

Let's Make Healthy
Change Happen.



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

Anson General Hospital
2019/20



3/25/2019

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.

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Overview

Anson General Hospital is a 34 bed facility and is one of three partners which make up the MICs Group of Health Services. This hospital is located in the community of Iroquois Falls.

This facility provides core services such as acute and complex continuing care, hospice, emergency services and outpatient services (i.e. lab, diagnostic imaging, physiotherapy, clinical nutrition). This facility also provides other important programs like our diabetes program, visiting specialist clinics and Ontario Telemedicine Network.

The MICs Group of Health Services has just recently updated its strategic plan for 2018-2022. Our Organization's Mission is "Partnering to deliver excellent health care for our communities" and our vision is "Quality care for everyone always!" The core Value of the organization is reflected in the following: "Planning for a Better Tomorrow".

The quality improvement plan and selected indicators are aligned with the North East Local Health Integrated Network's (NELHIN) Integrated Health Services Plan, Hospital Service Accountability Agreement, Network 13 Strategic Plan, our Community Partners Strategic Plans, Accreditation Canada and the MICs Group of Health Services Strategic Plan. Efficient, Patient-Centered, Safety and Timely are key priorities in all of the aforementioned plans prompting the organization to put strategies in place to make improvements in these areas of focus.

Our quality improvement plan demonstrates that the Anson General Hospital and the MICs Group of Health Services are committed to delivering high quality services and focusing on creating positive patient experiences.

By March 31st, 2020, Anson General Hospital is committed to:

Efficient:

- Reduce the amount of unnecessary time spent in acute and complex continuing care (Alternate Level of Care rate)

Timely:

- Improve care transitions for patients by sharing the discharge summaries with their primary care providers

Person Experience:

- Improve the patient experience by acknowledging complaints within five days of receipt
- Improve the patient experience in the emergency department (ED) by providing information about managing their health at home

Safety:

- Support the culture of reporting incidents of workplace violence
- Prevent adverse medication events by endeavoring to complete medication reconciliation on all discharged patients

Effective:

- Reduce readmissions for patients with mental health and addictions

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

As much as the Hospital is always focused on making strides in improvement, there should always be time taken to celebrate success when it occurs. Over the course of the last fiscal year, we have made positive changes within the Hospital and are looking to continue to do so in the future.

Since last year’s Quality Improvement Plan, the Hospital has been successful in meeting most of our targets. We have developed a process for tracking incidents of Workplace Violence and have made this an organizational priority. We have reviewed and updated all of our Client Experience surveys including the administrative process and look forward to seeing the results in the near future.

Progress on this year’s Quality Improvement Plans:

	AGH	BMH	LMH
Medication Reconciliation at discharge	Met	Met	Met
Workplace Violence-collecting baseline	Met	Met	Met
Satisfaction with quality of care or services	Unmet	Met	Unmet
Emergency Department Length of Stay- <u>non complex</u> patients	Unmet	Met	Met
Alternate Level of Care rate	Unmet	Unmet	Unmet

Patient/client/resident partnering and relations

The hospital engages clinical staff, management team and the Board of Directors in an ongoing manner with respect to quality. Our board agenda is comprised of a minimum of 25% of the agenda focused on Quality. Our Quality Committee of the Board is strong and focused on quality improvement.

In addition, the MICs Group of Health Services has formed a Patient and Family Advisory Council which meets approximately five times per year. Although the council is still in its infancy stages, we are proud of the contributions they bring to the organization. They have been instrumental in the development and improvement of our experience surveys, specifically in the Emergency Department.

We have also gained a new patient advisor on the hospital’s Patient Care Team, which brings us up to three advisors in total. Their participation in these meetings is valuable and they bring the patient’s voice to the table. We will continue to partner with them and involve them in various initiatives in the year to come.

Workplace Violence Prevention

Staff safety is equally as important as patient safety at the MICs Group of Health Services. One of our strategic directions is to ensure the safety of patients, residents and staff. Our efforts to minimize workplace harassment/violence include but are not limited to:

Orientation:

All new team members and students continue to receive a general orientation. New nursing team members also receive orientation specific to either Acute or Long-Term Care. The aim of these sessions is to orient new team members to routines, spaces and policies that will govern their work. In addition to this, all new team members receive a departmental specific orientation as set out and monitored by their managers.

Non-Violent Crisis Intervention:

Every team member of the MICs Group of Health Services receive this training. Ongoing courses are offered.

Gentle Persuasive Approach:

This course continues to be offered in house by staff “train the trainer”. The intention is for all front-line workers in both Acute and LTC settings to hold this certificate.

RL6:

We monitor workplace harassment/violence through RL6 (risk management software) and these incidents are reported to the most responsible program lead/executive lead as well as through a tracking system for the Occupation Health and Safety Committee. This comprehensive process includes monitoring, reduction of the incidents and the prevention of future incidents. A formal process for tracking incidents of workplace violence has been put in place and we were able to collect our baseline data this year.

Code White:

We have a Code White policy in place to assist team members to recognize and deal with potential workplace violence.

Code Silver:

“Code Silver” was introduced to our Emergency Manual which assists Team Members in dealing with an individual with a weapon. Table top exercises were held in each facility in collaboration with the O.P.P.

Occupational Health and Safety:

We are compliant in various aspects of general Occupational Health and Safety such as information shared about the Internal Responsibility system, investigating all pertinent incidents and engaging the Team Members in conversation when performing inspections.

Executive Compensation

The MICs Group of Health Services is a multi-site health service organization that is comprised of the following three hospitals and their respective Long-Term Care facilities:

Matheson: Bingham Memorial Hospital (Rosedale Centre)

Iroquois Falls: Anson General Hospital (South Centennial Manor)

Cochrane: Lady Minto Hospital (Villa Minto)

Total compensation at risk of base salary for the Chief Executive Officer (CEO) will be 5% (3% to the achievement of targets + 2% personal performance)

Total compensation at risk of base salary for the following executives will be 3% (1% to the achievement of targets + 2% personal performance)

- Chief Nursing Officer
- Chief Financial Officer
- Director of Human Resources
- Director of Care (LTC)

Performance Based Compensation

1% of annual compensation is linked to the achievement of the following targets:

- Improving the client experience in the Emergency Department (Hospital)
- Improving the client experience (LTC)
- Improve the culture of reporting incidents of workplace violence
- Preventing adverse medication events by endeavoring to complete medication reconciliation on all discharged patients

Total compensation at risk for the Chief of Staff will be 3% to the achievement of targets.

For our Chief of Staff, the annual amount of 3% per annum will be linked to the achievement of the following target:

- Improving the client experience in the Emergency Department (Hospital)

Contact Information

For more information, feel free to contact:

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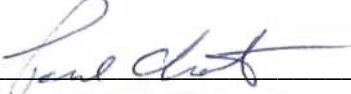
Sign-off

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  (signature)

Board Quality Committee Chair  (signature)

Chief Executive Officer  (signature)