

Let's Make Healthy
Change Happen.



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

2/19/2018

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.

ontario.ca/excellentcare

Overview

Mission: North Shore Health Network will be recognized for excellence in the provision of rural health care and service delivery in an integrated model.

Vision: To work with our various partners in providing safe, high-quality, compassionate health care while building healthy communities.

The North Shore Health Network (NSHN) provides health care services to a number of communities along the north shore of Lake Huron, stretching from Spanish to Echo Bay. From the LHINs perspective, this is known as the Algoma East Region. There are three core service locations. The Blind River site provides hospital In-patient services, Emergency Department services, Community Support services and Long Term Care services. The Thessalon site provides hospital In-patient services and Emergency Department services. Richards Landing – Matthews site provides Emergency Department services.

The NSHN is nearing the end of its current strategic plan, providing an excellent opportunity to re-align priorities as the organization welcomes new board members, a new CEO and utilizes the in-depth community feedback obtained from the Rural Health Hub and Health Links environmental scans. The Quality metrics chosen for the 2018- 2019 year reflect the service challenges for NSHN and ensure alignment with the standardized metrics for other hospitals in Ontario.

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

The 2017-18 year has been challenged by a number of factors including a change in leadership and retirement of key personnel who held significant corporate history.

Highlights of the 2017-18 year included implementation of the Rural Health Hub pilot which was one of five projects for the province. This pilot produced an encompassing environmental scan that truly reflected the voice of the public and the individual communities in addressing the gaps in health care. Five sub-committees focused on a) transportation, b) primary care, c) mental health and addictions, d) home and community care and e) information and technology. Other organizational highlights included building capacity to implement point of care lab testing at two of the sites; Thessalon and Richards Landing - Matthews, supporting the Health Links project, preparing for accreditation, developing and making available the new hospice suite and updating the by-laws for the corporation.

Quality improvement was ongoing, with significant work focused on “rebuilding the base” and ensuring a solid communication plan, a clear plan to improve staff satisfaction and developing a process to promote ongoing patient safety. QI achievements included meeting or exceeding the targets for 30-day readmissions, ensuring home support for discharged palliative care patients, maximizing the use of the new hospice suite, high levels of patient satisfaction with in-patient and emergency care, ensuring patients had the information they needed when leaving the hospital, managing the falls and antipsychotic use on long term care, and building on our senior friendly mandate by ensuring functional mobility of admitted patients was maintained or improved.

Resident, Patient, Client Engagement and Relations

Patient, resident, family and client engagement continues to be a target area for the NSHN. The patient and family engagement council has struggled to gain ground and establish a clear mandate. The council has recently been rebranded as the Community and Patient Engagement Committee, led by the CEO.

The voice of patients and family has continually been sought through surveys and with one on one phone calls at discharge. The small community atmosphere has been a positive attribute in being able to promptly address concerns and our satisfaction rates remain above 95%. The NSHN continues to actively and promptly manage concerns brought forward by the public with a goal of one to one communication within 5 days of the event.

The on-the-ground consultation with persons of the community during the rural health hub environmental scan was very effective in garnering awareness of the gaps and what people really need from the health care system to be healthier at home.

The upcoming year will focus on integrating community, family and patient or resident feedback into our day to day operations. This is clearly an important standard with many aspects of this standard coming through with the preparation for accreditation.

Collaboration and Integration

Integrated service delivery is not new to the North Shore area. There is already significant integration of cross sector services that form “care communities”. It is well recognized that co-location of cross sector services creating a “care community” can provide opportunities for enhanced collaboration and planning. Examples of collaboration are seen with the weekly inter-collaborative rounds that support and facilitate patient discharge, and the multi-sectoral work of the Community Services Support Program. In addition, the Long Term Care home and EMS are co-located within the Blind River Site hospital and ER department. The NSHN also provides office space for the Home and Community Care Coordinator and shared IT services provide support to NSHN, Elliot Lake and Espanola. We collaborate and share programs between NSHN and the Huron Shores Family Health Team. Another example of integrated service delivery is in the community of Thessalon where the NSHN Thessalon Acute Care site, the Algoma Manor Long Term Care home, the North Channel Nurse Practitioner Led clinic, and PHARA; an Assisted Living facility, are all located on one campus “care community”. In the community of Thessalon, a new Medical Clinic was constructed to provide office space for the two Primary Care physicians. In Richards Landing, the NSHN Richards Landing –Matthews site, the Bridgelink Medical Clinic, EMS and Pharmacy are all connected. The Bridgelink Medical Clinic provides space for physicians, a mental health counselor, a chiropractor and a Registered Massage Therapist.

Health care is about more than the emergency department and the in-patient beds. The NSHN is very cognizant of the partnerships and collaboration that must occur to fully support individuals in maximizing their potential to be well. The partnerships within the Rural Health Hub (RHH) pilot project have exemplified this. Some of the health care service shortfalls identified by the external stake holder review included :

- a) health care services that were not available; like dialysis or chemotherapy,
- b) lack of available transportation to obtain care,
- c) lack of timely access to primary care when you need it, and
- d) often “less than good” patient experience when receiving health care services

The patient stories that arose during these interviews were profound, humbling and enlightening, but most importantly, highlighted the need to integrate and collaborate on care delivery models. The care of the individual should be seamless and not impacted by funding agreements or service boundaries.

The NSHN will continue to work toward integration as we move forward. Operational contracts with service providers and organizational partners are continually reviewed and updated. The engagement of the municipalities is actively being sought in solidifying the base of health care services in each area, using the expertise of the community to facilitate recruitment and retention of key professionals. We will link with the Red Cross PATH program to enhance services for those who need a few additional days of support when they get discharged and will continue to work with our existing partners to build on services. We have provided letters of support for additional LTC beds at Algoma Manor and for potentially new CT service at the Elliot Lake Hospital.

It has been noted that mental health and addiction issues are prevalent within the Algoma East Region with an increasing trend of individuals visiting the emergency room with mental health concerns. It has also been noted there is an increasing number of seniors and individuals within the First Nation communities in the region with addiction and mental health issues. When patients access emergency room services for a mental health issue, there is a referral process to a specialist within Sudbury or Sault Ste. Marie. This process is not always timely and the person often returns to the community with little support. The improvement of mental health services and supports is a future goal for the NSHN.

Engagement of Clinicians, Leadership & Staff

The NSHN values the voice of its staff and associates in its organizational progress, development and the implementation of changes. The communication plan has been extensively reviewed over this last fiscal year with additional actions taken to garner staff input. These actions include leadership safety walks, regular huddles, Coffee Talk sessions with the CEO and the use of standardized communication boards in all departments. These are new initiatives that build on the existing Leadership Committee meetings, the monthly Hot Topics newsletter and the staff surveys that are done every second year. More recently, the Patient Safety Survey with Accreditation Canada has been completed. Action planning will address deficit areas in both the Staff Satisfaction Survey and the Patient Safety Survey.

Key engagement processes will include a standardized action planning format and change management process, close adherence to the communication plan, transparency and presence of the senior management team at the front line.

Population Health and Equity Considerations

The communities located in the Algoma East Region have experienced declines in all industry over the last 20 years which necessitated the re-branding of certain communities, such as Elliot Lake, as a retirement community. Consistent with other resource-reliant communities, all areas have seen significant population declines over the last 20 years.

From 1996 to 2011, the total population of the area has decreased with Thessalon seeing a 32% decline and Blind River a 18.9% decline. At the same time, residents are aging at a faster rate than the Province as a whole. There is ongoing gentrification with the median age increasing when comparing the 2001 to the 2011 Census data. The aging population is an important indicator when analyzing the health needs of the residents as it reflects an increased prevalence and incidence of certain conditions (e.g. COPD, CHF) that are often identified as chronic conditions.

On average, the residents of the Algoma East region aged 65 years and over account for 17.4% of the population compared with 8.6% for the province of Ontario as a whole. As a result, there are additional considerations with the provision of health care in the communities. Transportation is a key issue as many are required to travel for appointments with specialists or physicians outside of their community. There is a large geographical distance with Sault Ste. Marie to the west of Blind River and Sudbury to the East of Blind River. All of the communities in between these two tertiary sites are subject to significant travel requirements. Seniors within the communities needing to travel for medical appointments are occasionally challenged to manage on their own and may need to rely on supports within the community or family members. In many cases, there are no local family members to assist with travelling to medical appointments or to assist at time of discharge from the hospital.

The lack of family and community supports has also resulted in lengthy hospital admissions for patients who would be better served with care from a more appropriate resource. Access to services provided by the LHIN for Home and Community Care services and other services within the community is sometimes delayed or not available. Although a lack of community supports and access to health care services exist in other communities, the prevalence of elderly patients within the region have highlighted these issues.

From an economic perspective, there is minimal new industry development in Blind River and area. This directly impacts socioeconomic health and mental health. The lack of employment opportunities within each community can and does impact mental health treatment and resources.

Within the First Nation communities, there has been an increase in social and mental health issues. Specifically, depression and addiction have become the critical issues. There is a need to understand the root cause of the increased prevalence and it is felt that management strongly requires greater collaboration between the physicians, pharmacists and the communities along with increased education of the patients.

Access to the Right Level of Care - Addressing ALC

The aging of the population within the Algoma East Region creates unique health care needs as most chronic conditions are more prevalent in the elderly population. Not only does the prevalence of chronic health conditions impact the ALC rate, so does the lack of assisted living units, insufficient LTC beds for the area, lack of family living in the area and lack of community resources to encourage mobility and physical fitness for seniors. The NSHN will continue to focus on ALC management practices and work with community partners to maximize opportunities to support seniors living at home. These partnerships include working with the LHIN HCC team, the Blue Umbrella project, Community Support Services, PHARA and Algoma Manor.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

The abuse and misuse of prescription narcotics and other controlled substance medications is a serious public health and safety issue in Ontario. A growing number of people are addicted to these drugs, using them outside their intended medical purposes, including unlawful activities, resulting in some dying as a result of this improper use.

The NELHIN recognizes the challenge and scope of this issue and has supported the implementation of the Rapid Access Addictions Medicine Clinic (RAAM) as a pilot for the Thessalon area. The Algoma RAAM will provide coordinated, efficient and effective care to patients with alcohol and opiate addiction. In addition, this resource will remove some of the key barriers that directly impact compliance (travel and access).

<http://www.health.gov.on.ca/en/pro/programs/drugs/ons/about.aspx>

Workplace Violence Prevention

The prevention of work place violence is a concern and responsibility of everyone. The NSHN logs incidents from all three sites and its Long Term Care facility with an average number of 18 events per year over the last three year period. There is strong incentive and will to change this statistic with current actions of managing emergency room traffic, security cameras, locking doors to control access and educating staff on what to report having been completed. Movement forward will include researching effective models to prevent violence, understanding what other locations are doing and implementing actions based on the Patient Safety Survey. In addition, the focus of safety will include staff within our building as well as our community based services.

Performance Based Compensation

The pay for performance for NSHN will focus on fiscal responsibility and safety. The CEO, CNE, CFO and Director of Environmental Services(DES) will be accountable to these metrics with payout made once a year.

DIMENSION	INDICATOR	% TOTAL COMPENSATION IMPACT BY INDICATOR	100% attainment of target.	Target unattained.
Safety	The number of CTAS II, III patients who leave without being seen at the BR site \leq 5%	1%	1% payable to CEO 0.3% payable to CNE, CFO, DES	0% payment
Safety	Medication reconciliation on discharge \geq 90%	1%	1% payable to CEO 0.4% payable to CNE, CFO, DES	0% payment
Corporate	Year-end cash surplus of \geq to Zero	1%	1% Payable to CEO 0.3% payable to CNE, CFO, DES	0% payment

Contact Information

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Other

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)

Quality Committee Chair _____ (signature)

Chief Executive Officer _____ (signature)

Other leadership as appropriate _____ (signature)