

Let's Make Healthy
Change Happen.



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



4/1/2019

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

Our mission at the Atikokan General Hospital (AGH) is to provide access to compassionate and high quality health care as close to home as possible, while supporting and inspiring our staff to ensure that patients, residents and caregivers are always at the centre of care. Our QIP is aligned with our mission and it is aligned with our vision which is, Partnering to achieve a healthy community. We provide hospital and long term care services and build strong links with our partners in primary care and home and community care. With our small size (41 beds) and volumes we are challenged to meet provincial or regional best-practice metrics. A recent Accreditation Canada survey noted several strengths including: physician recruitment, the PFAC, and community relations, automated processes, patient safety, ethical framework, and risk management. Challenges from the survey noted the following: ALC occupancy, staff recruitment and retention, budget restraints, and maintaining competencies with differing degrees of acuity.

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

In 2018/19 AGH focused on improvements to patient and resident safety. Examples of our initiatives include:

- upgrading our document management system, ensuring all staff have access to only the most recent version of policies, procedures and documents related to the provision of high quality care,
- moving from a manual to an electronic incident reporting system, enabling the monitoring of patient safety incidents and trends in real time, allowing issues to be addressed in a more timely and proactive manner and,
- providing personal communication devices to staff leading to better time management, resulting in more time being dedicated to direct patient care.

AGH continues to explore alternatives to the use of restraints in our ELDCAP unit. In 2018/19 we surpassed our target of reducing restraint usage by 10% from the previous year. We were able to reduce restraint usage by 45%. Engagement of all staff responsible for resident care in this initiative played a significant role in our success.

Although AGH noted a slight increase in the number of patient and resident falls over the past year, the percentage of falls resulting in fractures decreased. Consistent use of personal protective/assistive devices (example: hip protectors, falls mats, etc.) along with the processes in place to identify those patients and residents who are at a high risk of falls has resulted in reducing the severity of injury from falls, when they occur.

AGH continues to collaborate with community partners to ensure our patients and residents are always at the center of care. Our Utilization Coordinator works closely with patients, families, the Atikokan Family Health Team (AFHT) and to provide smooth transitions by making certain all necessary supports are in place prior to patient discharge. As part of the discharge planning process AGH identifies patients requiring supports related to mental health and/or opioid addiction and collaborates with community partners (AFHT, Community Counseling, OATC, Addictions Counseling, etc.) to ensure the recovery process can continue after transition to home.

Patient/client/resident partnering and relations

AGH established a 'Patient and Family Advisory Council' (PFAC) in April of 2017. This Council meets quarterly and to date has been involved in reviewing responses to our Patient Experience Surveys from inpatients, ED outpatients, ELDCAP residents as well as those clients using our OTN and Rehabilitation services. The Council has

proven to be a valuable resource in bringing forward quality improvement recommendations and, in general, acting as a 'voice' for members of the community. The Council continues to explore ways in which we can improve our outreach to various community organizations with a focus on establishing a better link to the 'Atikokan Native Friendship Centre'. In 2018/19 this Council was involved in reviewing the HQO QIP and given an opportunity to provide suggestions/recommendations for the 2019/20 QIP. Our goal is to introduce the Council members to other AGH Committees so patients, residents and families have representation throughout all levels of the organization.

Workplace Violence Prevention

The Atikokan General Hospital's commitment to the health and safety of employees is an essential part of this organization, from the AGH Board of Directors to the front line workers. A major ongoing objective is to protect employees from workplace injury or illness which includes providing an environment free from violence and harassment. AGH has a comprehensive Workplace Violence and Harassment policy and procedure, which is reviewed annually by the JOHSC and updated as required. The AGH Board of Directors receives a report of all reported incidents quarterly (includes workplace violence). All employees are required to be familiar with these policies and procedures and also complete a mandatory Workplace Violence education/training component each year. All employees are encouraged to report incidents of violence or ones that indicate a potential for violence. With the implementation of an electronic incident reporting system, AGH is now able to track incidents in real time and be more proactive in initiating corrective actions. The majority of our reported incidents involving violence continue to be perpetrated against our nursing staff as a result of responsive behaviours exhibited by patients and residents. AGH is dedicated to providing ongoing education and training ('Dementia & Responsive Behaviours 101', 'Gentle Persuasive Approach', etc.) in order to ensure all staff are equipped with the knowledge and tools necessary to take a proactive approach in deescalating situations having the potential to result in violence. Additionally, in 2018/19 AGH provided employees with personal communication devices which allow staff members to call for immediate assistance in the event they find themselves in a violent or potentially violent situation. AGH has a Zero Tolerance Policy and is committed to providing a safe working environment for all staff.

Executive 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.




Contact Information
Other

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 / Board Quality Committee Chair Ed Enge



Board Quality Committee Vice Chair Karen Lusignan



Chief Executive Officer Doug Moynihan

