

Let's Make Healthy
Change Happen.



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



3/28/2018

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

The Atikokan General Hospital is dedicated to excellence in compassionate and supportive health care for those we serve. Delivering quality patient care is everyone's focus. Our QIP is aligned with our mission "Partnering to achieve continual improvement in health outcomes for Atikokan". We believe that building strong partnerships with community resources and, guidance from our patients and families will improve delivery of safe, timely and coordinated care in our community

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

AGH celebrated the opening of the new Acute Care Unit and renovation of its ELDCAP Unit. The new Acute Care Unit is designed to be both quality and patient focused. Single bed rooms complete with fully accessible bathrooms provide patients and their families with the comfort and privacy they desire, while a new communication and monitoring system ensures staff are able to respond and attend to patient needs in a timely and efficient manner. The addition of an Airborne Infection Isolation Room (AIIR) and a dedicated staff hand washing sink in each patient room aid in reducing the risk of Healthcare Acquired Infections, thus improving the health and safety of patients, visitors and staff. As part of this redevelopment process the number of beds in our Acute Care Unit was reduced from 19 to 15, however this allowed for a much needed increase in the number of beds in our ELDCAP Unit from 22 to 26. The increase in long term beds has enabled some of our ALC patients to transition to LTC with the aim of enhancing their quality of life by providing them with access to a recreationist and opportunities to be involved in various social activities available in the long term care environment. The move into the new Acute Care Unit and renovated ELDCAP Unit occurred in a very organized and seamless fashion which would not have been possible without the dedication and cooperation of all AGH staff.

Resident, Patient, Client Engagement and relations

AGH has been able to establish a Patient and Family Council Advisory committee which meets quarterly and is involved in the quality improvement process by taking part in the review of responses received from patient experience surveys and the complaints review process. The Patient and Family Council also provides other input and suggestions that may be of concern to patients such as visiting hours and ways for our organization to effectively communicate information on the availability of programs offered such as our 'Rehabilitation & Healthy Lifestyles' program. Patient experience surveys continue to provide valuable feedback and have been expanded to include not only ED, Inpatients and LTC residents but now include OTN and Rehab clients. In the upcoming year, we hope to provide the members of this newly formed council a better and more complete understanding of HQO and the QIP with the goal of enabling them to become more involved with quality improvement initiatives at AGH.

Collaboration and Integration

In the Northwest LHIN we are further sub-grouped into 5 districts. The Atikokan General Hospital along with the Riverside Healthcare (Fort Frances) organization is part of the Rainy River Integrated District Network. As such we meet regularly to look for opportunities to integrate at the governance and administration levels so that patient care can improve. AGH collaborates with its community partners by participating in the Health Links Program administered by the Atikokan Family Health Team (AFHT). We are currently in the process of establishing a local health hub with various community resources. AGH works closely with the AFHT in the discharge planning process for our patients to ensure smooth transitions with necessary supports in place.

Engagement of Clinicians, Leadership & Staff

Through the Medical Advisory Committee, Pharmacy & Therapeutics Committee, Quality Committee of the Board and other regular administrative meetings, we work together

to improve patient safety and health outcomes. Recently, our volunteer Hospital Board reviewed the strategic plan and decided to place more emphasis on partnerships with other community resources for the coming year. Daily huddles provide opportunities for clinicians, leaders and frontline staff to effectively communicate concerns and/or suggestions for improvement in patient/resident care planning. Additionally, we have created a Quality Improvement Committee, so that each department has an opportunity to be actively involved in the development of our QIP. Communication meetings, open to all staff, are held regularly so that all staff are provided an opportunity to share change ideas for improvement, raise concerns and work together to solve any issues that may have arisen.

Population Health and Equity Considerations

Atikokan is a small rural community with a high population of seniors and patients living with increased complex/chronic diseases such as COPD and diabetes. We also have a higher than provincial average in the number of smokers. Many of these patients are considered high users of our health care system and we continue to work with the AFHT as part of the Health Links Initiative to identify these patients. We collaborate with the AFHT in comprehensive discharge planning and providing patients access to programs and services that meet their needs such as diabetes education and smoking cessation. AGH is in the process of reaching out to other community resources so that we may improve health outcomes by achieving a community approach to address our population's health concerns through the establishment of a local health hub. AGH provides regular Ethics Education which is available to all staff and, through the Patient and Family Advisory Council we have established a link to the 'Atikokan Native Friendship Centre' (ANFC), representing indigenous people. OTN has been well received by patients using this service, as it enables patients to attend consults with specialists while eliminating the need for travel.

Access to the Right Level of Care - Addressing ALC

AGH is continually looking for ways to lower the rate of ALC admissions to our facility, however alternative options can prove to be limited (increased need for LTC services). Due to the aging demographic of our population and long wait lists for LTC we foresee occupancy of acute care beds, by patients designated as ALC, to be a continuing challenge for our small rural community. Our Utilization Coordinator continues to work with patients, families and community partners to ensure all other services have been exhausted and the only remaining option is LTC. AGH is committed to improving the quality of ALC patient lives while they reside in our facility. We will continue to collaborate with our community partners to promote safe and successful transitions to appropriate levels of care.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

The AGH Pharmacy & Therapeutics Committee meets quarterly. The committee has physician representation as well as a pharmacist. The goal of this committee is not only to ensure our pharmacy is meeting OCP standards but to identify areas of improvement in the delivery of services in order to provide the best possible patient health outcomes. The committee reviews and makes recommendations for utilization and enables discussion between physician and pharmacist regarding any concerns involving the prescribing and management of medications. As part of the discharge planning process AGH identifies patients requiring supports related to opioid addiction and collaborates with community partners (AFHT, OATC and Addictions Counselling) to ensure the recovery process can continue after transition to home.

Workplace Violence Prevention

AGH has mandatory annual workplace violence education for all staff. All policies, procedures and training modules are reviewed and updated annually by the JOHSC. In addition, steps are currently underway to activate flagging of 'Acting Out Behaviours' (AOB) in our Meditech system as well as purchasing of personal communication devices for staff, which may at times, find themselves having to work

alone in some departments. All staff are encouraged to report incidents of violence in order that we can track, review and initiate corrective actions. Following the completion of the new Acute Care Unit and ELDCAP renovation an environmental risk assessment for workplace violence was performed. The majority of our reported incidents involving violence are perpetrated against our nursing staff as a result of responsive behaviours exhibited by patients and residents. During the past year AGH provided non-violent crisis intervention training (CPI) which was made available to all staff. AGH previously provided 'Gentle Persuasive Approach' (GPA) and P.I.E.C.E.S (Physical, Intellectual, Emotional, Capabilities, Environment, Social & Cultural) education equipping staff with the tools necessary for a taking a more proactive approach in deescalating situations that have the potential to result in violence. AGH has a Zero Tolerance Policy and is committed to providing a safe working environment for all staff.

Performance Based Compensation

Executive Compensation is linked to performance as follows:

- Chief Executive Officer 2% Improve Patient Satisfaction
- Chief Nursing Officer 1% Increase proportion of patients receiving medication reconciliation upon discharge
- Chief of Staff 1% Reduce wait times in ED
- Chief Financial Officer 1% Improve organizational financial health

The Board may use discretion in reviewing the cause of under achieved targets, the impact on compensation and allow partial compensation for achieving partial targets.

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 - Ed Enge Edward J. Enge

Quality Committee Chair – Ed Enge Edward J. Enge

Chief Executive Officer - Doug Moynihan D Moynihan