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Change Happen.



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



Advancing Exceptional Care

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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 delivery of quality care with compassion in a safe environment is paramount to the work that we do at Grand River Hospital (GRH). The board members, leadership, staff, physicians, and volunteers are committed to provide excellent care and services in partnership with patients and their families. Our Quality Framework defines the structure for this accountability. The Quality and Patient Safety (QPS) Committee, a sub-committee of the board, ensures that leadership has quality processes in place while adhering to legislative requirements. The clinical programs are accountable for ensuring that strategic discussions about quality are held with the QPS Committee and operational discussions about program performance for quality are held with the Senior Quality Team (SQT). The 15 clinical programs and services are also responsible for ensuring that continuous quality improvement processes, such as the Quality and Patient Safety Councils, are in place. Information from these councils is disseminated to direct care providers for awareness and potential participation in quality improvement initiatives.

Within the organization's planning cycle falls the development of the two-year Quality & Patient Safety plan. The purpose of this plan is to establish high-level goals which support continuous quality improvement and enhanced patient safety, allowing us to better serve the community. The 2018/19 Quality Improvement Plan (QIP), a subset of the 2017/19 Quality & Patient Safety Plan (QPSP), was approved by the board of directors in March 2018. A number of internal and external partners contributed to the plan, including but not limited to: quality improvement goals identified by the clinical programs and services, patient experience survey results, improvement opportunities identified through Quality of Care Information Protection Act (QCIPA) processes, critical incident data, accreditation results, and outputs of the enterprise risk management assessment. Patient and family feedback continues to be an integral part of the QIP development process and selection of the 2018-19 QIP indicators has taken into consideration priorities identified by patients and families through advisory councils and focus groups.

In 2015, we learned that McKesson would no longer support our Horizon Clinicals application. This set in motion discussions with our hospital partners, the Waterloo Wellington Local Health Integration Network (WWLHIN) and the Ministry of Health and Long Term Care (MOHLTC) about the immediate and future needs of our hospital, partners, and patients. We have branded the replacement of our clinical and corporate information systems as 'PRISM'. Just like a prism takes a single beam of light and transforms it into a spectrum of colour, the change is bigger than new computers and wiring, as it will change the way we communicate and work together to support patient care.

PRISM includes:

- Cerner, our clinical systems vendor, one of the top health IT companies worldwide.
- Infor, our corporate services vendor, will replace/develop systems for Finance, Supply Chain, and Human Resources.
- Novari Health, who will provide scheduling, wait times management/reporting, and electronic patient referral solutions for Operating Room procedures.

With new systems implementation, Grand River Hospital is on a transformative journey to improve communication and access to critical information, assisting clinicians in the decision making process. All solutions will integrate as necessary, supporting operations to increase quality and ensure safer patient care.

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

Among various priorities that we have focused on this past year, the clinical programs and services at Grand River Hospital have implemented several quality improvement initiatives throughout the year. Examples of some of our key accomplishments this past year include:

1. Medication Reconciliation at Admission, a QIP Indicator, has been tracked regularly on each program scorecard. The continuous efforts of each program, in collaboration with University of Waterloo, have been instrumental in improving our performance. These co-op students are involved in the BPMH review and document their work for review and auditing. Our surgery, medicine, and cancer programs are also working to improve

Medication Reconciliation at Admission. The stroke program has seen the success of this initiative, directly resulting from engaging these co-op students, creating a cascading learning model.

2. For providing patients with sufficient information regarding what to do if they are worried about their condition or treatment after leaving the hospital, GRH is performing at 77% (April 2017-January 2018), above the target of 75%. Our medicine, stroke, and children's programs have updated their checklists to ensure patients receive all relevant information upon discharge. The cancer program is educating the staff on the 'Teach Back' approach, an important component in adult learning. Our Rehab and Complex Continuing Care programs, in collaboration with WWLHIN, have begun using "Patient Oriented Discharge Summary"(PODS). Our Specialized Mental Health program is adapting the Adult & CAIP discharge instruction sheet to assist in discharge planning. The medicine program has implemented 'geographical rounding', a new initiative which incorporates patients and families into multi-disciplinary rounds, allowing discharge planning to occur from day 1.

3. Cancer Case Turn-Around-Time (TAT) data from Cancer Care Ontario (CCO) has shown improvement to 72% target achievement. The team will continue to see improvements in this area. GRH Lab medicine has seen success in their Institute of Quality Management in Healthcare (IQMH) assessment, 4 year accreditation certification, as well as ISO 15189 achievement. The lab has worked to streamline routine surveillance for MRSA and VRE by consolidating patient sampling by 60% with an innovative swab technique. This change has allowed for automation of sample processing in microbiology, increasing pathogen recovery rate and operational consistency.

4. Our Renal program began the 'Right Start' pilot project across the unit, which assists in supporting successful patient flow to home therapies. During the first 10 months, 73% of Right Start patients chose home therapy. Renal program nurses presented this success at the Canadian Association of Nephrology Nurses and Technologists conference in October and have been invited to present at the International Society of Peritoneal Dialysis conference in May.

5. We implemented a 'Meds to Beds' initiative in our medicine, stroke, surgery, and General Internal Medicine Rapid Assessment Clinic (GIMRAC) programs, with plans to expand to Freeport campus by 2018/19. The medicine unit's 'Meds-to-Beds' program, which delivers discharge prescriptions directly to patients prior to leaving the hospital, has been very successful. The benefits of the program include convenience for patients by offering a 'one-stop-shop' care experience, increasing compliance with new drug regimens through access to drug education, and improving patient experience.

6. The Emergency Department Information System (EDIS) was launched in April 2017, both on time and on budget. A comprehensive EDIS and electronic health record (EHR), Wellsoft creates a seamless transfer of patient information, streamlining the process from pre-admission through final disposition. Fully tailored to the hospital's needs, Wellsoft includes patient tracking, clinical documentation (with scanning, photos, diagrams and dictation), CPOE, lab/medical imaging results reporting, charge capture, multiple HL7 interfaces, and support for CTAS and CEDIS requirements. The Emergency Department also installed new GE monitors in November, which are interfaced with the EDIS, enabling patient vital signs from the Bedside cardiac monitors to be documented in the EMR. The system is also interfaced with MUSE for wireless transmission of ECG's into the clinician portal.

## Resident, Patient, Client Engagement and relations

The priorities identified in the Quality & Patient Safety Plan (QPSP) and the QIP will help guide individual work at all levels of the organization. Grand River Hospital places great emphasis on ensuring a patient/family-centred approach to care. Actively engaging patients and their families provides a forum for understanding improvement opportunities within the care and services provided at the hospital. The development of this year's QIP occurred in conjunction with patients and families by involving them in focus groups. Over the course of the year, focus groups were conducted with patients and families to provide input in the development of priorities for the FY2018-19 QIP. Common themes derived from the focus groups included effective communication, involvement of patients and families in their care, the importance of discharge information, and overall patient experience. Acquiring and utilizing this information is an integral part of Grand River Hospital's quality improvement efforts.

In recent years, our hospital has established Patient and Family Advisory Councils in the cancer, renal, and mental health & addictions programs. These councils enable a stronger voice from patients and families. Council members have also been active participants in key quality improvement initiatives within the organization, providing an opportunity to leverage their unique perspective.

To improve patient engagement, our medicine and surgery programs will be adding a patient/family member to their Patient Safety and Quality Council's in 2018/19. As an example of our commitment to improving patient engagement, our renal program's Patient & Family Advisory Council has created a welcome kit for new dialysis patients. In addition, this committee is actively fundraising for new patient chairs, thanks to feedback from patients.

## Collaboration and Integration

Hospitals within Waterloo Wellington all contain outdated HIS systems, which are nearing the end of their lifespans. These hospitals have agreed that a single system that provides a single record for each patient, including all of their history from each of the hospitals, would be most advantageous to patients. As a result, Grand River Hospital has negotiated an HIS contract that will make it possible for other hospitals within our region to join the system. Grand River Hospital and St. Mary's General Hospital already share many medical staff and services, but a shared clinical information system has been a long standing priority. This will enable staff to review patient progress and issue patient orders regardless of where they are located between our two hospitals, improving quality of care and safety for our patients. St. Mary's General Hospital leadership joined us at the negotiating table, and plan to go-live with PRISM six months after Grand River Hospital.

Grand River Hospital and St. Mary's General hospital are in the process of formulating a Joint Operating Room Committee. With meetings beginning in March 2018, membership will include leadership teams from both hospital peri-operative programs. The goal of this committee is to collaborate on policies, procedures, order sets, and other guidelines. This increase in collaboration between the two hospitals will help patients see a surgeon in a timely manner, reduce negative outcomes, while improving patient safety and experience. Over the coming year, we will look to centralize low volume testing to one site among and to repatriate referred out testing to one site where volumes support.

By 2019, our goal is to ensure patients are informed of all palliative care options available to them. Grand River Hospital, in partnership with the Waterloo Wellington Regional Cancer Program, will continue to assist in developing and distributing regional palliative care resources, with a focus on patient and families experience. To create a seamless transition from inpatient to hospice care, we continue to work towards the implementing of Ontario Palliative Care Network (OPCN) and Regional Palliative Care Program goals, working with hospices and other regional partners to achieve this. The Waterloo Wellington Regional Renal Program has joined with the KW4 sub-region in a Collaborative Quality Improvement Plan (C-QIP) with the goal to create a common approach and common Advanced Care Planning and Substitute Decision Maker (SDM) language.

Grand River Hospital prides itself on delivering services in a manner that is culturally sensitive. We continually strive to ensure that the care we provide is appropriate and welcoming for all. In September 2017, The Waterloo Wellington Regional Cancer Program along with Cancer Care Ontario's Aboriginal Cancer Control Unit (ACCU) attended the Waterloo Aboriginal Education Centre's traditional Pow Wow. The program is committed to working collaboratively with the ACCU in its efforts to engage and address the cancer control needs of First Nations, Inuit, and Métis peoples of the region.

Grand River Hospital -Freeport Site, in partnership with the WWLHIN, have created a Memorandum of Understanding with OpenLab to implement "Patient Oriented Discharge Summary (PODS)". By January 2019, this program will expand to include Low Intensity Rehabilitation [LIR] to General Rehabilitation [GR], Stroke Rehabilitation [SR], Complex Continuing Care [CCC], and Specialized Mental Health [SPMH] patients.

## Engagement of Clinicians, Leadership & Staff

Leadership from each clinical area formalizes quality and patient safety by engaging patients, staff, physicians, and volunteers in our Quality & Patient Safety Councils. Every year, these clinical programs report to the QPS Board Sub-Committee on their quality and patient safety goals, involvement in provincial and regional initiatives, strategic issues, challenges and successes. Throughout the year, each clinical areas reports to the Senior Quality Team on operational performance for quality indicators. This forum provides an opportunity to identify and address broader quality and patient safety concerns, which are then considered during the development of our Quality and Patient Safety Plan and Operating Plan.

Every two years, Grand River Hospital conducts an employee and physician engagement survey. Results are disseminated to the organization's senior leadership team, then to individual departments to review strengths and opportunities for improvement. It is the responsibility of the departments to develop plans for addressing areas for improvement. Organizationally, the results are utilized to inform broader improvements. Clinician and staff experiences are also reflected within quality improvement initiatives. Staff/clinician surveys specific to initiatives are often administered to garner perceptions of current processes and opportunities for improvement. Implementation of enhancements helps to maintain a healthy and engaging work environment.

In 2017/18, lab medicine has implemented weekly huddles and an idea board to engage staff in sharing their quality improvement activities and ideas. Additionally, physicians reviewed statistics and received the "Transfusion Medicine Choosing Wisely" presentation from the Ontario Regional Blood Coordinating Network (ORBCoN). The lab team is going forward with Lunch & Learns/ webinars for staff and bi-annual learning events coordinated for lab staff to build lab community engagement across all Grand River Hospital and St. Mary's General Hospital sites.

Over the next year, our surgical program will be starting leadership rounds, where both the medical and program directors for the program will make monthly rounds in the unit. The team's goal is to engage staff more to discuss common problems and solutions to improve patient experience, which is identified as QIP priority.

With our PRISM initiative, it is essential to devote the necessary efforts into ensuring effective communications, engagement and change support activities take place, with a particular emphasis to managing the people impact. Planning and executing communications and engagement activities that are rooted in research and best practice to inform, support, and engage stakeholders, guide decision-making and manage change throughout the organization.

Plans will be developed with the following foundational considerations:

- Ensure that the most appropriate messages get to the right stakeholders using a variety of effective tools tailored to the situation and target audience;
- Ensure communication is timely;
- Ensure stakeholders are engaged both strategically and frequently in ways that are most appropriate to and referred by the identified stakeholder group; and
- Encourage feedback from stakeholders. Measure the effectiveness of the communication and engagement and adjust.
- Partner with leadership in creating and implementing tools and strategies that maintain and grow morale and effectively manage stress during the change.

Stakeholders have been engaged at all levels since the project launch. Engagement activities have included: surveys, face-to-face interactions, meetings, huddles, discussions, VP engagements on units, information shared through GRH Now, Lotus Link, email tag lines, screen saver messaging, shuttle bus messaging, in person and ongoing messaging at presentation centers located at both sites, communiques, memos, phone calls, emails, information stations in program and department areas, and management forum presentations.

## Population Health and Equity Considerations

Under the organizational vision to “Improve Access to Care”, the medicine program has established the Benign Hematology Program. This has been identified as a high need for the region to benefit the in-patient settings served by emergency department, intensive care unit, medicine, surgery and other programs, as well as out-patient settings in the near future. Addition of Benign Hematologists has proven to be useful, as it has increased our bone marrow sampling and testing volume, as well as an increase in special coagulation test volumes ordered. The new update of immunization program for Rh negative mothers has resulted in elimination of unnecessary second injection of Rh immunoglobulin.

Our surgery program is starting a clinical trial called “HIP ATTACK”. This trial is looking at elderly patients who have presented to the emergency department with a fractured hip. Once identified, the patient is shifted to the operating room within 6 hours of diagnosis. After surgery, there are post-operative follow ups at both 30 days and one year. The idea is to understand the effect of accelerated medical clearance and surgical care versus standard care on the 30-day risk of composite of major peri-operative complications.

The Waterloo Wellington Regional Cancer Program along with Cancer Care Ontario’s Aboriginal Cancer Control Unit (ACCU) attended the Waterloo Aboriginal Education Centre’s traditional Pow Wow. The program is committed to working collaboratively with the ACCU in its efforts to engage and address the cancer control needs of First Nations, Inuit, and Métis peoples of the region.

Our renal program ensures that language should not be a communication barrier when choosing home therapy by offering training guides in multiple languages. Lab medicine is supporting the Canadian Society for Medical Laboratory Science in their proposal aimed at developing an inventory of diversity training products for laboratory professionals and adapting select ones for specific use in the Ontario’s medical laboratory community. The Emergency Department Information system (EDIS) was launched April 2017 and is fully tailored to the hospital’s needs, including a self-service kiosk for both EMS and patient walk-ins supporting provincial health card readers, as well as discharge instructions in four different languages.

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

Over the past year, the stroke program has implemented early family meetings and the team is starting discharge discussions on initial admission. The WWLHIN provided education to our clinical team around the Home First concept. The Mental Health and Addictions Program has worked on educating patients on this concept for discharges. Additionally, ALC education was provided by the Medical Director for specialized mental health to the physician group; this has made it easier for the program to have the "Home First" conversations with clients. The surgery program has started pre-discharge education, by providing information to patients in pre-surgical clinics and using white boards in patient rooms to mark expected date of discharge.

In 2018/19, along with the big transformation of EMR, our medicine and stroke programs will focus on implementation of Cancer Care Ontario’s ALC Leading Practices.

## Workplace Violence Prevention

We strive to maintain a healthy, safe, positive, and respectful work environment free from actual, attempted, or threatened violence and harassment. The hospital has several policies that support this endeavor, including the Respectful Workplace Program policy. This policy details employee responsibility at all organizational levels and outlines our commitment to taking all reasonable precautions to prevent workplace violence and harassment. Staff are encouraged to report any incidents/complaints without fear of reprisal or retaliation and the process is defined in the policy. To enhance staff education on the concept, in 2017/18 our lab medicine team hosted a 4-part lunch & learn series on Respectful Workplace behaviours.

The new mandatory indicator will be a priority, allowing the opportunity to incorporate an exact definition and data monitoring measures for the number of workplace violence incidents reported by hospital workers as by defined by OHSA. In 2018/19, we will be working towards ensuring that definition is well understood and observing data closely to monitor baseline data. This will be followed by a mitigation strategy based on in-depth analysis. GRH will aim to identify key areas which have more work place violence cases reported and focus work there. Based on initial data review, approximately 50% of workplace violence incident reports originate in the inpatient areas of the Mental Health and Addictions Program. As such, the MHAP will be implementing Gentle Persuasive Approach [GPA] training in all inpatient areas with compliance tracked by EPLs and reported in the monthly program quality council.

## Performance Based Compensation

Fifty percent of the executive at-risk-component compensation will be related to the achievement of the quality improvement plan indicators for the hospital.

### Indicators:

1. Did you receive enough information when you left the hospital? (target  $\geq 78\%$ )
2. Alternate level of care rate (target  $\leq 12.5\%$ )
3. Would you recommend emergency department? (target  $\geq 60\%$ )
4. Would you recommend inpatient care? (target  $\geq 80\%$ )
5. Number of workplace violence incidents (overall)- (Collecting baseline data)

For indicators 1 through 4, the allocation will be as follows:

- $\geq 80\%$  of goal target = 100%
- Between 75% and 79% of goal target = 75%
- Between 70% and 74% of goal target = 50%
- $< 70\%$  of target = 0%

Indicator 5 does not have an allocation structure as Grand River Hospital will be collecting baseline data in 2018/19.

## Contact Information

For further information please contact [info@grhosp.on.ca](mailto:info@grhosp.on.ca)

## Other

\* No additional comments.

## 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 Janice Deganis

Quality Committee Chair Dr. Harry Hoediono

Chief Executive Officer Malcolm Maxwell