indicators.

Performance Based Compensation [As part of Accountability Management]

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 MACH, 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 and measured against achievement of goals and objectives.

Health System Funding Reform (HSFR)

MAHC is an evidence-based organization and continues to advance evidence-based care with the adoption of best practices outlined in Quality Based Procedures including, but not limited to, chronic obstructive pulmonary disease, congestive heart failure, pneumonia, stroke, reducing readmissions within 30 days for specific case mix groups, and decreasing ED wait times for admitted patients. MAHC will continue to seek partnerships and strategies that improve our fiscal health including the health system funding reform alignment thoughtfully embedded within our QIP.