

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 Timmins and District Hospital is committed to Quality Improvement. The Quality Improvement Plan (QIP) and patient safety plan supports our strategic direction in ensuring we are providing quality exemplary care to all Northerners. This year's QIP focuses on similar indicators as last year as we continue to improve our processes with small goal-oriented initiatives. The plan has sought input from front-line staff, professional staff, Board members as well as patient/family advisor. We are confident that we continue to affect positive change on a day-to-day basis but also recognize the need to improve certain aspects of the care we provide to our community.

Our focus this year are transitions in care, care coordination for patients in Mental Health, COPD supports and order sets, reducing ALC days, ensuring that palliative care patients receive timely optimal care, improving the patient/family experience, ensuring safe medication practices and reducing workplace violence. We feel that these initiatives, along with our program-specific goals and objectives are reflective of the quality work that is on-going at TADH.

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

As we know, health care is an ever-changing landscape. The focus is always on improving health outcomes and experiences for families and patients at TADH. This year our most highlighted achievement would be the implementation of a four-bed hospice unit. This has been a welcome service for our community and its families. The initiative was supported by the NELHIN and was spearheaded by clinical leadership at the hospital who collaborated with a group of engaged community providers and volunteers - the Timmins Hospice Palliative Care Resource Team. This group of over ten community service providers, chaired and hosted by the hospital, is a committed group that believes in improving the quality of palliative care services in the community of Timmins and surrounding area. When care at home is no longer an option, patients and their families now have an option to access this peaceful, supportive home-like environment for end-of-life care. This much-needed service provides access to dedicated primary care providers, nurses, allied health professional and ever-important volunteers to support families during very difficult times. Since the official opening, March 24th, 2017, the comments and feedback from families, volunteers and care providers have been very positive.

## Resident, Patient, Client Engagement and relations

As an organization that is committed to patient and family engagement this priority continues with progress and change. The hospital has created a Patient and Family Advisory Committee (PFAC) which continues to grow. The membership now includes 6 patient and family advisors, and we continue to actively recruit members with the hopes to have a group of 10 to 15 advisors who would have a varied experience within the health care system. This group meets monthly and continues to inform and provide opportunity for improvement within our organization. They have been actively involved in initiatives such as parking, move of our fracture clinic, design of a new family area for ICU, creation of a coordinated care plan for patients with Major Depressive Disorder, and patient food services. They have also been consulted in regards to our 2018 QIP. Although this group is a small group, they are a very dedicated group of individuals who all have a vested interest in improving the quality of care the hospital provides by sharing their experiences and advocating for change.

## Collaboration and Integration

Partnerships are very important to TADH and we are continually striving to increase our collaboration with many local, district and regional partners. Although there are a number of initiatives with varied providers we will focus our discussion here on a few of our very important partnerships.

Our Improvement Advisor has been assigned to assist one of our local Long Term Care facilities with reviewing process when patients/residents transfer from hospital to LTC. This work is on-going and we hope to reduce redundancies and repetition for patients and their families as well as increase efficiencies. TADH has also offered our improvement advisor support the assist in Child and Adolescent Mental Health Planning in the Community.

**Health Link Key Partner:** TADH continues to facilitate the identification of Health Link Patients through electronic automated reports generated monthly to our community partners including FHTs and solo practice physicians. Our hospital collaborated with the TFHT in a submission to the NELHIN, on behalf of the Health Link committee, to support an NP Lead Team, addressing gaps in the care of complex patients. This continues to be reviewed for funding opportunities. Although the Timmins Health Link no longer receives ministry funding, we have committed to continue to provide the supports to this important program.

**Community Partner on Site Location to enhance engagement:**

TADH continues to provide complementary office space to the NELHIN Home and Community Care Coordinators, and the Red Cross Path Program in order to facilitate timely seamless discharge planning.

**North East Specialized Geriatric Clinic:** TADH continues to work closely with the NE Specialized Geriatric Program and our community partners, to ensure a seamless transition for identification of seniors requiring specialty care and admission to hospital assess and restore programming.

**Pediatric Complex Care Clinic :** In Collaboration with the Cochrane Temiskaming Resource Centre and Northeastern Ontario Hospital for Sick Children, TADH was a key partner in introducing the clinic to support local children with complex care needs. This is an excellent example of providing care closest to home.

**Northern College Health Sciences Steering Committee Partnership:**

TADH collaborates with the college and the employers of nurses in Timmins and the District as the Chair of the Health Sciences Steering Committee facilitating feedback and development of health care curriculum at the PN diploma and BScN programming. The Hospital is the lead partner with Northern College and College Boréal in providing clinical placements for students.

**Northern Ontario School of Medicine Partnership:**

TADH continues to support local third year students and residents on site, with a team of local physicians and administrative staff.

**Secondary School Health Care Co-op Placements:**

TADH continues to support high school placements to offer learning opportunities for future health care professionals.

## **Engagement of Clinicians, Leadership & Staff**

As in previous years, the Quality Improvement and Patient Safety Plan for 2018-19 are aligned with our strategic plan as well as program goals and objectives. On-going engagement of clinicians, leadership and governance continues with committee meetings, presentations, consultations, email and education sessions. The input

received during these various processes are imbedded and inform our QIP for this year.

### **Population Health and Equity Considerations**

Population health and equity remains an important goal for the Timmins and District Hospital. We strive to maintain good working relationships with various unique populations. Here are a few initiatives worth mentioning:

Improving access to Schedule 1 facilities from the James and Hudson Bay Coast was identified as a need in 2016. At that time work began to implement and standardize a pathway by which communities along the James Bay Coast access Schedule 1 beds within the NELHIN region. Partners included Weeneebayko Area Health Authority, NELHIN, Health Sciences North, North Bay Regional Health Centre, Sault Area Hospital and the Timmins and District Hospital. This work resulted in a standard of work to access beds but also a defined process to transition patients back to their communities with the required information. This project was guided by the expressed needs and desires of the Indigenous Peoples, geared toward providing person-centered care, largely informed by consumer experience.

To further support Indigenous Communities we will be participating in NELHIN funded Cultural Competency Training, these sessions are to begin with employees and community partners in May 2018.

Another key community project that has gained strength and benefited the addictions and mental health community is the Community Mobilization Table and the Situation Table. Both of these tables include 20 local community organizations as well as mental health leads in local school Boards. The Situation Table's meets weekly and are tasked with servicing and supporting individuals and families who are experiencing difficulties that may place them in an acutely elevated risk of harm. All agencies work collaboratively to support individuals and their families who are identified at an acute elevated risk.

Another important collaboration has been TADH's involvement in the analysis and needs assessment as it relates to a Francophone Health Center in Timmins. TADH was part of the review process with the firm hired by the NELHIN - PGH. This review included consultations with primary care providers, health promotion providers, various health partners as well as community members.

### **Access to the Right Level of Care - Addressing ALC**

TADH co-chairs and hosts the Timmins ALC Working Group and has worked to align a work plan with the NELHIN priorities. The initial work included a comprehensive mapping of the current state and identification of gaps in the community and transition from hospital to LTC.

TADH hosts a weekly ALC Patient Waiting LTC Review Rounds: TADH Clinical Leadership, NELHIN Home and Community Care Leadership, TADH Discharge Planners and NELHIN Home and Community Care Coordinators meet weekly to review the patients and ensure that all strategies have been implemented to assist patients to wait for LTC in the community setting whenever possible, and to review wait lists and collaborative strategies to expedite transition from the hospital.

Our on-going senior friendly priorities that also support our ALC initiatives are to ensure that we spread the use of the HARP tool as well as the Blaylock tool for our most vulnerable patient population to assist us in providing the most appropriate level of care to our aging population.

ALC Transition Care Solutions: In partnership with St. Mary's Residence, a Retirement Residence in Timmins and Home and Community Care, TADH submitted a proposal the NELHIN for a collaborative care model to support ALC patients currently waiting for LTC to reside at the retirement residence with added nursing supports. The proposal and concept continue to be under review for future opportunities.

This year TADH submitted a proposal to the NELHIN for the implementation of 12 ALC Transitional Care Beds, to provide increased access for patients in an enhanced seniors friendly environment. This proposal was not funded. However, in November, TADH received funding to support 12 surge beds which were opened on the 3rd floor of the hospital to support ALC patients waiting LTC. This has created an improved environment and increased quality of care for the patients, and has facilitated increased access to acute medical beds.

### **Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**

It is a priority at the Timmins and District Hospital to support the efforts in reducing opioid use in our community and region. We continue to work closely with our partners in these efforts. Recently the NELHIN announced funding for Cochrane and James Bay Sub region to implement a Rapid Access Addictions Medicine (RAAM) Clinic. As such, an Opioid Task Force was put in place to begin the planning. TADH is a member of this task force comprised of multi-partner agencies to ensure that the clinic is operational by the spring of 2018. The purpose of the RAAM clinic is to provide urgent and timely care to clients who have addictions or concurrent disorder. All clients are supported by an Addiction Physician that guides the treatment team and the client to stabilize and offer medication management of addictions.

From an internal process perspective, work is underway to develop a memorandum of agreement with our community partners, South Cochrane Addiction Services, to assist in connecting patients to Addictions services while they are still in hospital during an acute admission. The plan is to have a formal process in place to ensure proper support of our patients in the Mental Health Unit.

Our surgical department is also engaged and assisting in this strategy by using multimodal analgesia - NSAID's and Acetaminophen. They also are using other adjuvants, for example Gabapentin, Lyrica, Ketamine and Lidocaine infusions. The use of local anesthetics, regional anesthesia and analgesia are also practiced in our hospital. Finally, supportive care such as early ambulation, early nutrition, physiotherapy, family involvement, nursing encouragement and empathy also play a part in reducing the need for opioid medications.

### **Workplace Violence Prevention**

Workplace violence prevention and staff safety are of utmost importance at TADH. The organization has finalized two Standard Operating Procedures for both the Emergency Department and the Mental Health Unit. The intent is to spread that work to other units this coming year. Also, in a continuation of what we began in our Mental Health Unit last year the Emergency Department staff are now equipped with individual portable alarm. All staff in the Emergency Department and the Mental Health Unit are now trained in CPI. We continue to evaluate the need for additional training with a plan to increase our trainers able to provide the CPI training to our staff. Finally, we have included workplace violence as a priority within our strategic plan.

### **Performance Based Compensation**

Executive leads understand the importance of the QIP indicators and targets which are approved by the Board of Directors. Progress and monitoring of the Quality Improvement and Patient Safety Plan is regularly monitored and discussed at our Patient Safety and Quality Committee, Program Meetings, Board Quality and Board of Directors.

For the Senior Leadership Team a percentage (2-3%) of their compensation is linked to the achievement of selected QIP performance targets as well as other organizational targets. For 2018-19 year the following three objectives will be used:

1-Due to limited beds and in the spirit of ensuring access to our Hospice Unit and aligning with our Palliative Care indicator the TADH will monitor the % of patients

who have met the target length of stay (21 days or less) in the hospice unit. The target is 80%.

2-Patient Engagement and Satisfaction continues to be priority at TADH, therefore the intent is to continue to improve patient satisfaction (in-house surveys) with 95% of patients indicating they would recommend this hospital to their friends and family.

3-In line with Patient Satisfaction we will continue to monitor discharge phone calls and ensure that 60% of patients are receiving a discharge phone call.

### Contact Information

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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)  
Quality Committee Chair \_\_\_\_\_ (signature)  
Chief Executive Officer \_\_\_\_\_ (signature)  
Other leadership as appropriate \_\_\_\_\_ (signature)