

Let's Make Healthy
Change Happen.



Listowel Wingham Hospitals Alliance: 2018/19 Quality Improvement Plan

Enriching Life's Journey Together

VISION



Cultivating
QUALITY CARE
that is
patient centred,
timely, efficient,
effective,
equitable
and safe.

Cultivating a
**sustainable
and resilient**
ENVIRONMENT
that is here
for future
generations.



Cultivating a
WORKPLACE
that **nurtures**
Individual
and collective
potential.

Cultivating
PARTNERSHIPS
to offer a
seamless
patient
experience.

VALUES

Respect
Teamwork
Communication
Professionalism
Compassion/Caring

Overview

The Listowel Wingham Hospitals Alliance (LWHA) was formed on July 1, 2003 as a partnership between Listowel Memorial Hospital and Wingham and District Hospital. As an Alliance, we share a common management structure with a single leadership team and shared Vision, Mission, and Values. Although we remain as two separate corporations, there is a one Board of Directors. We look for opportunities to share services and programs across our two communities and find innovative ways to work with our community partners in order to deliver high quality care to our patients and their families.

In the spring of 2016, LWHA released an updated strategic plan that articulates an organizational mission. It includes cultivating a sustainable and resilient environment that is here for future generations, cultivating quality care that is patient centered, timely, efficient, effective, equitable and safe, cultivating a workplace that nurtures individual and collective potential, as well as cultivating partnerships to offer a seamless patient experience. These mission statements are supported by our organizational values of respect, teamwork, communication, professionalism and compassion/caring.

The 2018-19 Quality Improvement Plan (QIP) is a documented plan to facilitate achievement of the vision of LWHA and our strategic priorities. The indicators, targets and action plan were developed by LWHA leadership, staff, physicians, board members and patients/families.

Quality Improvement Achievements over the Past Year

Listowel Wingham Hospitals Alliance (LWHA) demonstrated commitment to continuous quality improvement, patient safety, and patient engagement over the past fiscal year. In 2017, a refreshed Quality Framework was developed in alignment with our mission, vision, and values and implementation began. The Quality Framework is an overview of focused organizational alignment, the key principles and practices necessary for the organization to implement and monitor quality improvement while maintaining a continuous focus on quality, patient safety and risk management. It identifies key organizational enablers necessary to drive improvements in the six domains of quality and ensure the achievement of the quadruple aim: enhancing patient experience, improving population health, maintaining or reducing costs, and optimizing provider experience. See Appendix A.

The Patient and Family Engagement Framework was developed and shared with staff, leaders, and providers. LWHA is an open transparent organization that sees patient engagement as an opportunity, not a challenge, for improving quality. See Appendix B.

LWHA successfully completed Accreditation Canada's Q-Mentum Program in November 2017, receiving "Accredited with Exemplary Standing", which is the highest possible rating. Several patient partners were on site to discuss pertinent quality matters with the Accreditation surveyors.

COPD Readmissions:

The Chronic Obstructive Pulmonary Disease (COPD) project is a quality improvement plan (QIP) accomplishment. In fiscal year 2015, LWHA discharged 73 patients with a COPD diagnosis and saw a return of 9.6%. In 2016, LWHA discharged 80 patients with a COPD diagnosis and saw a return of 7.5%. In 2017 (to date), LWHA discharged 33 patients with a COPD diagnosis and the readmission percentage is currently 3.0% with a primary COPD diagnosis (% to change subject to completion of coded data).

A multi-disciplinary team successfully implemented evidenced-based changes to reduce readmissions in this population. A regional order set and COPD care pathway were implemented in order to standardize inpatient care from admission to discharge. In addition, COPD patients were provided with

education regarding the pathway to support their involvement in their care. Collaboration with the North Perth and North Huron family health teams allowed for staff education of community resources, including but not limited to smoking cessation and lung health opportunities in the area.

Wingham and District Hospital (WDH) went live with the physician order set, nursing care pathway and patient education materials in November of 2016. Currently, patients discharged with COPD at WDH receive a follow-up appointment with the family health team post discharge, with the goal of this visit occurring within 7 days of discharge.

Listowel Memorial Hospital (LMH) implemented the COPD quality improvement ideas in February of 2017. All patients discharged from LMH receive a 7-day follow up appointment with the family health team.

Staff education was provided later in March 2017. COPD discharge and readmission rates have been monitored closely by the LWHA Project Lead and Family Health Team Quality Coordinator, disseminated to the front line staff, clinical nurse leaders, leadership and Board of Directors. Improvement in 30-day COPD readmissions has been sustained and will continue to be monitored closely.

CT Scan:

Listowel Memorial Hospital successfully implemented a CT scanner and associated program in June 2017. Diagnostic Imaging staff visited several community hospitals in order to prepare for the on-site addition and the specific training required for implementation. Approximately 200 scans are performed per month, with projected increases and plans to expand services such as CT colonoscopy in the near future.

Resident, Patient, Client Engagement and Relations

LWHA values the input provided from our patients and families utilizing hospital services. Methods of patient and family engagement include in-house patient experience surveys in both paper and electronic formats, patient rounding, focus groups, committee participation and engaging patients through face-to-face interactions, phone, and email on change processes within the organization. Feedback opportunities through concerns raised by patients and families allows LWHA to identify issues and understand future improvement opportunities.

LWHA believes that patient feedback is a fundamental opportunity for change and improvement throughout our organization. LWHA views patients as partners and promotes all staff to engage patients in everyday activities, as well as in planning and solution generation. Patient engagement education is incorporated into orientation. Patient feedback is also discussed at each Quality Team, with patient partners sitting on several teams.

Partnerships between patients, families and health care providers are mutually beneficial and rewarding. Patient stories are shared through re-telling, in-person account, and videos at a variety of committees, meetings, and forums to bring the patient perspective to our decision making. Partnering with patients and their loved ones will support a common understanding of their experiences, preferences, and needs, and how to respond to them.

At LWHA, we believe that by incorporating patient and family involvement and feedback in decision-making, quality initiatives, organizational design, and policymaking we will co-design services that are tailored to our patient populations; thus leading to best possible outcomes. Patient engagement is

known to contribute to improvements in quality and patient safety. We want to build the knowledge, skills, and confidence of our patients to drive practices that will change our systems for the better, and enrich their life's journey. Our patient engagement framework best captures how we will support this capacity-building plan with our patients and staff (Appendix B).

Participation in the 2018-19 QIP planning process allowed our patient partners to identify meaningful quality improvement opportunities for the organization to focus on. Patient input was sought in person, through social media, and captured on Quality Improvement surveys. Patient Partners were consulted for input and this feedback was utilized to create our 2018-19 QIP Mental Health access indicator.

Collaboration and Integration

LWHA is committed to the safety, security and satisfaction of our health care providers and patients. We work closely with our local Home and Community Care (HACC) coordinators and continue to ensure equitable access to care, improve transitions, and enhance discharge planning for our patients. LWHA collaborates with our community healthcare providers and regional groups regarding such things as surge to facilitate patient flow, support local coordination of patient care, and improve navigation of the healthcare system. Recent integrated project work includes a care pathway for patients admitted with Chronic Obstructive Pulmonary Disease (COPD) to improve access to primary care within 7 days of discharge.

LWHA collaborates with Huron Perth Health Links to improve transitions and mitigate barriers along the patient journey. We initially focused on seniors and patients with complex needs. Common goals are an integral part of patient centered care, ensuring the patients receive high quality, accessible and coordinated care, as well as a support reduction in unnecessary ED visits and improved patient experience. Staff at various encounters in acute and primary care identify complex patients, and then a coordinated care plan is facilitated to collaborate with the patient/family to build a supportive plan of care.

LWHA partners with Long Term Care (LTC) facilities within Huron and Perth counties. Matters such as transitions of care, advanced care planning and transportation issues are generally topics of discussion during the semi-annual meeting.

This year we will be focusing on access to care and transitions for our patients experiencing mental health illnesses. We are partnering with the North Huron and North Perth Family health teams to support the use of opioids contracts for rostered patients. We will be collaborating with regional and local agencies and community resources to improve the navigation of available support for these patients.

Engagement of Clinicians, Leadership & Staff

Our goal is to foster a culture of continuous quality improvement at LWHA. Thus, we developed and trialed a new Quality Improvement Plan (QIP) Process with a focus on broad stakeholder design and engagement. Initial QIP planning survey results contained responses from a combination of staff, physicians, board and community members/patients. We developed our aims, measures, and change ideas through sharing of data and current evidence, and engagement in brainstorming/planning exercises supported by the Model for Improvement (see Appendix C). Staff and clinician experience is a priority within the organization. This year we incorporated the goal of staff and provider satisfaction into our Quality Framework. This aligns with our mission and strategic plan.

Patient engagement will inform all levels of indicator measurement and evaluation, to ensure the priorities of the organization are aligned with the priorities of the populations we serve. Monitoring of quality indicators will also occur at the program, leadership, community, and board level. Sharing of run charts to monitor outcome and process measures, as well as the utilization of driver diagrams will help drive continuous improvement and support the successful implementation of the QIP.

Population Health and Equity Considerations

LWHA continues to reach out to our community healthcare providers and regional groups, such as the North Huron Family Health Team and North Perth Family Health Team, to facilitate patient flow and local coordination of patient care. Recent integrated project work includes a care pathway for patients admitted with COPD. This unique patient population is at risk of re-admission due to lack of knowledge of community supports and patient management of COPD at home. This year we will focus on the opportunity to improve access for patients suffering from mental health illnesses by leveraging community resources and health navigator prospects. We will partner with the North Huron and North Perth family health teams to support opioid education and use of opioid contracts. In addition, we strive to meet senior friendly guidelines when developing new processes and in redevelopment of physical spaces.

LWHA has provided culturally sensitive training for existing staff and at orientation regarding patient centered care, specifically partnering with patients in planning their care. There is an expectation of all staff to involve each patient on what their vision of culturally competent care involves. An LWHA patient experience survey asks patients if staff acknowledged their cultural values. We have implemented a new family presence guideline with open visiting hours to ensure all patients are able to have their family/supports by their side during their healthcare journey.

LWHA patient experience surveys also ask patients to identify and/or suggest any improvements that could be made to make our hospital more accessible, to improve the delivery of services, or to enhance their overall experiences. Patients are able to make recommendations and all comments are internally reviewed and considered for improvement purposes. We have recently updated and posted our accessibility plan in accordance with provincial legislation.

Access to the Right Level of Care - Addressing ALC

Alternate Level of Care (ALC) refers to patients who no longer require medical care and are waiting to be discharged to another care environment such as a long-term care bed, convalescent care bed, or retirement home. ALC issues are a regional challenge. LWHA partners with Home and Community Care, the North Huron and North Perth Family Health teams and are active participants in the Huron Perth Health Link. This facilitates collaboration to identify and/or develop coordinated care plans (CCP) for complex patients by discussing supports and programs available within the community for these patients, and allow patients to wait at home when resources are available. CCPs involve discussions with patients, family members, caregivers to promote independence and promote discharge from the hospital.

LWHA staff participate in daily discharge focused rounds for all patients admitted to the hospital. A multi-disciplinary team discusses barriers to discharge, appropriate bed occupancy, length of stay for specific disease processes and opportunities for improvement in the area. We are developing patient information to help patients understand that early in their acute stay the healthcare team will collaborate with patients and their family/caregivers to plan for discharge from the hospital. We are committed to ensuring the right arrangements are in place when patients are discharged, and that patients receive

the right care in the right environment. The medical advisory committees are engaged in reviewing cases and problem solving related to ALC patients.

LWHA participates in the monitoring and discussion of ALC levels at the program, senior executive, and regional level as we explore innovative opportunities to improve access to care.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

LWHA will partner with our local Family Health Teams to provide a clear and comprehensive plan to patients seeking the prescription of opioids in the Emergency Department (ED). Rostered patients to our local Family Health Teams have an opioid contract with his/her physician, signed by both the patient and physician. This contract explains the terms of opioid renewal, obtaining prescription refills and understanding of the agreement between the patient and the ordering physician. Emergency Department nurses and physicians must be educated on the use and purpose of the opioid contract, as well as how to access the contract in the event the patient is presenting after physician office hours.

The current practice of LWHA Emergency Department physicians is to limit the number of opioid prescriptions written and provide only small quantities to allow the patients time to make a follow up appointment with a family physician. ED physicians do not provide prescription renewals for opioids for patients who have family physicians.

LWHA does not currently review opioid prescribing practices in the inpatient setting. A pharmacist is available to perform medication reviews and offer advice and alternatives to opioids. Additionally the pharmacy department supports safe and secure management of opioids and is working towards a more robust program for monitoring opioid usage and minimizing diversion.

Workplace Violence Prevention

LWHA's strategic direction includes strengthening our organizational effectiveness by recognizing the value of our people in providing a positive, safe and caring workplace. Workplace violence prevention facilitates this, in conjunction with the Joint Health and Safety Committee, to provide an environment where violence and harassment are prohibited.

Consistent with enhanced legislation, LWHA has undertaken a complete review of the LWHA Workplace Violence and Harassment policy, effective September 1, 2016 and have provided education for all staff. This includes enhanced screening for the risk of patient violence as well as communication processes among the healthcare team.

Employees report violent incidents into the electronic incident reporting system, RL6. An aggregate report of incidents by site is shared with the Joint Health and Safety Committee (JHSC). If there are trends of occurrences, these are discussed at JHSC and/or Leadership and efforts are put in place to reduce incidents. For example, we may need to increase staffing and observation if there is a specific patient risk.

Over the past two years, the organization has provided all staff with Non-Violent Crisis Education training. This training is a full-day mandatory course for our staff and all new hires. Re-certification is required every two years and staff participate in a 4-hour refresher course.

Some other general safety initiatives that we have in place:

- Two main entrances for each hospital that are unlocked by day. Swipe access for every other point of entry. Single point of entry on night shift
- Emergency Response Training, including Code White (aggressive person)
- Parking lot lighting
- Security surveillance
- Security alerts
- Violent patient flagging

With the addition of Workplace Violence as a mandatory Quality Improvement Plan indicator for 2018-19, LWHA has outlined several change ideas to implement in order to drive an increase in violence incident reporting.

Performance Based Compensation

The following Quality Indicators and measures from the Quality Improvement Plan have been recommended by the Executive, Nominating and Governance Committee and approved by the Board as targets linked to performance pay the period April 1, 2018 to March 31, 2019. Eligibility for Performance pay is subject to the level of performance as described in the performance corridor. Eligible compensation recipients include the members of Senior Team: Chief Executive Officer, Vice President Clinical Services and Chief Nursing Executive, Chief Human Resources Officer, Chief Financial Officer, and Chief of Diagnostics and Support Services.

Performance Indicator	Outcome Measure	Comments	Targets	Weighting
Reduce the number of mental health and substance abuse 30 day revisits to 11% at LMH and 8% at WDH by March 31, 2019 as measured monthly using NACRS data.	Completion of 10 change ideas documented in driver diagram	System improvement indicator. Will require extensive collaboration with Family Health Teams, Mental Health and Addictions providers.	3 – 25% 5 – 50% 7 – 75% 10 – 100%	33% of performance pay.
Increase joy in work by 10% by March 31, 2019 as measured by the Joy Meter Survey.	Increase in Joy Meter from current 65% to a stretch target of 75%.	Organizational focus. Positive cultural impact expected.	3% - 33% 6% - 67% 9% - 100%	33% of performance pay.
Increase the organizational number of workplace violence incidents reported by hospital workers (as by defined by OHSA) by 50%, to 17 reported events, by March 31, 2019	Completion of 10 change ideas documented in driver diagram	Mandated indicator. Current numbers are small. More meaningful to accomplish change ideas than target an increase in a small number.	3 – 25% 5 – 50% 7 – 75% 10 – 100%	33% of performance pay.

Work Plan: Aims, Change Ideas, and Measures

Mental Health Access



Aim: Reduce the number of mental health and substance abuse 30 day revisits to 11% at LMH and 8% at WDH by March 31, 2019 as measured monthly using NACRS (National Ambulatory Care Reporting System) data

Current performance:

Calendar Year January – December 2017

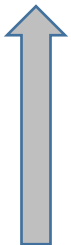
LMH 13.6%

WDH 9.8%

Change Ideas:

1. Partner with family health teams to educate emergency department staff to utilize opioid contracts
2. Offer staff education regarding mental health and addictions (MH+A), consider Bridges out of poverty, mental health first aid and/or choices for change
3. Update physical and chemical restraint policies, re-educate, and value restraint use.
4. Investigate opportunity to develop care pathway for MH+A Emergency Department visit
5. Ensure crisis access to OTN (Ontario Telemedicine Network) reliable when in person consult not possible
6. Partner with community supports police/EMS (Emergency Medical Services)/pharmacies etc. to discuss challenges with privacy, transport, review of new algorithm
7. Partner with FHT's (Family Health Team's) and SWLHIN (South West Local Health Integration Network) to review and share available community resources in North Huron and North Perth and how to access
8. Have FHT social work next available appointment available for Emergency Department staff.
9. Implement process to have consultation with Listowel Wingham Hospital Alliance social work for patients in crisis available
10. Complete safe room planning and associated procedure for use
11. Advocate for SWLHIN Mental Health care standardization to improve efficiency and bed availability
12. Guideline update for care of Form 1 patients and educate
13. Coordinated care plans for complex diagnosis, patients with no family physician, and patients without ability to refill prescriptions
14. Investigate mental health navigator role with FHTs to advocate and follow up after discharge
15. Connect with patients for experience/story and input on policy/processes

Joy in Work



Aim: Increase organizational Joy in Work from 65% to 75% by March 31, 2019 as measured by the Joy Meter Survey

Current Performance:

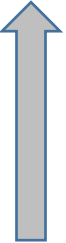
February - March 2018

Baseline 65%

Change Ideas:

1. Implement weekly to daily quality improvement (QI) huddles in several departments to increase staff input into decisions, processes, changes and improvements
2. Investigate ways to free up leadership time to spend with direct reports, co-creating solutions and processes with their team members
3. Trial spread of leader status exchange
4. Trial pairing new employee with existing for first 3 months to help acclimatize them to culture, processes and meet with other staff
5. Educate leaders in engaging staff with "what matters" conversations
6. Clarify organizational roles/responsibilities and fiscal realities through skills day
7. Develop job shadow opportunity process (see Grand River Hospital, Guelph General Hospital)
8. Clarify team lead/lead hand, clinical nurse lead (CNL), float standard work and roles
9. Implement senior executive walk abouts
10. Define expectations of leader presence (example: staff meetings, cross site presence, location of offices)
11. Staff appreciation and team building calendar for monthly events
12. Create a standardized communication plan (example: emails, update boards, newsletters, social media, TV's, Media)
13. Recognition on every meeting agenda and incorporate in weekly huddles with process for acknowledgement
14. Investigate opportunities to improve staff wellness (example: yoga at work) using evidence based initiatives
15. Investigate evidence based initiatives around team resilience and promotions of psychological safety

Workplace Violence



Aim: Increase the organizational number of workplace violence incidents reported by hospital workers in RL6 (as by defined by OHSA – Occupational Health and Safety Act) by 50%, to 17 reported events, by March 31, 2019

Current performance:

Calendar Year January – December 2017
11 reports

Change Ideas:

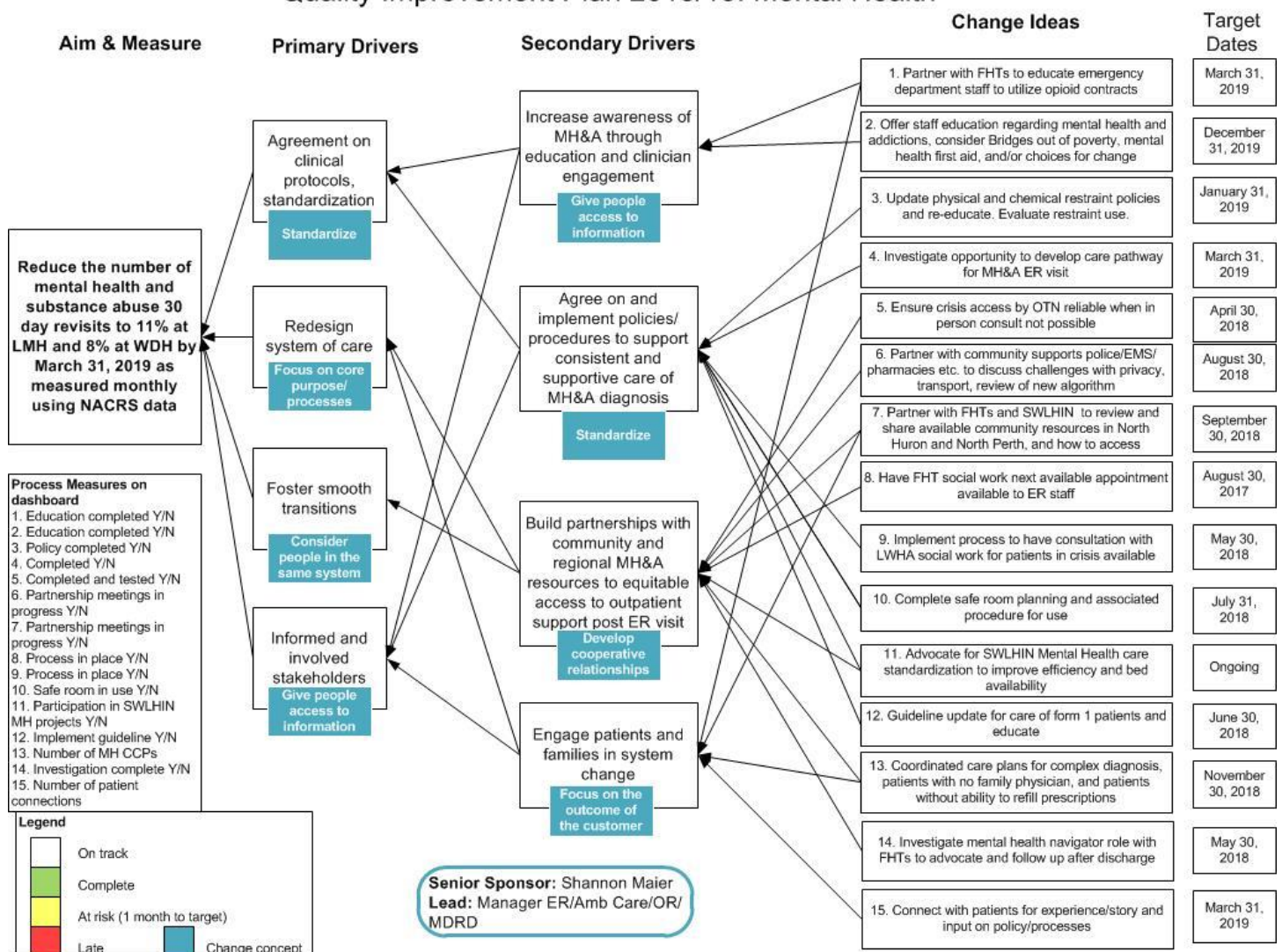
1. Increase mock code whites. Investigate potential for patient partner
2. Implement process to maintain NVCI (Non-Violent Crisis Intervention) competency refresher for all staff every 2 years
3. Pinel restraints training for all staff in clinical areas
4. Implement Code Silver in the organization
5. Evaluate current reporting process in RL(incident reporting system) with staff input
6. Develop an algorithm outlining workflow triggered with workplace violence RL report entered, including timelines for response. Clarify manager and occupational health follow up documentation expectations
7. Educate all staff regarding definition of workplace violence
8. Joint Health and Safety Committee (JHSC) to develop a list of contributing factors of violence. Confirm with patients/visitors input

9. Develop and post a code of conduct for families and visitors with staff and patient partner input.
10. Educate staff regarding no tolerance, discount the myth that workplace violence is part of healthcare
11. Flag patients at risk for violence (behaviour alert) in Cerner (electronic health record)
12. Review and update workplace violence at orientation under Occupational Health presentation

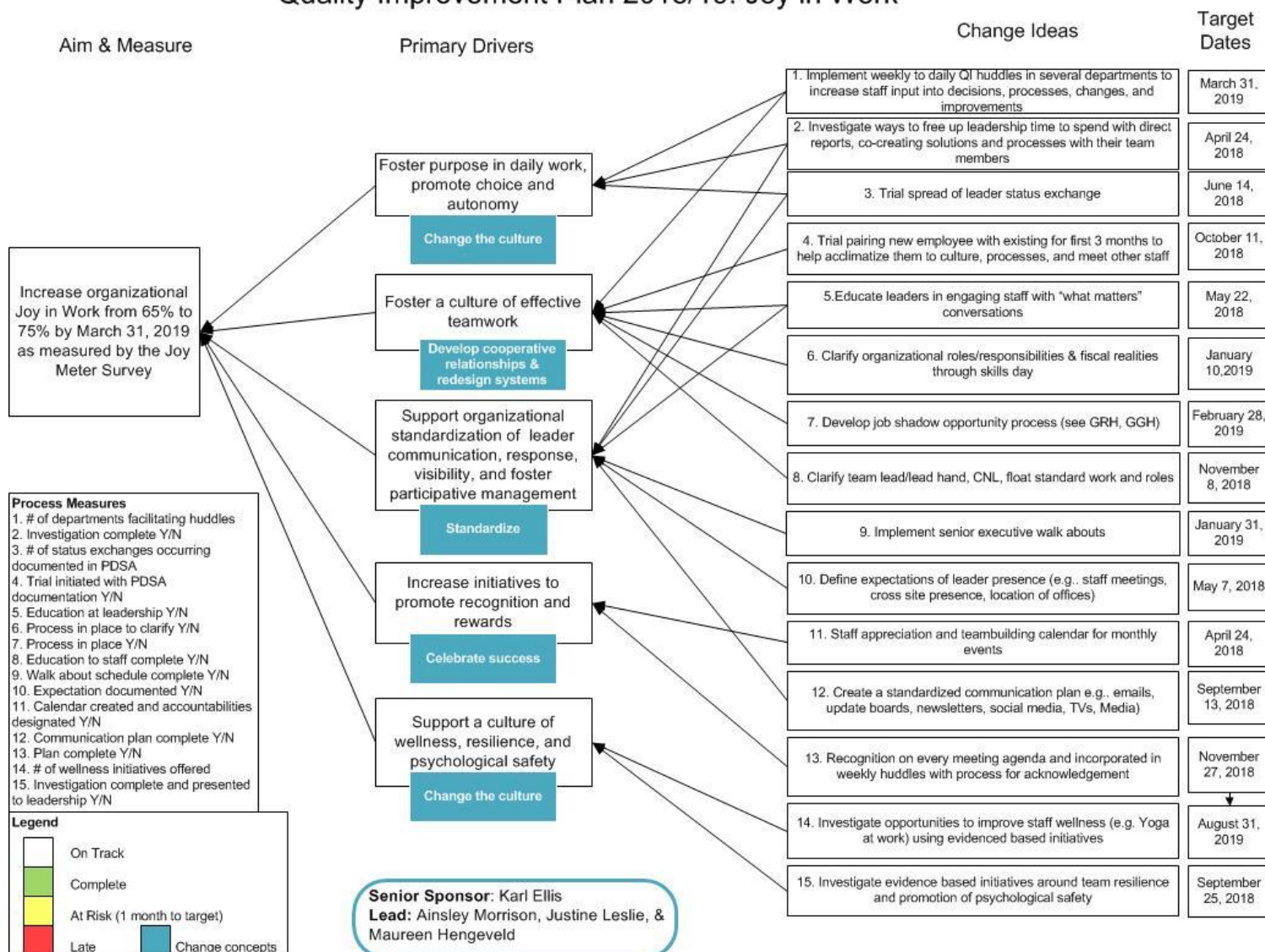
The senior sponsor and project lead will be responsible for oversight and progress reporting, through use of run charts and driver diagrams. Process measures and targets have been outlined in the QIP associated with each change idea. Dashboards have been created in Decision Support. Data will be disseminated to appropriate staff, quality teams, leadership, Quality Council and the Board of Directors.

Driver Diagrams

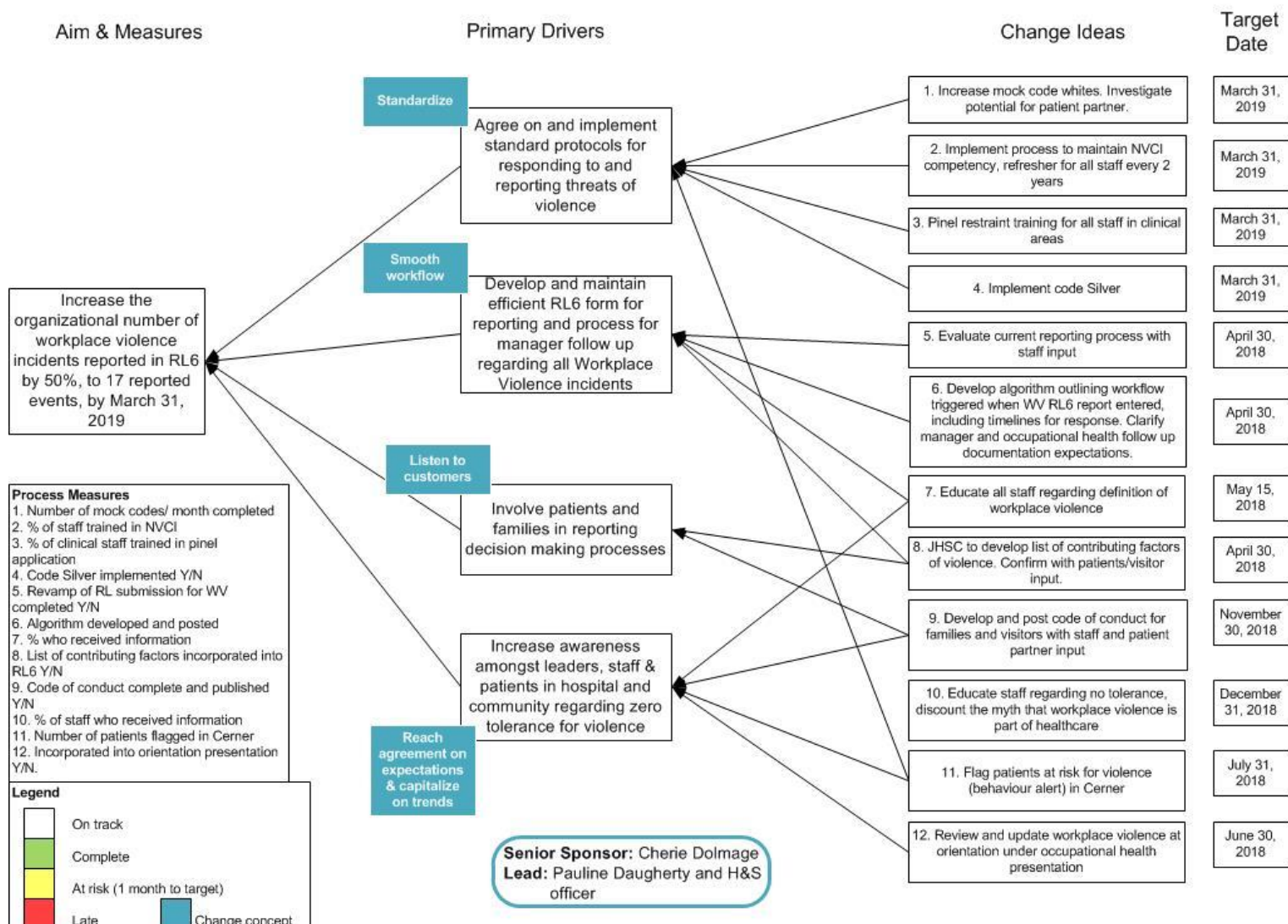
Quality Improvement Plan 2018/19: Mental Health



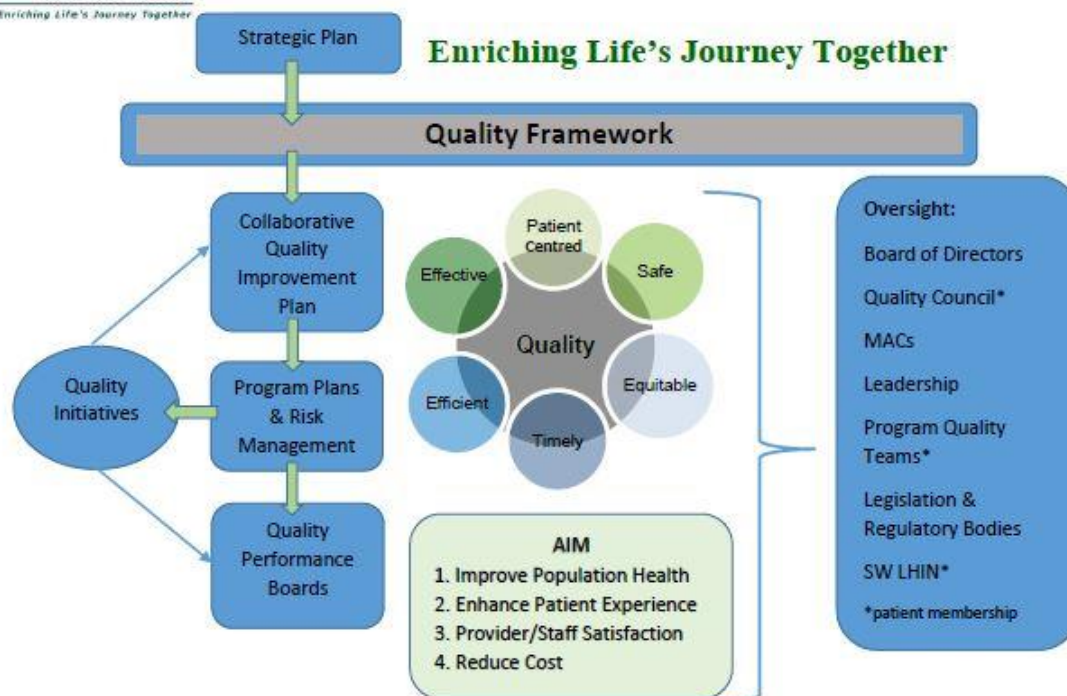
Quality Improvement Plan 2018/19: Joy in Work



Quality Improvement Plan 2018/19: Workplace Violence

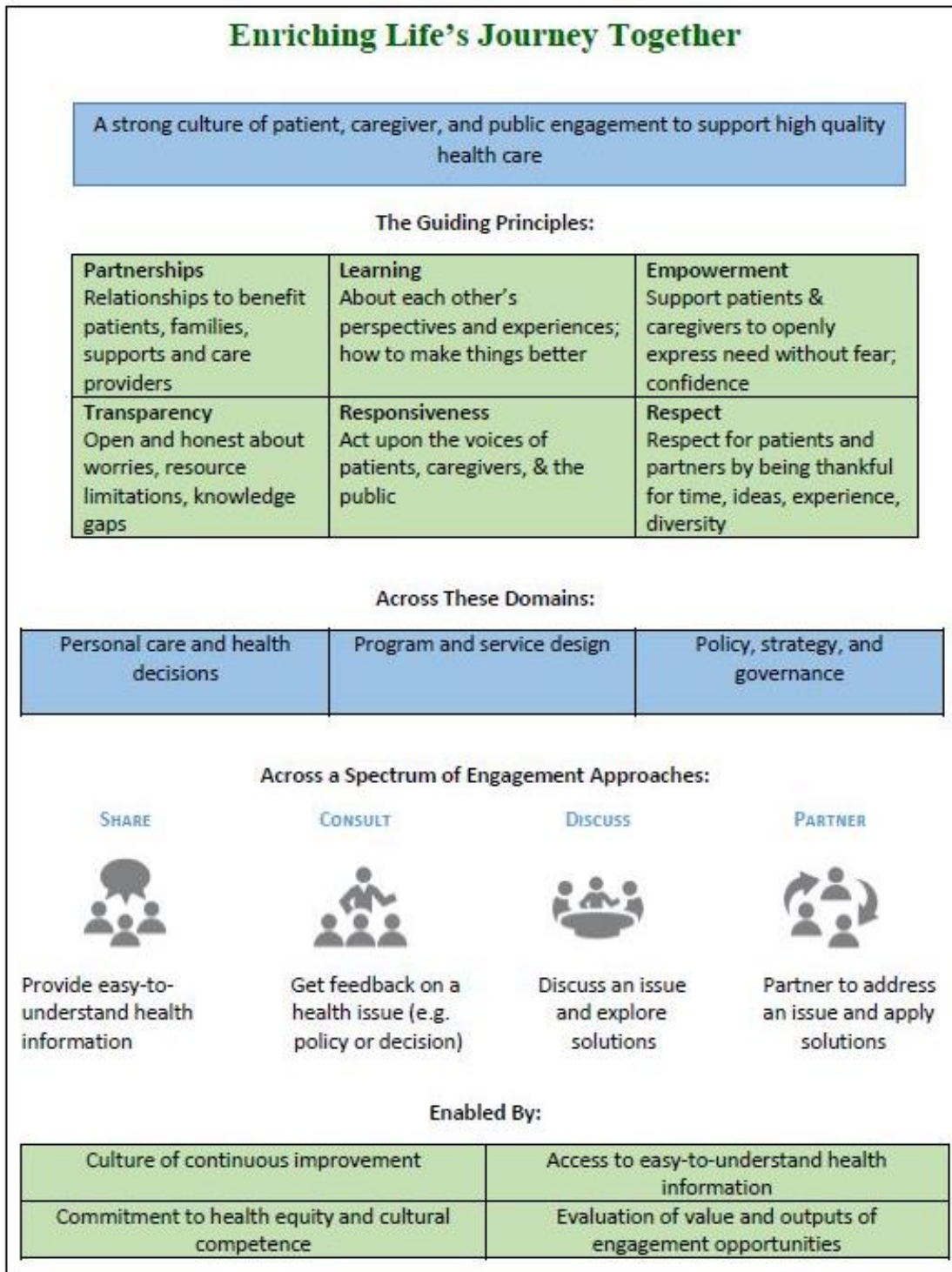


Appendix A: Listowel Wingham Hospitals Alliance Quality Framework



Organizational Enablers Required to Reach Quality Aim						
A Board that is relentlessly committed to quality	Executive Leadership envisioning and realizing quality through strategic planning, QIP, & organizational development	Managers, professional practice, coordinators, & team leads committed to & skilled in quality improvement	Staff that are supported by a robust HR strategy to thrive in a quality focused workplace, practicing evidence-based medicine	Engaged patients & families/ Experience based design	Supported and engaged medical & professional staff	Community and regional partnerships/ Engagement in integration tables with regional academic and community hospitals
A just culture: systems thinking/ focus on safety & systems not blame	Comprehensive quality improvement and risk management frameworks/ project tools & change strategy	Foster a culture of quality/huddles & recognition	Resources allocated to support quality	Measure and monitor performance/ Business Intelligence	Internal & external environmental awareness to identify organizational, regional and sub-regional care gaps & adherence to quality standards	High functioning information technology
Respect	Teamwork	Communication	Professionalism	Compassion/Caring		

Appendix B: Listowel Wingham Hospitals Alliance Patient and Family Engagement Framework

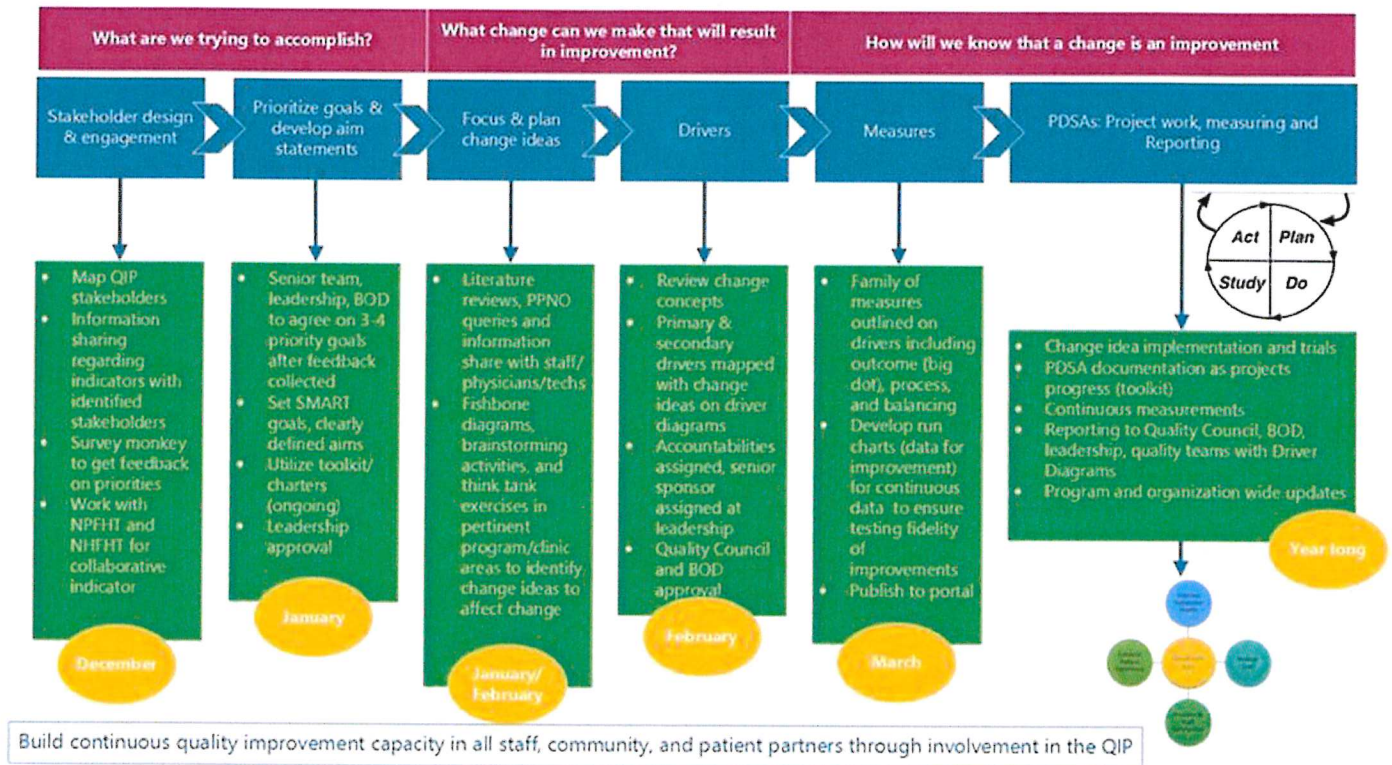


Adapted from HQO, 2016

Appendix C: Listowel Wingham Hospitals Alliance Quality Improvement Plan Process




LWHA Quality Improvement Plan Process



Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

LWHA Board Chair 
 Rosemary Rognvaldson

Chief Executive Officer 
 Karl Ellis