

Let's Make Healthy
Change Happen.



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



WOODSTOCK
HOSPITAL

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

The Woodstock Hospital Quality Improvement Plan (QIP) has been developed based upon the fundamental tenets of Patient Centred Care; care and services tailored to the patient and their family with their input, feedback and participation. We continue to work with our community partners to provide an integrated and seamless experience along the continuum of care, valuing the wide span of knowledge and expertise they share with us and our patients. Consultation and coordination amongst the many different service providers within the system occurs regularly to enable patients access to care when they need it. The work plan has been aligned with our strategic plan; operational plan; accreditation requirements; our core mission; vision and values and, our service accountability agreements and patient feedback. Over the past year the organization has been particularly mindful of staff safety. Environmental safety assessments have occurred throughout the hospital and recommendations have been prioritized to ensure that staff are safe at work. Workplace violence has been an organizational focus with education provided at many forums throughout the hospital including the monthly General Medical Staff meeting, the Nursing Advisory Committee, the Patient and Family Advisory Committee, Quality Council and the Quality Committee of the Board. This is the second year that Woodstock Hospital is reporting on Violent Incidents in the workplace. We have seen a remarkable decrease in the number of Violent Incidents attributed to the number of staff who have completed nonviolent crisis intervention training. All high risk areas have been targeted and both clinical and non-clinical staff have received the training. We have also implemented a target of yearly training of 30% for staff in areas that have not been identified as high risk. This effort has resulted in over half of our staff being trained in nonviolent crisis intervention and early results show a significant reduction in violent incidents and staff injuries. Our Quality Improvement Plan is an integral quality tool that incorporates indicators that have been selected with input from a wide variety of stakeholders which include our Patient and Family Advisory Council, Physicians, staff and community partners. Feedback from our patients and their families has been paramount to many of the process improvements that have been implemented as part of our QIP to ensure that we are providing safe, effective, equitable, efficient, timely and patient centred care. Patient and families want efficient safe care and seamless transitions when their acute phase of illness is over. Our 19/20 QIP focuses on efficiency, communication and strategies to ensure transitions in care flow from one provider to the other with ease, patient safety and timeliness.

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

Our organizations greatest achievement this past year has been our commitment to the reduction of violence in the workplace. We have achieved a 50% reduction in violent incidents affecting our staff compared to the past year and attribute this to additional resources, training and education for our staff members. We have increased our number of qualified instructors for nonviolent crisis intervention training and the number of staff receiving this training. Furthermore, all clinical staff have received education on the identification of those at risk for violent behaviour. This has had a direct impact on reducing the number of situations that escalate into some form of violence.

Patient/client/resident partnering and relations

QIP discussions have occurred at our Patient and Family Advisory meetings, as well as our Ethics Committee meetings where patients and family members are part of the committee. Based upon patient and family surveys we have chosen indicators that target clear communication and patient transitions of care. We have included two patient advisors on our Patient Oriented Discharge planning team and they are attending an educational conference with our staff to learn strategies and initiatives to improve our discharge processes for medical, surgical and mental

health patient populations. They will participate in the co-design our discharge template and ensure meaningful information is shared with patients upon discharge. Discussion with our community partners at the SWLHIN Palliative Care Network and Health Links have provided ideas and support for early identification and assessment of palliative care patients.

Workplace Violence Prevention

Workplace violence has been a large organizational focus this past year. We have completed a tremendous amount of education and hands on training for our frontline staff. Almost half of our staff have completed nonviolent crisis intervention training and the number of incidents have decreased significantly. Our plan is to continue this training yearly, adding in new staff, students, and contract workers on a regular basis. 100% of those who work in high risk areas will be trained on a yearly basis and 30% of staff in lower risk areas on a go forward basis will receive training each year. We are committed to provide a safe environment for patients, their families and our staff.

Executive Compensation

The percentage of salary at risk for each individual senior executive has been set at 2% of base salary. This compensation formula applies to the following individuals: CEO, VP Patient Services/COO, VP Patient Care/CNO, VP Finance /CFO and Chief of Staff. Equal portions of the 2% at risk to salary will be attached to each indicator and subtracted accordingly if improvement initiatives are not achieved by March 31, 2020.

Contact Information

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Other

Efforts to provide cultural and indigenous sensitivity training to staff continues in 19/20. Specialty training for mental health providers is ongoing.

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)

Board Quality Committee Chair _____ (signature)

Chief Executive Officer _____ (signature)

Other leadership as appropriate _____ (signature)