

Let's Make Healthy
Change Happen.



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



3/6/2019

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

At Haliburton Highlands Health Services (HHHS), our vision is to become Leaders in Innovative Rural Health Care. This vision is supported by our core values: compassion, accountability, integrity, and respect. Together, our vision and values are helping us achieve our mission of providing our community with the continuum of high quality integrated health services including Hospital Services, Long Term Care, Community Support Services, and Mental Health and Addiction Services.

Our Quality Improvement Plan (QIP) is a vital tool that helps us ensure we are providing the highest possible quality of health services, helps us communicate our progress to our various stakeholders and the community, and aligns with our strategic direction and plan. The HHHS QIP addresses specific objectives: 1) to build on the foundational understanding of Quality Improvement by management, physicians and frontline staff; 2) to focus on high quality and safe care in clinical practice by implementing best practices; 3) to improve on transitions in care in a collaborative, coordinated, and efficient way by working on seamless transitions and improving flow; 4) to ensure we provide support for staff by fostering a healthy work environment. We have identified a number of key measures to evaluate ourselves in light of each of these objectives.

HHHS is proud of its record of providing excellent care within Haliburton County. Feedback from our patients, clients, and residents reflects satisfaction with our services; however, we are continuously seeking ways to improve.

Our QIP will allow us to track and report to the community on initiatives that will support continuous quality improvement and better patient/client/resident care.

The HHHS QIP was developed with input from our staff, physicians, Quality Committee, Community Advisory Committee, the HHHS Board of Directors, and various other stakeholders. In developing the QIP, the strategy adopted was to have maximum collaboration and engagement and to focus on quality initiatives that reflect our key priorities as well as the demographics and population of the patients, clients, and residents we serve.

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

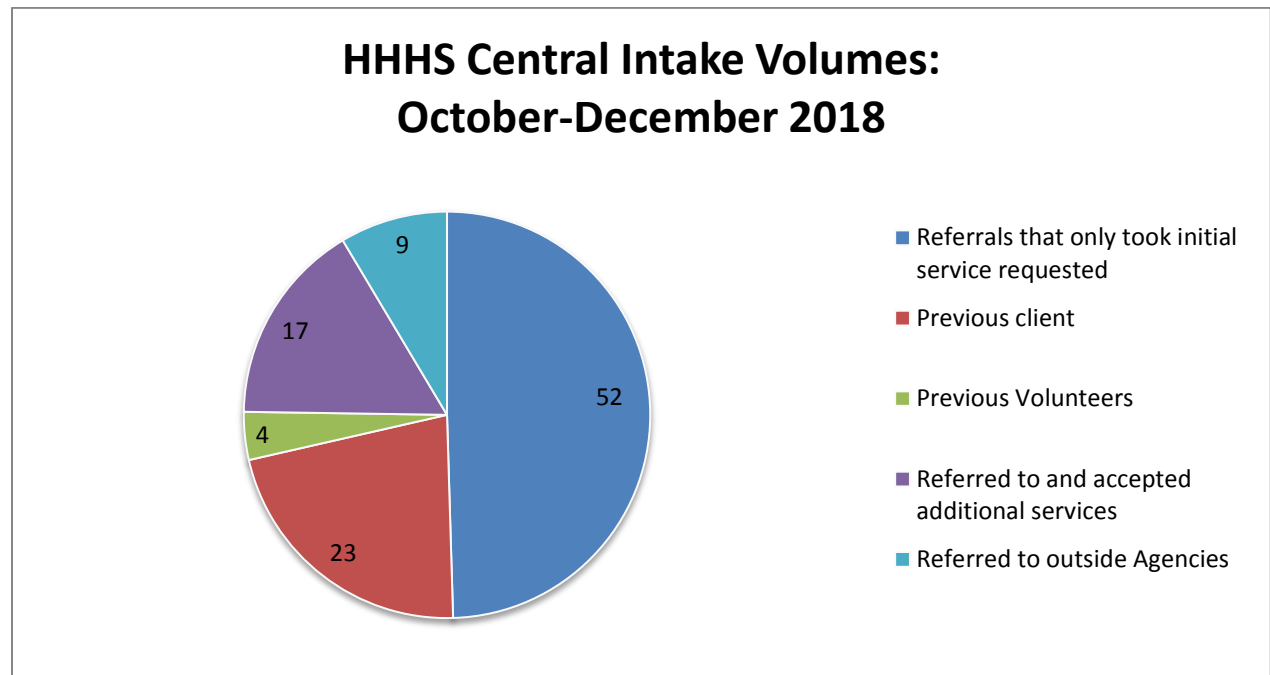
Access to care and services in a small rural community such as ours can be challenging, with limited resources available. As an integrated health service provider, HHHS strives every day to make the best use of the resources available to us, and to facilitate access to those resources for the people in our community. We also recognize that navigating the health system – whether it is a large urban health centre or a small community of services – can be challenging, especially for those who are most vulnerable and who need those services the most. Often when individuals living with vulnerable circumstances aren't able to easily access community support services, their circumstances grow steadily worse – reaching a crisis that often results in a visit to the emergency department and even hospitalization.

Recognizing this challenge, this past year our team launched a new centralized intake approach for our Community Support Services (CSS) programs. Clients calling to access services are now being assessed and introduced to a variety of programming and supports to better meet their needs. People in the community can now call one number and have facilitated access to a myriad of services. This approach has helped improve access to available services, and provided a seamless experience for clients rather than expecting clients to be able to navigate the system and its various services on their own.

The total number of completed referrals in the initial 3 month period of October 1, 2018 to December 31, 2018 was 105; the central intake process has allowed us to develop an initial rapport with the clients and we have found that clients are so relieved that they can just tell their story once and grant us permission to initiate referrals with other agencies if needed. Successful referrals have been made to Community Paramedicine

Services, Diabetes Education Network, Meals on Wheels, Foot Care Services, Transportation Services, Mental Health Services, and Central East Local Health Integration Network Home and Community Care Services, all of which are helping more people remain in their homes longer with appropriate supports.

We are pleased with the positive response to date. This takes us a step further in being the system navigator in terms of information and referral for a variety of programs available in the community, not limited to CSS.



Patient/client/resident partnering and relations

The HHHS 2019-20 QIP has been informed by input from stakeholders representing our patient, resident, and client groups. Throughout the year, we meet regularly with our Community Advisory Committee (which is reflective of the population we serve) and our Family Councils, we seek feedback through our Resident Councils, and we conduct surveys to solicit feedback from our patients and clients. This feedback reflects their experiences, opinions, and ideas about the services we provide and how we can improve them, and forms the foundation for the development of our QIP.

Our Community Advisory Committee (CAC) has evolved over the past year, and now functions as our Patient and Family Advisory Committee as well. With that in mind, the CAC had the opportunity to provide input from their perspective regarding priority indicators for HHHS as well as suggestions for quality improvement initiatives. Over the coming year this group will be focused on helping us map out the patient journey throughout all areas of service we offer, to help us identify gaps and areas for further improvement.

Workplace Violence Prevention

Workplace violence prevention is embedded in our strategic priority area of *Investing in our People*. Over the past year we have continued our focus on fostering a healthy work environment, invested in further security technology (such as portable panic buttons, additional security cameras, additional interior door locks, etc.) to

help ensure the safety of our staff 24/7, and we have provided education and training, with a particular emphasis on helping point of care staff understand responsive behaviours and how to address them in a proactive way. Workplace violence incidents and our prevention strategies are presented to our Board of Directors' Quality Committee on a regular basis.

Executive Compensation

The purpose of performance-based executive compensation related to the *Excellent Care for All Act* (ECFAA) is to drive accountability for the delivery of quality improvement plans. By linking achievement of targets to compensation, organizations can increase the motivation to achieve both long and short-term goals. Performance-based compensation will enable organizations to ensure consistency in the application of performance incentives and drive transparency in the performance incentive process.

HHHS's executive compensation framework, including the percentage of salary at risk and targets for which the executive team is accountable, are linked to executive performance from a quality perspective as outlined by the table below. These specific indicators were chosen because they represent all divisions of the organization, and they represent priority areas for quality improvement at HHHS.

HHHS will maintain its commitment to ECFAA; as such, our executives' compensation, including the percentage of salary at risk and targets that the executive team is accountable for achieving is linked to performance in the following way:

Executive Leadership Team

President and CEO – 5% of annual base salary is linked to achieving 100% of our QIP targets identified below

VP Clinical Services and Chief Nurse Executive – 2% of annual base salary is linked to achieving 100% of our QIP targets identified below

VP Community Programs – 2% of annual base salary is linked to achieving 100% of our QIP targets identified below

VP Support Services and Chief Financial Officer – 2% of annual base salary is linked to achieving 100% of our QIP targets identified below

Targets

Quality Dimension	Indicator	Current Performance	Target
Timely	Emergency Department Wait Time for Inpatient Bed	46.8%	25%
Patient-Centred	Patient Satisfaction (received enough information before leaving hospital)	n/a (new indicator)	85%
	Resident Satisfaction (would recommend LTC home to others)	93.5%	95%
	Client Satisfaction (would recommend community programs to others)	100%	100%
Safe	Workplace Violence Incidents	6	5
	Staff Satisfaction (good place to work)	69.4%	75%

Terms

The Indicators are equally weighted.

Achievement of all targets would result in 100% payout; partial achievement of targets will result in partial payout, as determined by the Board of Directors.

Contact Information

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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:

Signed Originals on File

Board Chair **Original Signed**

Jeff Gollob

Board Quality Committee Chair **Original Signed**

Jan Walker

Chief Executive Officer **Original Signed**

Carolyn Plummer