

Let's Make Healthy  
Change Happen.



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



**January 2, 2020**

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.

## QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

### Erie Shores HealthCare (2020-2021)

## 1. OVERVIEW?

Include a brief description of your organization and an introduction to your organization's Quality Improvement Plan (QIP). Imagine you are telling a member of the public about the following – some key facts, what you do, who your patients/residents are, and your focus of care. Include a description of how you work to improve care for any specific under-served populations you might serve. For the introduction to your QIP, include an overview of the key areas of focus for your QIP. Think of this as an executive summary that helps to contextualize and connect the different parts of the QIP.

Recommended length: 250 words.

Erie Shores HealthCare (ESHC) Quality Improvement Plan (QIP) continues to enhance our organizational vision of “Compassionate Care Close to Home” and aligns with our new strategic plan in development with the focus on Access to Care, Improving Quality and Performance and Investing in our People. We are excited with the progress in our development of a new strategic plan. It incorporates the mission, vision and new direction of Ontario Health (OH), the Ministry of Health and Long-Term Care (MOHLTC) and our eventual regional Ontario Health Team (OHT) with an emphasis on community stakeholder priorities and a sub-region continued focus on collaboration and innovation.

Located in Southwestern Ontario, ESHC has expanded to service the communities of Leamington, Kingsville, Harrow, Wheatley, Woodslee, Amherstburg, Belle River and Lakeshore. Our 58 bed acute care hospital has experienced significant growth in the last two years. **Our projected Emergency Department (ED) volumes in 2019-2020 are 38,000; a 25% increase from 2017-2018.** Additional volumes include: 300 births, 4,700 surgeries and 3,600 inpatient admissions per year (inclusive of a Level 2 ICU, rehabilitation and acute care services).

In 2019-2020, ESHC committed to building partnerships and developing key initiatives to support our under-served migrant worker population. Our work began in our Emergency Room in collaboration with Lariza Mendoza (Program Coordinator - Migrant Worker Community Program) and Dr. Justine Taylor (Science and Government Relation Manager – Ontario Greenhouse Vegetable Growers), Orangeline Farms and Mucci Farms. Together we developed a wallet card (in Spanish and English) that is completed upon hire at a local greenhouse. Migrant workers carry this wallet card which includes details for reference when they arrive at our ED (translatable – and, includes emergency contacts in country of origin, medications, medical history, etc.). This program has been locally successful and regionally/provincially recognized for adoption.

The QIP for 2020-2021 underscores ESHC's commitment to quality and patient safety. In 2019-2020, we continued our commitment to enhance our quality program, developing collaborative partnerships and undertaking innovative regional initiatives. The QIP was approved by our various Care Committees, the Executive Senior Leadership Team, Quality Council and Board of Directors. The embedded initiatives, action plans and measured outcomes reflect our endeavour to improve outcomes, access to care and the patient experience.

ESHC's scorecard development includes: Safety Scorecard (HAI's, Falls, Medication Errors, etc.); Utilization Scorecard (Flow and Access); Patient Services Scorecard; Corporate Services Scorecard and QIP. The scorecards are reviewed monthly with Care Committees, the Clinical Quality Assurance Committee and the Quality Council. The QIP is reviewed quarterly.

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### Erie Shores HealthCare (2020-2021)

The 7 indicators selected for the 2020-2021 QIP include:

#### **Mandatory Indicators**

- 90th percentile ED wait time to Inpatient Bed
- Number of workplace violence incidents (overall) reported by hospital workers (as defined by OSHA) within a 12 month period

#### **Priority Indicators**

- Alternate level of care (ALC) rate
- Patient experience: Did you receive enough information when you left the hospital?
- Repeat emergency visits for mental health
- Medication reconciliation at discharge

#### **Custom Indicator**

- Early treatment of sepsis: percentage of Emergency Department (ED) patients identified at triage to be at high-risk for sepsis who receive first-dose antibiotics within 1 hour
- Falls: Rate per 1,000 patient days

Key quality improvement initiatives for 2020-2021 that are linked to our QIP will include:

- Expansion of our Discharge Program  
Effective discharge planning can decrease the occurrences of a patient being readmitted to the hospital, and can also help in recovery, ensure medications are prescribed and given correctly, and adequately prepare the patient and/or family to take over their loved ones care.

In 2019-2020, we introduced an ADT (Admit-Discharge-Transfer Nurse) Monday – Sunday.

In 2020-2021 to continue our improvements with a robust discharge strategy.

We will implement two (2) quality improvement plans with our top three patient diagnoses (Congestive Heart Failure, Chronic Obstructive Pulmonary Disease and Community Acquired Pneumonia).

- 1.) EDD/ELOS strategy that is embedded within Care Rounds and Physician Rounds.
- 2.) Diagnosis specific Care Pathways.

- Workplace Violence Program  
The development of a new program that aligns with Public Services Health & Safety Association best practice recommendations. Strategies will include: ensuring supervisor competency, workplace safety plans and reporting and debriefing standardization.

In addition, ESHC will establish a Peer Support Program. This program will see a frontline team trained in crisis assessment and intervention to minimize stressors within the organization that can lead to WPV.

## QUALITY IMPROVEMENT PLAN (QIP) NARRATIVE

### Erie Shores HealthCare (2020-2021)

- Sepsis Initiative

This initiative will measure the percentage of patients presenting with signs of life-threatening infection who receive early treatment with antibiotics, in keeping with international best practices. Strategies will include: a revised flow pattern within the ER for suspected high-risk sepsis patients and a flagging system for physicians, pharmacists and staff. In addition, a revised sepsis screening tool and sepsis orderset will be introduced.

- Falls Initiative

This initiative will measure the rate of falls per 1,000 patient days. In the hospital setting, falls continue to be the top adverse event and injuries from falls are often associated with morbidity and mortality. As a restraint-free hospital, we are evaluating and implementing key strategies to minimize falls.

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

Provide a story about a specific quality improvement achievement that your organization is proud of. Try to think of this as a "bright spot" that can be shared with other organizations. The story should include results from the improvement initiative (for example, data demonstrating the impact of your project or program).

### **Access and Transitions – Emergency Services**

ESHC believes timely care and access to care is important for patients as they navigate our Emergency Room. As a result, we implemented a comprehensive flow initiative that would enhance the experience for patients and families and improve our P4R outcomes.

ESHC in 2019-2020 adopted the following:

- 1.) Clinical Decision Unit (virtual within the ER) - designation that can be applied to an ED patient visit where the patient can benefit from more time in the ED than their level of acuity would normally allow, but that this extra time could ultimately avoid an admission.
- 2.) Rapid Assessment Zone – an area dedicated to care for the low-acuity vertical patients.
- 3.) Tracking Boards – large screen televisions that allow the Clinical Resource Nurse and ER Nurses/Physicians to forecast, assess and navigate flow.
  - a. EMS Tracking Board – shows the number of ambulances enroute to the ER, expected time of arrival and CTAS level.
  - b. Inpatient Tracking Board – shows bed empty, occupancy/capacity.
- 4.) Home Care Coordinator – position within the ER proper to assist with admission diversion.

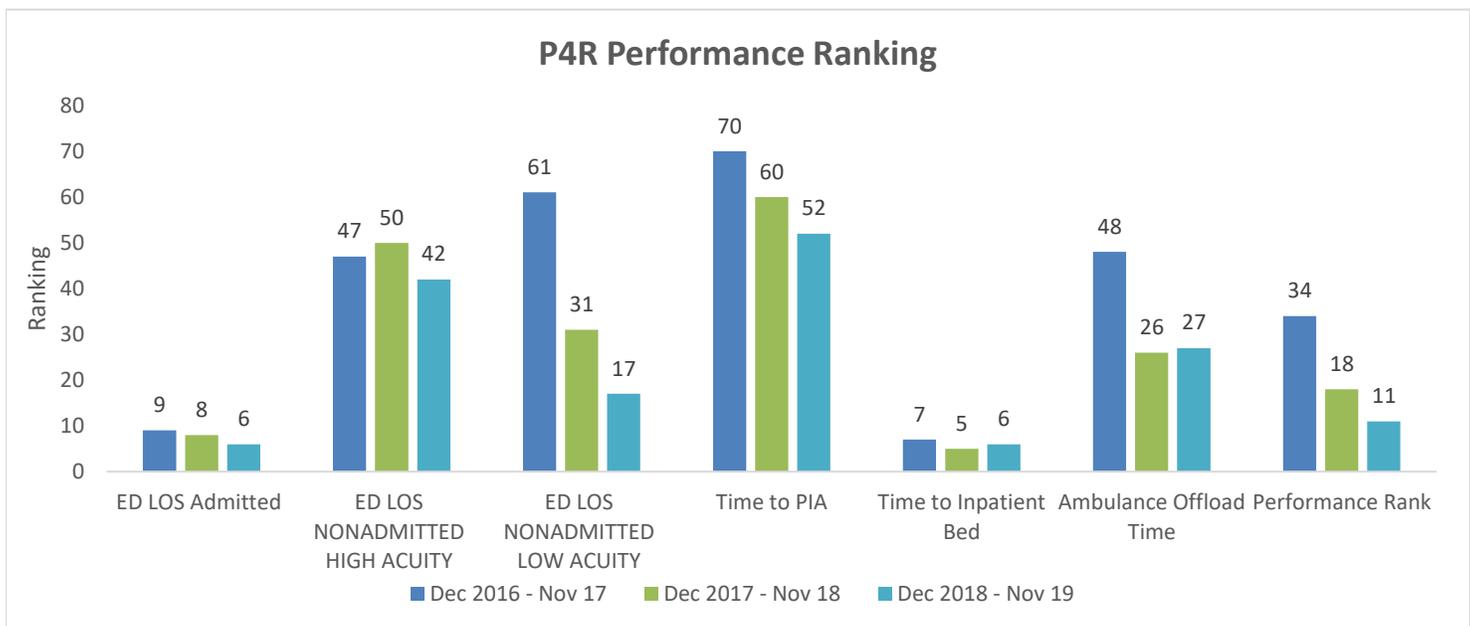
Our P4R outcomes and patient satisfaction have greatly improved.

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Erie Shores HealthCare (2020-2021)

P4R Performance Indicators	Dec 2016 - Nov 17	Dec 2017 - Nov 18	Dec 2018 - Nov 19	Up/Down	Legend
ED LOS Admitted	9	8	6	↓	Lower is better
ED LOS Non-Admitted High Acuity	47	50	42	↓	Lower is better
ED LOS Non-Admitted Low Acuity	61	31	17	↓	Lower is better
Time to PIA	70	60	52	↓	Lower is better
Time to Inpatient Bed	7	5	6	↓	Lower is better
Ambulance Offload Time	48	26	27	↑	Lower is better
Performance Rank	34	18	11	↓	Lower is better
Patient Satisfaction - Would you recommend ED to friends and family?	46.6%	50.3%	51.9%	↑	Higher is better
Final Funding Rank	64	65	56	↓	Lower is better

Up/Down arrows - compares last year (2018-19) with previous year (2017-18)



## 3. Collaboration and integration

We know that in order to achieve large-scale improvement, many of the indicators in the QIPs require collaboration with other partners. In this section, please describe who your organization is working with to improve integration and continuity of care as your patients move across the health system. If you are an organization that has been selected as an Ontario Health Team (OHT), describe the collaborative quality goals of your OHT in this section. What is the OHT's joint commitment to quality? For example: What is your population of focus? How will the OHT improve the care experience for patients? What quality measures will your OHT focus on? Include the name of your OHT in your description. Also, remember to describe your OHT work in your QIP Workplan by naming your collaborators on the relevant indicators and reflecting collaborative work in your change ideas. Organizations in earlier stages of the OHT application process are also strongly encouraged to document your collaborative efforts in this section. Recommended length: 250 words

ESHC understands the importance in collaborative partnerships to streamline access to care and allow patients to move across the health spectrum seamlessly.

In late 2018 leading into the 2019-2020 year, ESHC partnered with Essex-Windsor Emergency Medical Services (EMS) and Windsor Regional Hospital. That innovative regional partnership successfully reduced hallway medicine in the region. This was achieved through our newly developed Destination Agreement and Diversion Protocol. This collaborative initiative expanded our geographical catchment area for EMS CTAS 3, 4 & 5 patients to ESHC's ED to offset ED pressures at the Windsor, Ontario tertiary hospitals. As well, it allows for Emergency EMS Dispatch to divert patients across Windsor-Essex County based on ER wait times, volumes and capacity at the three regional hospitals.

In 2020-2021 ESHC is committed to further innovation and collaboration. Examples include:

- Mental Health Community Outreach
  - Committee with Quality Council Representative, PFAC Representative, Mental Health Community Supportive Services Partners and our local Police and EMS Services.
- Palliative Care
  - Collaborative Partnership to reframe delivery of care with the Hospice of Windsor-Essex County, Transition to Betterness and the End of Life Care Network
- Trillium Gift of Life Network
  - Expanded service offerings for Medical Assistance in Dying (MAID) patient population within our communities.
- Family Health Team
  - Expanding process and flow initiatives adopted by the Healthlinks philosophy.

ESHC is steadfast in the work required with our regional partners (hospitals, long-term care facilities, family health teams, primary care, etc.) in the development phase of a Windsor-Essex Ontario Health Team (W-E OHT).

## 4. Patient/client/resident partnering and relations

Briefly outline how you partnered with patients/clients/residents in your quality improvement initiatives this year, including in the development of this QIP. Can you identify examples where their input has had an impact on your quality improvement initiatives? For example, have patients/clients/residents helped to choose areas of focus for your QIP, contributed change ideas, or co-designed/co-delivered quality improvement activities? Have you identified any broader impacts on staff, the patients/clients/residents who were engaged, or those being served by your organization? Recommended length: 250 words.

ESHC is committed to making decisions that impact care, safety and quality with our patients, families and community partners to enhance a patient-centred health system approach.

Our community and patient representatives are essential and their precise perspectives steer our objectives for corporate safety, quality and access. As well, their insight and feedback specific to the patient/family experience and its personal impact is vital in our decision making. Including patient and community representatives allows us to reflect upon areas of accomplishment and identify opportunities to elevate our delivery of quality, safe and equitable patient care.

In 2019-2020 our patients, families and members of our Patient Family Advisory Council have been vital to quality improvement initiatives that highlighted access to care, patient flow and patient and family satisfaction. In addition, to the development of our new Strategic Plan.

Key Initiatives included:

- Co-Gendering Policy – this policy will minimize time in the ER (from admission to inpatient bed), minimize frequent patient moves during their hospital stay. As a result, ESHC can improve timely access to care.
- Family Presence Policy – this policy will allow our vulnerable and sick patients to have one (1) family or primary support at the bedside twenty-four hours per day. Evidence shows an increase in patient satisfaction and improvements with length of stay and reduced medication errors.

The development of this year's QIP, was inclusive, consultative and collaborative. Our patient and community partners this year advocated for timely access to care, modeling OH and the MOHLTC mandate to end hallway medicine.

## 5. Workplace Violence Prevention

Is workplace violence a strategic priority for your organization? (yes/no). If yes, describe how it is a priority – for example, is it included in your strategic plan, do you report on it to your board, or have you made significant investments to improve in this area? Given that this is the third year that this is appearing in the QIP, what have you done differently and what are you planning to do differently this year?

Recommended length: 250 words

Yes. ESHC is committed to a respectful, collaborative and healthy work environment. As such, we have a zero tolerance methodology and supportive policies around workplace violence and safety. All incidents are reported to the Quality Council and Board of Directors.

Within ESHC, staff and physicians wear personal safety devices that trigger an alarm to alert staff and security when there are escalating behaviours that require protection and/or assistance. In addition, we have a “Flagging Patient Behaviours” Policy and yearly e-learning modules that are completed by employees within the organization.

Key initiatives that will continue through the 2020-2021 year include:

- **AIDET Training**  
AIDET is a communication framework for healthcare professionals to communicate with patients and each other in a way that decreases patient anxiety, increases patient compliance, and improves clinical outcomes. This initiative assists in setting a collegial tone for conduct between patients/families, staff and physicians.
- **Code White Training**  
“Code White” refers to a trained team response to a disturbance that is a behavioural emergency involving clients in healthcare settings. A core team at ESHC was trained as leaders within the organization. In 2019-2020, this team will oversee the Non-Violent Crisis Intervention training across the hospital.
- **Safety Huddles**  
Inpatient, Perioperative Services, Allied Health Services and Emergency Department leaders huddle with staff daily – at which time, any concerns are flagged and discussed for ongoing supportive and preventative measures to be implemented.

New key initiatives in the 2020-2021 year include:

The development of a new program that aligns with Public Services Health & Safety Association best practice recommendations. Strategies will include: ensuring supervisor competency, workplace safety plans and reporting and debriefing standardization.

In addition, ESHC will establish a Peer Support Program. This program will see a frontline team trained in crisis assessment and intervention to minimize stressors within the organization that can lead to WPV.

## 6. Virtual care

In order for care to be effective, it needs to be delivered at the right time and in the right setting. There may be opportunities to improve the design and delivery of services using virtual care. Describe how you are using or supporting virtual care to improve health care delivery to your patients/residents. Examples of virtual care include (but are not limited to) virtual visits, online scheduling, secure emails with providers, and e-consultations. Recommended length: 250 words

ESHC is committed to timely access to care for patients (right time and right setting). As a rural community hospital, virtual care is pivotal with our tertiary care hospitals in our patient care delivery.

Currently, our greatest success in our Mental Health and Addictions partnership with Windsor Regional Hospital for virtual assessments and consultations via OTN for care recommendations or admission acceptance to their Level 1 facility.

We are committed to expanding our reach and access to virtual care in the 2020-2021 year.

A key Initiative that is currently planned is:

- Ocean eReferral Program  
The Ocean eReferral Network allows healthcare providers to securely send electronic referrals in real-time while keeping patients informed. This is a collaborative initiative amongst local Family Health Teams and ESHC for our Diagnostic Imaging Program.

As the hospital transitions to an electronic documentation platform, we believe our capacity and opportunities for growth within virtual care is critical.