

Let's Make Healthy
Change Happen.



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



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Overview

GBHS is a multi-site hospital corporation located in Grey and Bruce Counties. With six hospitals, a withdrawal management centre, and an annual budget of approximately \$200 million, the corporation is one of the largest in the SW LHIN and provides a wide range of medical services and programs across a large geographical region. Its central facility, the regional hospital in Owen Sound, offers secondary-level services to much of Grey and Bruce while five rural hospitals provide a diverse range of services including 24/7 ER, diagnostic imaging, and ambulatory care. Working together, the six hospitals make GBHS a leader in integrated rural health.

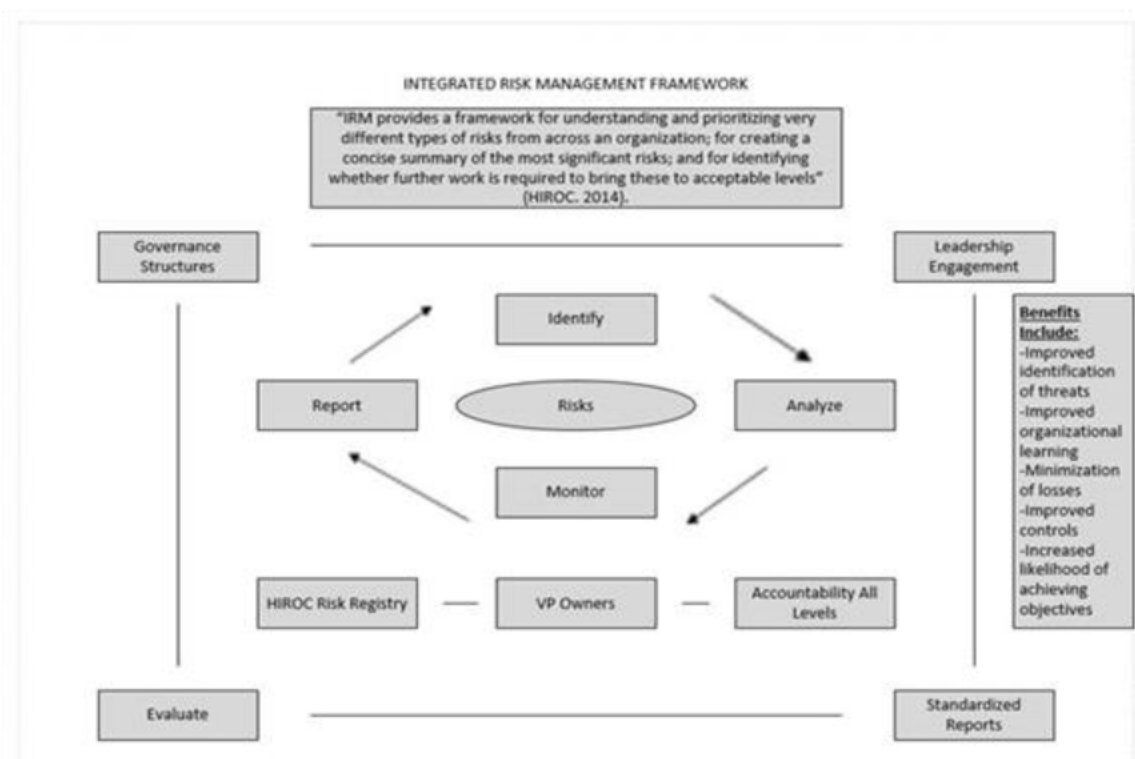
GBHS is committed to excellence in patient care and to the creation of a seamless health care experience for our patients and communities. This commitment is reflective of the key GBHS organizational values: Collaboration, Accountability, Respect and Excellence (CARE). GBHS takes pride in the achievements of a high performing team of 1,600 employees, 200 credentialed staff, and 800 volunteers who, together, deliver excellence in patient-centred care to a regional population of 170,000 residents and thousands of seasonal visitors. Our team is proud of our consistently high patient satisfaction rates, ER wait times that are some of the lowest in our LHIN; and wait times for cancer surgeries that are among the shortest in the province.

GBHS has earned its reputation as an innovative health care leader and a partner of choice for other hospitals and health service organizations. GBHS leads a unique multi-LHIN IT partnership with five other hospital corporations, and manages the Cerner Health Information System for 15 hospital sites, with 6,700 plus users and over 13,000,000 patient records. Unique, collaborative relationships also exist in the areas of integrated mental health and addiction services and shared administrative services with sister hospital organizations, among others.

Grey Bruce Health Services continues to focus on the mission of “Quality Care Right Here.” Quality at GBHS includes Patient Safety, Patient Experience, and Risk Management. Over the past two years GBHS has embedded a culture of quality by ensuring all clinical and support areas have quality and safety councils actively discussing quality issues in each area. To assist teams with monitoring quality and safety, scorecards have been created so that teams can make improvements when metrics indicate that actions are required.

GBHS experienced an on-site Accreditation survey in April 2018. The organization met 97% of the standards that the organization was assessed on. Continuously assessing quality of work continues to be an area of focus in the laboratory, Pharmacy and Medical Imaging areas and have been completing area specific accreditation work as well.

In 2018, GBHS also began a formal Integrated Risk Management program to identify, analyze and monitor the top risks facing the organization. The GBHS Board of Directors has been actively engaged in this work and receives quarterly reports at various committees and twice yearly updates on the overall program. A framework was approved to help guide this work.



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

Great improvements were made to provide Mental Health services for child and adolescent patients in the region. Through a partnership with Keystone Child and Family services, GBHS was able to renovate 2 rooms on the inpatient Women and Childcare unit to accommodate inpatient pediatric patients who in the past had to travel out of the area to access these services. An innovative service delivery model was created to use both nurses and child and youth workers to care for these patients. GBHS was also able to recruit an adolescent psychiatrist to provide both inpatient and community consultations for patients across Grey and Bruce Counties.

Some other notable quality improvements introduced in 18/19 include:

- Substantial measures to improve patient movement and flow across the organization including: implementation of an electronic bed board system to quickly and easily assess capacity at all six GBHS hospitals and our two partner hospital corporation,, recruitment of patient movement and flow managers to support staff and leadership to make consistent decisions after-hours; and creation of weekly patient and flow rounds to engage senior leadership in supporting effective patient flow.
- Introduction of an Infant security program to reduce the risk of abduction, and provide an extra level of safety for staff and families. Infants are monitored with an electronic bracelet, and when carried close to exits, an alarm will sound, and the unit doors will automatically lock.
- The creation of a nurse practitioner led, multidisciplinary Diabetic Foot Ulcer Clinic. Patients receive comprehensive assessment, access to vascular studies, assessment and treatment of infections, sharp surgical debridement and wound care according to SW Regional Wound Care standards of practice. Patients also receive offloading devices at no cost; enhanced diabetes treatment

in order to achieve glycemic management; and referral to community services for ongoing wound management and/or foot care for unaffected foot.

- Development of an Addiction Strategy in consultation with partner organizations and community support groups. The aim of the strategy is to provide evidence based resources and tools to facilitate and increase access to GBHS substance use services across Grey & Bruce. To ensure the new strategy met outcomes, the program was reviewed based on patient satisfaction, data analysis, etc.
- Local nurses, family physicians and Bruce County paramedics from Wiarton and Lion's Head/Tobermory participated in a two-day rural emergency medicine program called The CARE Course (Comprehensive Approaches To Rural Emergencies). This was the first time this course was offered in Ontario. The training is designed for small rural hospitals where local people with medical emergencies are cared for by family physicians, nurses and paramedics. This course offered healthcare providers working in isolated areas opportunities to hone their emergency response skills in simulated emergency situations.
- A major renovation was completed to expand laboratory services in the Southampton hospital. This expansion followed the opening of a new and larger emergency department for this hospital which occurred the previous year

Patient/client/resident partnering and relations

"My hospital stay was beyond my expectations! All staff I encountered were kind, helpful and respectful. They treated me as a person not a "client" Even the food was good" – Quote from Patient experience survey

In 2018, GBHS resumed gathering patient feedback through longitudinal patient experience surveys. The data obtained through these surveys has been embraced by the quality and safety councils which have begun to plan quality improvement initiatives to address trends identified. Results to date show that patients admitted to GBHS report a 95.6% positive rating for care and 97.3% of patients surveyed would recommend GBHS to family and friends.

New relations have been formed with local Indigenous groups through the formation of a local indigenous health planning forum. Bi-monthly meetings are held with the Chippewas of Nawash First Nations and the Saugeen First Nations' communities as well as representatives from our South West Ontario Aboriginal Health Access Centre. Opportunities to improve care for our Indigenous communities is discussed and action plans are under development. Some of the initiatives underway include; creating a welcoming environment in our hospital sites by having local Indigenous art and welcome signs; development of a new process for bringing forward patient complaints, using a Talking Circle framework to ensure a culturally sensitive approach to reviewing concerns ; development of a process to identify patients who are Indigenous, in order to better link them with resources and supports; creating of a patient orientated discharge tool with input from our Indigenous community members.

GBHS has expanded its pool of patient advisors who are actively engaged in the quality work of the organization. Recruitment occurred for the Diabetes and Maternal Child programs. Patient advisors have given input and worked with GBHS to support patient experience surveys, LEAN process

improvement, update to GBHS ethical decision making framework, creation of patient educational materials and signage and co-design of mental health unit renovations.

Patient Advisor feedback was obtained in the creation of the 19/20 QIP and patients have been asked to actively participate on the improvement initiatives. The action plan to address patient continuity included in the 2019/20 work plan was a patient driven improvement plan that was identified through monitoring on the results obtained from the Ontario Perception of Care (OPOC) surveys which are completed by all mental health patients. As part of Quality planning for the next year, the mental health team will be leading a project to implement Patient Orientated Discharge summaries (PODs) in Grey Bruce and across the South West region.

Workplace Violence Prevention

The GBHS Strategic Plan focuses on ‘Creating Positive Experiences’ for both patients and staff in a workplace that “Inspires Passion in our People.” Implementing activities to prevent workplace violence is an integral part of the Strategic Plan. The Occupational Health and Safety committee is the champion for this work and engages staff and leadership in developing solutions to address workplace safety issues.

In the 18/19 Quality Improvement Plan, GBHS took efforts to improve the reporting of healthcare workplace violence. OH&S worked with GBHS leadership to implement activities that can reduce harm to GBHS staff including the following. Some of these initiatives are ongoing:

- Increase in access to Security resources in Owen Sound and implementing security services at the rural hospitals. A Security request form was introduced to standardize the approach to using these resources
- Focused work at our Withdrawal Management Services facility to introduce video surveillance, crisis prevention training, and specific Contingency codes geared to meet needs of the facility
- Renovations have been planned to address Environmental Safety issues. Through this all hospital ER departments will now have access to safer rooms for patients at risk of violence to themselves or others. In March 2019, the Psychiatric intensive care unit will undergo extensive renovations to improve staff and patient safety. GBHS also has plans to introduce a Crisis Stabilization Unit in the Owen Sound emergency department which will provide an environment more conducive to mental health patient needs.
- Recently all GBHS departments completed a standardized workplace violence assessment to further identify risk issues. As a result, action plans with improvement opportunities are in place and will support workplace violence prevention efforts. These risk assessments will be used to prioritize placement of video surveillance cameras and panic alarm systems to support staff safety
- All inpatient units are conducting discussions about violence risk assessment during daily huddles. This review will increase situational awareness of the daily workplace environment so staff can implement appropriate interventions and supports to address risks identified.

Executive Compensation

Members of the Executive Team have a portion of their compensation linked to achieving the targets set out in the 2019/20 QIP. Performance-based pay is established as 5% of base salary for each Executive Team member. QIP performance targets tied to executive pay will be posted in May 2019

Executive positions are identified as follows:

- President and CEO
- Chief of Staff
- Vice President, Patient Care and Quality, CNE
- Vice President, Corporate and Diagnostic Services and CFO
- Vice President, People and Organizational Effectiveness, CHRO
- Chief, Communications and Public Affairs

At the conclusion of the 2019/20 QIP period, performance on each of the targets set out above will be evaluated. For each QIP indicator in the compensation model, it will be determined whether the target was achieved Fully, Partially, or Not Met. Full achievement will be based on achieving 80-100% of the improvement target. Partial achievement will be based on achieving 50-79% of the improvement target and minimal achievement will be based on achieving less than 50% of the improvement target.

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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

Chief
Other