

Let's Make Healthy
Change Happen.



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



BIOUX LOOKOUT
Meno Ya Win
HEALTH CENTRE

3/20/2017

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.

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Overview

This document describes Sioux Lookout Meno Ya Win Health Centre's (SLMHC) Quality Improvement Plan (QIP) for 2017-2018. The QIP is part of our ongoing commitment to delivering high-quality care to all. Also included is the William (Bill) George Extended Care Facility which is affiliated with SLMHC.

SLMHC continues on the journey to be a centre of excellence in First Nations and northern health care by working together to improve the health status of individuals, families and communities, now and for generations to come. SLMHC is founded on the principle of providing culturally responsive acute, long term and ambulatory care, mental health and addictions services, and community based traditional healing services.

We serve the Municipality of Sioux Lookout and the 30 northern First Nations communities including the Nishnawbe Aski communities north of Sioux Lookout, Treaty #3 community of Lac Seul First Nations, and residents of Hudson, Pickle Lake, and Savant Lake. Our care is based on recognizing the relationship between the physical, emotional, mental, and spiritual aspects of all people. We value compassion, teamwork, respect and quality. As a result of our strategic planning process, the following strategic goals sets the direction for SLMHC from 2016-2019: explore new and expanded hospital services, advocate for high-quality health services through financial growth and sustainability, invest in people and innovations and partnerships.

The affiliated William (Bill) George Extended Care Facility is a 20 bed Elderly Capital Assistance Program (ELDCAP) home and is a member in good standing of both the Ontario Long-term Care Association and the Ontario Association of Non-Profit Housing and Senior Services (OANHSS). We are currently using web based software to enter Resident Assessment Instrument (RAI) data and the long-term plan is to use this program for Electronic Medical Records (EMR) as well.

Our 2017-2018 Quality Improvement Plan (QIP) integrates key improvement targets from the Northwest Local Health Integration Network (NW LHIN) Small Hospital Quality Scorecard with provincial quality improvement targets. The 2017-2018 QIP demonstrates our ongoing commitment to doing what we do even better.

The QIP reflects our commitment to achieving "Excellence Every Time", and fits within our strategic pillars of excellence: Quality, Service, People, Innovation, Finance and Efficiency. We are committed to enhancing the patient experience through the provision of high quality, patient centered care. SLMHC provides fully accredited services including specific accreditation in Pharmacy, Diagnostic Imaging and Laboratory.

QI Achievements From the Past Year

The past year has seen steady progress in Sioux Lookout Meno Ya Win Health Centre's (SLMHC) move to becoming a Centre of Excellence for First Nations and northern health care. The organization showed strong financial results through the efforts of staff and management to improve operations across the organization.

A major milestone was achieved with the final sign-off of the funding reconciliation for the new hospital with the Ministry of Health. This allowed the Ministry to release hold back funds from the construction project of almost \$4 million which has significantly improved our cash flow position.

We continue to invest in capital assets, and this year we were able to support Sioux Lookout Regional Physicians Services Inc. (SLRPSI) by constructing a clinic that allows northern physicians to transfer operations from the old site to the new building on SLMHC property. We are proud to report that physician services are in keeping with our growing population. All physicians providing services at the hospital are credentialed through SLMHC to ensure quality care.

This year we purchased over \$1 million in new equipment to keep our facility current and provide those we serve with the most up to date technology allowing us to continue working toward our True North of "Excellence Every Time."

We have also entered into a very unique partnership with the Sioux Lookout First Nations Health Authority and the Keewatin Patricia District School Board to operate a classroom at SLMHC. The classroom provides educational opportunities to primary, intermediate and high school patients and caregivers. This program works closely with our Integrated Pregnancy Program to help young mothers and couples work toward their high school diplomas while they are admitted to SLMHC. This classroom also provides an opportunity for the children of northern patients to attend school while they are away from their home communities seeking health care.

We recently underwent a review of our Mission, Vision and Values and set a new strategic plan for the next three years. The revised Mission, Vision and Values were recently launched and we recognized that this is an ongoing process that will continue to make SLMHC stronger and more accountable.

An exciting initiative currently underway is the Baby Friendly Initiative (BFI). The BFI designation is a lengthy process to re-establish breastfeeding as the exclusive means of nutrition for babies up to six months of age. We anticipate receiving the Baby Friendly designation by 2020.

The Mental Health and Addictions Program had a successful pilot project with the OPP. A counselor was placed on-site at the OPP station to reach high risk clients and provide support where needed.

This past year, the William A. George Extended Care Facility has been awarded the opportunity to become a Best Practice Spotlight Organization for Long Term Care. We have entered into a three year contract with the Registered Nurse Association of Ontario (RNAO) to implement several best practice guidelines that are evidenced-based and research-focused that will improve the overall well-being of our residents. The following best practice guidelines were chosen to be implemented year one of the program: continence, fall prevention and oral health. Year two will focus on pain management and pressure injuries. Year three will concentrate on keeping the practice changes sustainable as well as evaluating the effectiveness of the changes in years to come. Once all criteria have been met, the William A. George Extended Care facility will be a Designated Best Practice Spot Light Organization. The intent is then to spread the best practice guidelines for LTC to the CCC and ALC patient beds at the hospital.

Population Health

Located in Northwestern Ontario, we serve the Municipality of Sioux Lookout and the 30 northern First Nations communities including the Nishnawbe Aski communities north of Sioux Lookout, Treaty #3 community of Lac Seul First Nations, and residents of Hudson, Pickle Lake, and Savant Lake. Our care is based on recognizing the relationship between the physical, emotional, mental, and spiritual aspects of all people.

SLMHC is committed to exploring new and expanded services that meet the needs of the population. Throughout the past year, the nursing unit averaged over 90% occupancy with many days over 100% occupancy to accommodate patient volume. Our obstetric program continues to grow; delivering approximately 450 births over the past year. Our Telemedicine program provides access to care for patients from remote locations. Our Traditional Healing, Medicine, Foods and Support Program have two Elders in Residence who provide guidance and feedback to SLMHC Board of Directors regarding internal and external issues, policies and services as they affect the First Nations communities. This program also have a dedicated team of Medical Interpreters meeting with our First Nations patients to support their care and ensure that their needs are addressed.

The emergency department's volume has seen an increase of approximately 4,000 patients registrations over the past two years. Recently, in partnership with the Intensive Care Unit (ICU) at Thunder Bay Regional Health Sciences Centre (TBRHSC) our emergency department has embarked in a new program; the Regional Critical Care Response Program. When a critically ill patient presents to the emergency department, the physician in Sioux Lookout consults an ICU physician at TBRHSC and the patient is assessed utilizing telemedicine video technology and a plan of care is developed. With this new consultation service, unnecessary transfers out of Sioux Lookout can be avoided and patients have access to critical care consultations in a timely manner.

The Mental Health and Addictions Program (MHAP) at SLMHC provides services geared towards individuals and their context in a collaborative, client-centered and culturally appropriate manner. The inter-professional team includes: counselors, nurses, recreation therapists, physicians, interpreters and clerical staff. the team provides a variety of services to people as both outpatients and inpatients. Services include: medical assistance with drug and alcohol detoxification and treatment, harm reduction, opportunistic medical care, individual and group counseling, case management, health teaching, trauma and grief counseling, suicide risk assessment, safety planning, crisis intervention and assault care and treatment for victims of domestic violence and sexual assault.

The Chronic Disease Prevention and Management (CDPM) program provides services on an outpatient basis through a team-based model of care. The program includes specific services such as Systemic Therapy (chemotherapy), Stroke Prevention, Smoking Cessation, Diabetes, Centre for Complex Diabetes Care, Wound Care and Infectious Disease. The inter-professional team works together to assist patients and their families with managing and coping with chronic disease, the team helps patients to live healthier which diseases the need for future hospital admissions.

SLMHC continues to grow in all areas of services keeping with our growing population, increasing services in the hospital and our specific needs in Pediatric and Mental Health services. We have increased our visiting specialists to include Pediatric, Child and Adolescent Psychiatry, Adult Psychiatry and Infectious Diseases. We continue to support Ear, Nose and Throat (ENT) and Nephrology services. A number of other specialty services are provided by our family physicians including: operative obstetrics, anesthesia, orthopedics, cardiac stress testing, cancer care and addictions medicine.

The ongoing challenges are in developing models of care and remuneration to move beyond visiting healthcare staff and high staff turnover to ensure consistent services that are required in the region.

Equity

Our Traditional Healing, Medicines, Foods and Supports Program continues to expand and helps us to meet the needs of patients from the north with the provision of around the clock access to medical translators supporting our high-quality delivery of care. SLMHC is committed to fostering a diverse workforce and the promotion of cultural awareness through the THMFS program by providing culturally safe training to all staff. Our THMFS program is also responsible for translating patient information into the different First Nations languages to highlight our commitment cultural safety.

The utilization of virtual technology is an important link between health care services/providers and the population that we serve. SLMHC is leading our service area and partners in the advancement of virtual technology to improve access to health care services. The creation of the Northern Integrated District Network (NIDN) as part of the Northwest LHIN health Services Blueprint has created a venue for health service planning and delivery across the region. SLMHC has facilitated the inaugural meeting to bring local and regional health and social service providers together as a health hub model that will support value-based client care.

We have some good examples of technological innovation: OTN is currently used by our surgeons to consult with patients in the north eliminating unnecessary travel. Telemedicine provides access to care from remote locations. Patients are able to access specialists without having to leave the community (i.e., palliative care, chemotherapy and orthopedic follow-ups). This past year, the telemedicine department, in conjunction with the Ottawa Hospital formed a partnership to address infectious disease. As a result, patients now have timely access for consultation with infectious disease physicians who recommend treatment plans for various infections. Approximately 2,400 patients are seen through telemedicine technology each year. This technology is also used for northern patients who are far from home to visit with their family members.

Integration and Continuity of Care

Our 2016-2019 Strategic Plan highlights people, quality, service, innovation, finance, and partnerships across sectors as important areas of focus for the future.

SLMHC is the lead on the development of a Small Hospital Quality Scorecard. The scorecard and implementation playbook were rolled out in 2016/2017. Through the scorecard development the small rural hospitals in the NW LHIN came together with an initial focus on discharge planning, with future plans for a broader focus on transfers.

Readmission rates are being monitored across the group of small rural hospitals in the NW LHIN with the objective of reducing readmissions. The scorecard was expanded to include additional indicators in 2016-2017, as well as to incorporate indicators and quality beyond the hospital sector.

Internally, we are striving to increase patient satisfaction through improved communication. We implemented a revised patient satisfaction tool in 2014-2015 and now have a baseline from which to measure improvement. We are also working hard to ensure the right people are in the right jobs, and that we keep them at SLMHC.

Staff at the William George Extended Care Facility cares for residents using a team approach. The staff works closely with physicians, Resident Assessment Instruments (RAI) Coordinator, physiotherapists, RPNs, PSWs, interpreters, activation workers, and the manager, to plan and deliver excellent care. This interdisciplinary team integrates and coordinates with outside partners such as the Community Care Access Centre (CCAC), Canadian Mental Health Association (geriatrics), and our hospital social worker; ensuring care that brings value to the residents expectations.

Access to the Right Level of Care - Addressing ALC Issues

We continue to do the best we can and make efforts toward our progressive internal target however, we recognize that there are no new community spaces available to assist these efforts. Maintaining and improving the current performance will be difficult without the approval of a LTC facility. There is currently an application for funding to provide a 96 bed long term care facility pending MOHLTC approval. In the meantime, we have implemented some innovative ways to work best with what we have available. We implemented weekly multi-disciplinary team rounds of all admitted patients. Rounding on admitted patients with a plan to discharge has helped to ensure that services required are being planned to be viable at the appropriate time, resulting in reduced wait time in the hospital.

We also Implemented multidisciplinary team discussions for Northern inpatients who are able to be discharged to the Hostel (located on the hospital compound) and complete their treatment as outpatients. This process has help to expedite patient movement to the most appropriate program available.

The implementation of multidisciplinary discussions for town inpatients who are able to be discharged home and complete their treatment as outpatients is yet another move to ensure that patients have access to the right level of care. This process has helped to expedite patient movement to the most appropriate program available and meet the vast needs.

Improvement of communication with CCAC and Health Canada from admission, transfer and discharge of patients out of SLMHC to appropriate care location has also helped to provide patients with the most appropriate care available.

Engagement of Clinicians, Leadership & Staff

The implementation of daily huddles, weekly patient/resident rounds, and shared planning across the organization, are key ways in which we seek to engage leadership, clinical, and front-line staff in the establishment of common goals. We continually seek new opportunities to engage physicians in improvement efforts, including through their engagement in unit councils, hospital committees, and through regular communications.

These engagement activities have resulted in change ideas that are tailored to address local needs and challenges, including competing demands for front-line staff, balanced with standardized quality improvement theory and tools.

Resident, Patient, Client Engagement

SLMHC continually strives to offer patient-centred care by including patients and their family members in the development of care plans at admission, and through our multi-disciplinary team meetings.

We have generated patient/resident/client engagement through our Patient Services and Quality Committee, Resident/Family Council, online channels, patient satisfaction surveys, physician and front-line staff interaction, patient complaint process, family involvement in individualized plan of care, annual long-term care newsletters, and our new patient relations process.

Client input obtained from the above mentioned means are incorporated into the development of the QIP, Patient Declaration of Values, and general service improvement initiatives at our facility.

Plan-do-study-act (PDSA) cycles for discharge planning improvement continue to generate new change ideas in the area.

Staff Safety & Workplace Violence

At SLMHC, recruitment and retention remain a top priority. We are committed to investing in our staff and encouraging a safe and healthy work environment. We take our roles and responsibilities seriously with respect to workplace violence and harassment because we believe that everyone should work in a safe and healthy environment. In 2015, a total of one hundred new staff were hired. Since January 1, 2016, we have hired 70 new staff. Currently, we employ 411 staff.

We have developed and implemented a comprehensive Workplace Violence and Harassment Program that provides each manager with a complete Toolkit on the program. The Program outlines a standardized step by step process of how managers should handle workplace violence incidents before, during and after they occur. Education sessions are also conducted to educate managers on how to use the Toolkits. Each Toolkit is furnished with and overall outline of the program, Employee Code of Conduct Policy, Violence and Harassment Policy, Workplace Issue Resolution Policy, information on Conflict Prevention and Management, Risk Assessment Tools, Team Building information and exercises, Smart Goals and Learning Maps, Ontario Human Rights Code, Bill 168: Occupational Health and Safety Amendment Act, Managing Your Anger Handbook and Employment and Family Assistance Program information.

From orientation staff members are made aware of our Mission, Vision, Values and expectations. They are encouraged to adopt our no-blame culture and report all cases of workplace violence in our online incident reporting system. The Quality and Risk department monitors and tracks all incidents and assist in the resolution process. The department of Quality and Risk receives Workplace Violence Environmental Checklists from each department annually and also when a workplace violence incident occurs. These completed checklists are used to help monitor and mitigate the risks and incidents of workplace violence. Staff members are educated regarding our Employee Code of Conduct Policy that outlines both acceptable and unacceptable behavior in the workplace.

We have a very robust Occupational Health and Safety committee that meets quarterly. A key role of this committee is to track and monitor reported incidents of workplace violence. The Wellness committee strives to support staff health and well-being with events throughout the year that are geared towards promoting a healthy work-life.

We focus on education as a major part of preventing workplace violence. In January 2016, we began conducting HR workshops with managers to review key topics and facilitate communication within the management team about common issues. The mandatory training policy was updated to include Non-Violent Crisis Intervention (NVCI) training for all staff. The annual Harassment and Respectful Workplace training module was recently revised with the goal of increasing understanding on the topic. Our Bioethicist currently plays a vital role in conducting education sessions on workplace violence; these sessions help to increase staff awareness a accountability.

Our workplace Violence and Harassment Prevention Policy outlines that we have zero tolerance towards violence, threatening behavior, bullying and all forms of harassment in the workplace. As employers, we encourage early resolution in a fair and respectful manner. The kit also offers standardized tools and templates that were developed in collaboration with Human Resource and Occupational Health. These tools and templates help manager to provide a uniformed approach to handling and following-up on reported incidents of workplace violence and harassment.

Performance Based Compensation

Executive compensation is tied to improvement targets with a 3% salary at risk for the CEO and 1% salary at risk for our Executive team. Senior Management takes responsibility for quality performance.

Other

It is difficult to adopt improvement strategies in an environment with taxed resources. Coordinating care across a complex system, over a large geographic area, brings its own challenges and risks. Minimal access to home care services, community supports, and a shortage of long term care beds, means extended lengths of stay and we are often caring for people who require care in a different setting that is inaccessible to them (i.e. long term care, rehabilitation, treatment facilities, etc.).

Communication and information transfer play a key role in mitigating some of the risks associated with our unique population. Our focus on discharge planning and continued work on medication reconciliation demonstrate our commitment to provide high quality care.

Currently, our health record is part electronic and part paper, which poses significant risks. This transition is happening across the LHIN and is being driven by the large academic hospital. It requires significant resources, as well as alignment with the provincial e-health strategy. We continue to advocate for a timely transition to a full EHR. Improvement requires knowledge of current performance and the ability to measure performance and outcomes. We are in a shared EHR system where the governance is ideally regional. Given our multiple data sources, limited internal ability to get data out of MediTech, access to data, and the transition to a full EHR, performance measurement remains a significant challenge to our improvement efforts.

As with other facilities, we continue to struggle with balancing mandatory improvements and indicators with our own internal priorities. Access to information in a timely way that supports decision-making also remains a challenge, which we are addressing through the continued implementation of business intelligence.

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 Click here to enter text. *Solomon mamakwa*



Quality Committee Chair Click here to enter text. *Dean Osmond*



Chief Executive Officer Click here to enter text. *Heather Lee*

