

Let's Make Healthy
Change Happen.



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



3/16/2017

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 HQO (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 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, and helps us communicate our progress to our various stakeholders and the community. The HHHS QIP addresses specific objectives: 1) to improve patient safety; 2) to promote the effectiveness of our services; 3) to improve access to services; 4) to ensure our services are patient/client/resident-centred; 5) to ensure we are coordinated, efficient, and integrated in providing our services; and 6) to ensure we provide our services in a timely way to meet the needs of our patients, clients, and residents. 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 devising the QIP, the strategy adopted was to have maximum collaboration and engagement and to focus on quality initiatives that reflect the demographics and population of the patients, clients, and residents we serve.

QI Achievements from the Past Year

Over the past year, our greatest achievement has been the growth of our Geriatric Assessment and Intervention Network program. This is reflected in the number of referrals achieved over the past year, as measured on our 2016-17 QIP. The successful implementation and growth of this program was the result of a collaborative, integrated approach to referrals and service provision. Its success was due to a number of factors, the most significant of which was the partnerships that were established across all divisions of HHHS and with primary care and the broader community. Leading the way, our Community Support Services Division reached out to partner with leaders in the Haliburton Highlands Family Health Team, HHHS Acute Care unit, Supportive Housing/Assisted Living, and Community Care Access Centre to establish referral processes, provide staff education and support, and to ensure seamless service provision for clients and caregivers.

Integration & Continuity of Care

The HHHS QIP is aligned with the HHHS Strategic Plan and with the Central East Local Health Integration Network (CELHIN)'s Integrated Health Service Plan and their overarching goal of *Living Healthier at Home – Advancing Integrated Systems of Care to Help Residents Live Healthier at Home*. The CELHIN has established four strategic aims to help achieve this overarching goal; the HHHS strategic plan is aligned with these aims, and they are also reflected in our QIP: 1) continuing to support frail older adults to live healthier at home by reducing Alternate Level of Care (ALC) days and by

increasing the number of active Coordinated Care Plans led by HHHS; 2) continuing to improve the vascular health of people to live healthier at home by facilitating local access to specialized services through our Telemedicine program; 3) continuing to support people to achieve an optimal level of mental health and live healthier at home by reducing repeat unscheduled emergency department visits for reasons of mental health or addictions; and 4) continuing to support palliative patients to die at home by choice and by increasing the number of people discharged home with palliative support.

The HHHS Strategic Plan emphasizes integration with partners to improve patient/client/resident care and to ensure this care is seamless across the continuum. As a leader in innovative rural healthcare, HHHS is at the forefront of cross-sector community and health services integration. Our focus over the upcoming year will be to evolve as a Rural Health Hub, to build on our success, to strengthen our partnerships, and explore further opportunities for integrated services to better meet the health needs of our community.

To that end, our QIP is an integrated, multi-sector plan that includes objectives for our Hospital, Long Term Care Homes, Community Support Services Division, and Mental Health and Addiction Services Program. In addition, we have included a healthy work environment component to our QIP to ensure we are supporting our staff to be able to provide the best possible care and service. Our Quality Committee, Medical Advisory Committee, Community Advisory Committee, and Board will be engaged and informed of quality initiatives for the entire organization. We have planned for integrated methods and process measures that include best practice teams and champion development across the organization.

Engagement of Leadership, Clinicians and Staff

The development of HHHS's 2017-18 QIP represents the collective work of our staff, physicians, Quality Committee, Board of Directors, Community Advisory Committee, and other key stakeholders. This approach helps ensure an organizational wide focus and engagement on quality improvement initiatives between teams, at leadership levels, committees, and at the governance level.

Patient/Resident/Client Engagement

The HHHS 2017-18 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.

Performance Based Compensation / Accountability Management

The purpose of performance-based compensation related to 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 executives' compensation, 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 a balanced approach to quality improvement (the indicators represent different QIP dimensions). We also included a financial indicator (achieving a balanced budget); although this is not included in our QIP, it does reflect our accountability to our funders, stakeholders, and community.

Quality Dimension	Measure	Baseline	Target	Graduated Scale*	0% When Performance Below Indicator Identified
Effective	Number of active Coordinated Care Plans (CCPs) being led by HHHS	New indicator; currently collecting baseline	100	# of CCPs: >110=125% 100=100% 90=75% 80=50% 70=25% <70=0%	<70
Safety	Incidence of hand hygiene performance prior to initial person contact	Provincial average	80.5%	% compliance: >85%=125% 80.5=100% 75=75% 70=50% 65=25% <60=0%	<60%
Patient/ Resident/ Client-Centred	Percentage of persons responding positively to: "Overall, how would you rate the care and services you received in the ED?"	85%	90%	% positive responses: >95%=125% 90=100% 85=75% 80=50% 75=25% <70=0%	<70%
Equitable	Number of telemedicine consultations/visits	683	1260	# of referrals: >1300=125% 1260=100% 1220=75% 1180=50% 1140=25% <1100=0%	<1100
Other (Accountable) – Not included in QIP	Balanced Budget	Balanced Budget	Balanced Budget	Deficit of: \$ 50k = 75% \$100k = 50% \$150k = 25% >\$200 = 0% Surplus of: \$25k = 125% >\$50k = 150%	>\$200k Deficit

Sign Off

I have reviewed and approved our organization's Quality Improvement Plan.

Original signed

Board Chair – Dave Bonham

Original signed

Quality Committee Chair – Jan Walker

Original signed

President and Chief Executive Officer – Carolyn Plummer

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.