

Let's Make Healthy
Change Happen.



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

North Bay Regional
Health Centre



Centre régional
de santé de North Bay

3/31/2017

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

MISSION

Partnering in care, we restore and maintain health for mind and body.

VISION

Working with you to be the best in health care.

The North Bay Regional Health Centre (NBRHC) is a unique healthcare organization with three primary roles. It provides acute care services to North Bay and its surrounding communities, it is the district referral centre providing specialist services for smaller communities in the area, and it is the specialized mental health service provider serving all of northeastern Ontario.

In 2016, the NBRHC developed a new Strategic Plan for 2017-19. The process involved a comprehensive review of provincial priorities, Health Quality Ontario indicators, input from over 1550 people, as well as internal input through the Integrated Risk Management system to better understand the organization's critical issues and client demands. Stakeholders included external and internal community members, partners, patients, and family members. The input received informed the strategic objectives, as well as the Quality Improvement Plan (QIP) for 2017-18.

For 2017-18, NBRHC's strategic objectives will focus on improving Patient Flow, Patient Safety, Patient Involvement, Staff Wellness, and Overall Performance, which will help us achieve our overall goals. The objectives align with our QIP objectives outlined below.

QUALITY DIMENSION	Objectives
EFFECTIVE	30 Day Readmissions Mental Health
TIMELY	Average Length of Stay (ALOS) Days Clinical Acute
	Average Length of Stay (ALOS) Days Mental Health Acute - AIPU
EFFICIENT	Alternate Level of Care (ALC) % - Acute Clinical
	Joint NECCAC/NBRHC ALC metric (TBD)
SAFE	Medication Reconciliation at Admission Includes Two Sources - Org-wide
PATIENT-CENTRED	Projects that include patient/family voice where they are identified as a stakeholder

QI Achievements From the Past Year

Quality Improvement continues to be a focus for NBRHC for both Clinical and Mental Health portfolios.

CLINICAL

As part of the last year's QIP Plan, the NBRHC clinical team successfully launched its Integrated Stroke Unit (ISU), which will be fully operational in April 2017. The Integrated Stroke Unit (ISU) meets QBP standards – a leading practice in Ontario that has demonstrated improved outcomes, consistency in care, and financial efficiency. The success of the Quality Improvement initiative was the result of extensive stakeholder engagement. Initial research and site visits took place with Peterborough Regional Health Centre and Ross Memorial Hospital. A Rapid Improvement Event to develop the future state involved collaboration with internal and external

partners including patients and family members, acute, allied health, nursing, bed allocation, ER, IT, IS, CCU, pharmacy, health records, and finance. The outcome was a future state that supported interprofessional and patient/family collaboration and communication. A sustainability plan was put in place to study and adjust the new unit and ensure that it provides the best care possible for patients.

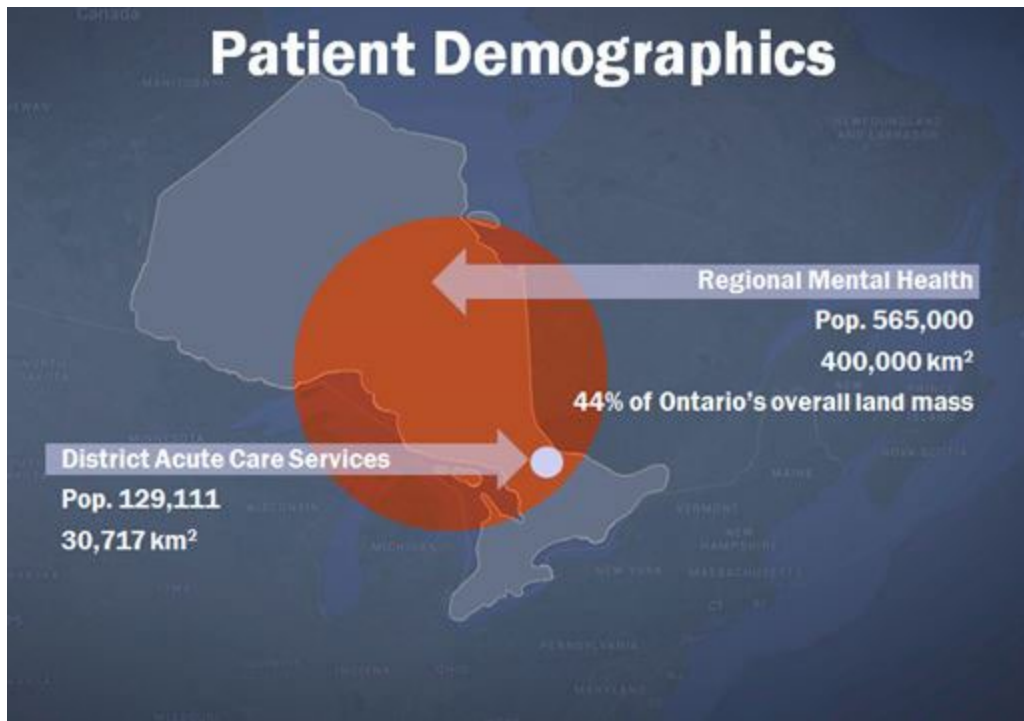
MENTAL HEALTH

NBRHC offers district and tertiary Mental Health inpatient and outpatient programs for the Nipissing and Temiskaming Hub and the Northeast Region of Ontario. Quality initiatives have improved access by reducing wait times, improved patient outcomes and have increased partnerships with community stakeholders across the region. The team has worked with patients, families and community partners to establish clear and mutual expectations on roles/responsibilities, treatment options and timelines. This has resulted in improved communication, standard work and measurable outcomes. A customer service approach has been adopted and focused attention has been spent promoting the program, as well as regularly connecting with referral sources for constructive feedback. As a result of these quality improvement initiatives, wait times have decreased by 45%, referrals are up by 23% and admissions have increased by 21%.

Population Health

NBRHC serves a dispersed population with cultural and complex health needs that are often higher than provincial averages.

- NBRHC has patients who have unique cultural needs (23% Francophone and 11% Aboriginal, First Nation, or Metis) and in 2016-17 we continued to build relationships to address these needs. (See Equity Section)
- MOHLTC declared North Bay a “High Physician Need” community. Without adequate primary care support, the demands on the hospital, especially the Emergency Department, increase. These demands are compounded by the fact that when compared to the provincial average, NBRHC serves a population with more elderly patients, heavy smokers, obese patients, Chronic Obstructive Pulmonary Disease (COPD) patients, patients with high blood pressure and patients with mental health issues. To help offset these demands, NBRHC has been actively recruiting physicians to the area in partnership with the City of North Bay and the Northern Ontario School of Medicine (NOSM) to develop physician recruitment strategies. Since 2016, 15 new physicians have opened practices in the North Bay area.
- NBRHC serves older adults with age-related health issues – the proportion of the population age 65 and over is projected to increase from 19% to 30% by 2036. NBRHC continues to support a Senior Friendly Hospital committee, as well as innovative programs to help our aging population. (See Equity Section)
- Compared to the Province, people in the Northeast Region have a higher rate of: suicides and self-inflicted injuries, self-injury hospitalizations, mood disorder, heavy drinkers and patients with repeat hospitalizations for mental illness. The hospital has been actively working with communities on suicide prevention strategies and improving access to mental health services. (See Equity & Quality Improvement Sections).



Equity

The organization is improving equity to patients and has incorporated this concept in its 2017-19 Strategic Plan – “PROVIDING QUALITY CARE FOR ALL: Promote health equity in the communities we serve.” NBRHC supports both health equity and its subset, health care equity as defined by HQO:

“Health equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are.”

“Health care equity is a sub-set of health equity. It is the part of health equity that focuses on the health system’s ability to provide equitable health care.”

Our catchment area includes a higher than provincial average of patients living in poverty, older adults, indigenous and francophone populations and the examples below illustrate a few of the ways NBRHC is addressing equity with these groups.

POVERTY

According to HQO’s 2016 Health Equity Plan, “We know that the poorest people in Ontario are nearly twice as likely to report having multiple chronic conditions as the richest people – 23.5% compared with 12.4%, and 16.2% for Ontario overall”, and within the North East LHIN, the overall unemployment rate for ages 15+ is 10%, versus the provincial rate of 8%. NBRHC is aware of the impact that poverty has on our patients and is working toward strengthening strategies and partnerships to support this population.

INDIGENOUS

NBRHC places significant value on the importance of integrating culture into the care and treatment it offers to patients and their families. We have numerous ceremonial spaces and integrate traditional healing and customs in patient care plans. We invite our indigenous community partners in to support patients and we

ensure that patients participate when possible in community indigenous cultural activities. NBRHC is also working very closely with The Indian Friendship Centre in North Bay to establish a Ceremonial Sweat Lodge.

The NBRHC Regional Indigenous Mental Health Program (formerly known as RAMHS) provides culturally appropriate capacity building and knowledge transfer and supports indigenous patients as they return home. In October 2016, the team and clinical leaders from NBRHC's Regional Child and Adolescent program facilitated training and capacity building to the James Bay Coast community. The intent of this work was to assist communities to better understand mental illness, increase their confidence in problem identification and to use their skills to appropriately refer and access service. The sessions were reported to instill hope to these communities. NBRHC exceeded all targets set. The sense of hope increased by 47.86%. Skill acquisition increased by 59.73% and 94.72% of participants believed the training provided from a cultural lens was important. NBRHC intends to sustain the partnerships created and continue to support this region through future visits and consults. A number of leaders within the organization have also committed to bettering their understanding of the history of indigenous people, the legacy of residential schools and to learn approaches to deliver health services in a culturally safe manner through an indigenous cultural safety training program.

NBRHC has also partnered with the regional HUB hospitals and the NE LHIN to improve acute inpatient admissions to the James Bay Coast. Staff have been participating in daily huddles to ensure timely access and improved discharges are occurring back to these remote communities.

NBRHC's Behavioural Supports Ontario (BSO) Program has partnered with the North East LHIN, the Centre for Rural and Northern Health Research, Northern Ontario School of Medicine, and N'Mninoeyaa Community Support Services to develop a strategy to improve services and care for Indigenous people with neurological behavioural illnesses in the North East. Part of the strategy included adapting the P.I.E.C.E.S. of my Personhood tool to be more appropriate to the values and understanding held by local First Nations. The team is thrilled to present the work completed to-date as part of a poster at the International Association of Gerontology and Geriatrics World Congress in San Francisco, in July 2017.

FRANCOPHONE

Partial designation under the French Language Services (FLS) Act was received in 2016. As per the NBRHC FLS Plan, a minimum target of 25% proficiency within French Language services has been set recognizing that there are multiple considerations in the implementation of the policy and that some areas will have a higher target up to and including 100% for those areas that primarily serve the general public.

SENIORS

The NBRHC Senior Friendly Hospital (SFH) Committee is a multidisciplinary group, which includes representatives from the older adult community, committed to quality care for older adults throughout our organization. The group annually develops and supports the implementation of a SFH Improvement Plan in order to ensure ongoing quality improvement in the care of older adults.

The Hospital Elder Life Program (HELP) is an innovative approach to improving hospital care for older patients. Many older adults can have difficulty with their memory, thinking or mobility while in hospital and specially trained volunteers work with these patients to keep the mind and body as active as possible. The program recently celebrated its 5 year anniversary at NBRHC.

Integration and Continuity of Care

HEALTH INFORMATION SYSTEM

NBRHC is planning to achieve Level 6 based on the Electronic Medical Records Adoption Model (EMRAM) by 2020 through integration with the regional Health Information System (HIS). NBRHC is working closely with our regional partners, the NELHIN, e-Health Ontario and Canada Health Infoway to maximize efficiencies. The NELHIN Hospital Information System (HIS) Roadmap was endorsed by all hospital boards and it includes three pathways:

- The installation of Meditech 6.1 NE master site
- The creation of a new dedicated distinct business entity (NewCo)
- The creation of a regional enabling technologies governance group

HEALTH LINKS

In 2016-17, NBRHC took part as a Health Links Pilot Site to develop and test change ideas to support our most complex patients. NBRHC assigned an executive lead and project lead to work with Health Links and as part of the core team they helped design the central referral intake process through CCAC and a toolkit of key documents for care coordination. The leads also presented to physician committees and emergency dept. staff to help build awareness and they implemented a coordinated care plan process for Health Link patients in the Emergency Department. The team continues to support the initiative by working on a method to electronically share the coordinated care plans with healthcare providers, which requires partnering with the LHIN to meet compliance with Ontario Association of CCAC privacy and network security regulations. The team has recently expanded to include a mental health representative recognizing that some of the complex patients served by this group are individuals with higher rates of recidivism who could benefit from enhanced coordination of services and collaboration between system partners.

Access to the Right Level of Care - Addressing ALC Issues

Since managing ALC has been an issue across the NELHIN, the System Leadership Table enlisted the assistance of the Toronto Central LHIN who had success in implementing the ALC Avoidance Framework. The goal of the framework is to provide a tool for hospitals and CCACs to review ALC management practices and support improvement in ALC practices with a focus on limiting the numbers of patients designated as ALC. The ALC Avoidance Principles & Best Practice Strategies outlined in the document were identified by experiential learning of strategies that have proved to be effective in limiting the generation of ALC patients within the Toronto Central LHIN and an evidence-based literature review. NBRHC and CCAC have been working through the framework to determine the extent that each individual strategy has been utilized at both organizations. It has been a wonderful opportunity for joint learning and implementation of strategies. A joint ALC metric with our community partner, the NECCAC, is being included in the 2017-18 QIP.

Engagement of Clinicians, Leadership & Staff

Clinicians, leadership and staff were involved in aligning the 2017-19 Strategic Plan with our quality objectives included in the QIP. The QIP indicators are built into our Organizational Report Card, Portfolio Scorecards and they cascade to meaningful metrics at the department level. The scorecards are visible throughout the facility and the regular Huddles and Performance Scorecard Reviews promote engagement, accountability and input into the initiatives that support our targets from all levels (frontline to VP).

Resident, Patient, Client Engagement

At North Bay Regional Health Centre (NBRHC), we know that reaching our vision “working with you to be the best in health care” starts with including patients and families in their care. It’s a philosophy that every employee at NBRHC shares and is based on the four principles of Patient and Family Partnered care: Dignity and Respect, Information Sharing, Participation, and Collaboration.

WE LISTEN AND HONOUR PATIENT AND FAMILY PERSPECTIVES

During strategic planning, patients and families helped shape the strategic focus for the organization and this year’s QIP objectives. The process also allowed us to collect a repository of engaged patient family partners to assist in future projects and quality plans. Some of the other initiatives that patients have helped develop include PhotoVoice (a program that enables patients to represent themselves and tell their story through photos), Senior Friendly Hospital, and the Round Dance Partnership.

WE INVOLVE PATIENTS AND FAMILIES IN THEIR CARE DISCUSSIONS AND DECISIONS

NBRHC is continuously looking for better ways to include patient choices in their care, discussions and decisions. In 2016, federal legislation was passed that would enable persons who have irremediable medical conditions and intolerable suffering to seek medical assistance in dying (MAID). Patients and family members began to inquire about MAID at the NBRHC. The development of the process and policy coincided with a revision of the NBRHC Ethical Framework for decision making. MAID was used as an example while developing the framework and policy to help safeguard patients’ rights and ensure the appropriate level of engagement from patients and family was sought. For both documents, community engagement was used by way of various committees including the Board of Directors and working groups, which have public members participating. The framework also highlights an engagement “Lens” section that asks relevant questions such as ‘Have we engaged the patient? Who are the relevant stakeholders? Has our level of community engagement been appropriate?’ The goal of this framework is not only to guide the MAID issue, but all decisions moving forward that affect patients and to use it to ensure the patient/ family are included in the discussion before moving forward.

Other initiatives that involved patients in their care included Bedside Rounding, It’s Safe to Ask, NOD, Whiteboards, Shared Care Plans (One Patient One Plan), Teach Backs, Health Literacy, and Mental Health Self-medication Administration.

WE IMPROVE THE QUALITY AND CARE EXPERIENCE BY PARTNERING WITH PATIENTS AND FAMILIES

The organization’s approach is unique in that it matches patient/family representatives to activities and projects in “real-time” rather than the traditional Patient Council model. The rationale is that this approach will keep patients and families engaged because the time commitment is often set to a short duration and their involvement can be matched to their experience at the hospital. The hospital benefits from this approach too because it can select representatives who have recently experienced hospital services – providing timely feedback to quality improvement initiatives. In 2016-17, patients and family members were involved in 88% of applicable projects.

WE SHARE USEFUL AND TIMELY INFORMATION WITH PATIENTS AND FAMILIES

Communication with patients and families is reviewed and refined on an ongoing basis at NBRHC. At a macro level the QIP is shared publicly on our website. At a department level, patients have direct access to managers as part of the patient relations process and managers also proactively address communication material based on patient feedback. Recently, a video was created to help ease children’s,

and their parent's, anxiety about what to expect when going for tonsillectomy surgery.

Staff Safety & Workplace Violence

During strategic planning discussions, it became clear that by addressing staff wellness we would also positively impact staff safety, workplace violence and patient safety. An Employment Engagement Survey was sent to NBRHC employees in February 2017 and over 50% responded! The results of the survey will be analyzed and managers will be encouraged to include a wellness metric, based on the survey, on their department scorecards. In addition, the organization has implemented the Safewards Model, an evidenced based series of interventions that promote patient and employee safety by reducing conflict and containment. The interventions have been integrated as standard work in most mental health areas while other clinical areas of the hospital are exploring the adoption of the most relevant practices.

Performance Based Compensation

In addition to the President and Chief Executive Officer, Paul Heinrich, direct reports to the CEO are included in the performance incentive plan as follows:
 Silveri, Tiziana, Vice President, Clinical & Chief Nursing Executive
 Nixon, Tanya, Vice President, Mental Health
 Vice-President, Corporate & CFO (Vacant)

The performance of each executive is linked to two indicators of the plan. Payouts will occur following verification of the performance targets achieved in 2017-2018:

2017-18 QIP Compensation

Quality Dimension	Indicator	Current Performance	Performance Goal	Indicator Weight	Max. Total Incentive	Intermediate Performance Levels and Related Payout
Safe	Medication Reconciliation - 2 Sources	59.5% YTD Jan. 2017	≥65%	50%	TBD	61.3% - .33% 63.2% - .66% 65% - 1%
Patient Centred	Projects that include Patient/Family Voice where they are Identified as Stakeholders	88% YTD Jan. 2017	≥90%	50%	TBD	88.7% - .33% 89.3% - .66% 90% - 1%

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
 Quality Committee Chair
 Chief Executive Officer