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



03/08/2016

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 HQO (if required) in the format described herein.

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## Overview

Tillsonburg District Memorial Hospital (TDMH) is committed to providing excellence in Patient and Family Centered Care for our community. This care is guided by continuous improvement and fostering a culture of trust and respect in order to provide safe, compassionate care.

The importance of quality is embedded in our Mission, Vision and Values Statement and we have established a robust, board-led committee focused on quality and patient safety. At the committee level, priority indicators are regularly tracked in a balance scorecard format in order to monitor performance in the provision of care as well as fiscal accountability.

## QI Achievements in the Past Year

TDMH is among the first hospitals in the region to implement Closed Loop Medication Administration (CLMA) in the Emergency Department (ED). In our review of adverse events involving medication administration it was recognized that the types of errors that were happening in the Emergency Department would have been prevented by having CLMA available in the ED. This innovative practice provides a more secure way to administer medication to patients by having the patient's electronic chart and medication records at the bedside. The nurse scans the patient's armband to verify that the correct chart is open and then scans each medication to ensure that the right medication is being administered. The additional benefit is that CLMA incorporates the patient into the medication administration process. This not only engages the patient in the provision of care, but also makes them a partner in patient safety.

TDMH has implemented a number of Senior Friendly strategies to improve quality and safety for our patients. All team members both clinical and non-clinical have received education on the principles of senior friendly care. We have purchased hearing amplifiers to support our patients who suffer from hearing loss and are in the process of having key doorways camouflaged with paint to prevent exit seekers from leaving the safety of the patient care area.

TDMH has begun the journey towards Patient and Family Centred Care. Mandatory education sessions have been provided to all team members in the organization. Patient advisors have been recruited and will join our Patient and Family Centred Steering Committee in order to ensure that the patient's voice is represented at all levels of the organization.

## Integration & Continuity of Care

Quality Improvement Plans (QIP) have been harmonized across the two community hospital partners (Alexandra Hospital, Ingersoll (AHI) and TDMH), to ensure a common approach to goal setting, strategies and pay for performance.

Our new strategic plan reflects our commitment to become a Regional Health Hub where patients can receive acute care and be linked with other available services to meet their needs. In order to realize this vision, AHI is engaging in a review of current services that are offered, as well as focused planning with community and partner organizations that have an interest in our "Health Hub". The ultimate goal is to provide excellent core care, while also having access to integrated, specialized care through entry points close to home.

## Engagement of Clinical Staff & Broader Leadership

In developing the TDMH QIP, efforts are made to ensure that the indicators are meaningful and understood by our health care professionals. This raises awareness and assists and supports them in improving their own work

areas. Physicians, Nurses and interdisciplinary team members are involved in the creation, monitoring and analysis of the QIP through a variety of committees and councils (e.g. Operations Committee).

The TDMH QIP is guided by a strong patient and family centred focus. The Leadership Team ensures that communication channels between Leadership, Team Members and Patients is clear and transparent.

Progress on QIP indicators is presented on a quarterly basis to the Quality Committee of the Board and then to the Board of Directors..

## Patient and Client Engagement

Feedback from patients and families is critical to the success of the quality improvement work at TDMH. TDMH will continue to utilize the results of the patient satisfaction surveys to identify areas of improvement and to guide performance management decisions.

Our commitment to patient and family centered care is an ongoing journey. Ultimately the experiences of our patients and families are both the driver for our quality improvement work and a very important measure of our success. TDMH has invested in education sessions for all team members regarding patient and family centred care and the related priorities for improvement.

In order to ensure that our quality plan aligns well with the priorities that patients and families feel are most important, we have shared the plan with our patient advisors as well as community groups. This feedback has been incorporated into our QIP.

## Accountability Management

The TDMH Quality Improvement Plan (QIP) is aligned with our new Strategic Plan for 2016-2020 as well South West Local Health Integration Network (SW LHIN) priorities that are incorporated into our Hospital Service Accountability Agreement. We have chosen indicators that provide sufficient volumes to be meaningful for a small hospital in order to truly utilize our QIP for the intended purpose. In doing so, we have also chosen to omit the three thirty day readmission rates for Congestive Heart Failure, Chronic Obstructive Pulmonary Disease and Stroke. Due to our very small population of patients in these disease categories, the data would not be statistically meaningful. We will, however track the "30 Day Readmission Rates for Selected HIGS" as we feel this indicator will capture the relevant readmissions for our organization.

Our Executives' compensation is linked to performance in the following way:

A 5% wage rollback has been applied to the Integrated President/Chief Executive Officer and a 2% wage rollback was applied equally to all remaining Integrated Leadership Team members, as well as the Chief of Staff since April 1, 2011. The 2% of compensation at risk was divided among the priority indicators on our QIP.

## 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

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Larry Phillips, Board Chair

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Jane Esseltine, Quality Committee Chair

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Crystal Houze, Integrated President and CEO

*Instructions: Enter the person's name. Once the QIP is complete, please export the QIP from Navigator and have each participant sign on the line. Organizations are not required to submit the signed QIP to HQO. Upon submission of the QIP, organizations will be asked to confirm that they have signed their QIP, and the signed QIP will be posted publically.*