

Let's Make Healthy  
Change Happen.



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



3/15/2019

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.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

The vision for West Haldimand General Hospital (WHGH) was developed in consultation with patients/families, staff, physicians and Board members and defines our broad and aspirational image of the future. Our vision is "To be the best rural hospital, through partnerships and integration" West Haldimand General Hospital is a community of people dedicated to transforming the patient and family experience through innovative and collaborative approaches to care, knowledge and leadership. This plan is created annually as part of West Haldimand General Hospital's commitment to continuously improve the delivery of safe, quality patient and family centered care.

WHGH is committed to an unwavering focus on our strategic directions:

- High Reliability Healthcare: Fostering Continuous Improvement  
Anticipating Tomorrow's Needs
- Exceptional Experience: Leveraging our Aspirational Culture  
Nurturing Powerful and Purposeful Partnerships
- Exceptional Environment: Rethinking and Refreshing our Facility  
Redeveloping our Emergency Department  
Optimizing and Upgrading our Equipment and Technology

The Quality Improvement Plan for 2019-20 will focus on the following priority measures:

- Effective Transition: 30 Day Readmission Rate for Chronic Obstructive  
Pulmonary Disease/Congestive Heart Failure
- Patient Centered: Did you have enough information about what to do if you  
worried about your condition after leaving the hospital
- Patient Centered: Communication prior to release from the ED
- Safety: Reduce falls injuries
- Safety: Reduce incidence of Catheter Associated Urinary Tract Infections
- Safety: Workplace Violence Incident Reporting
- Timely: Time to inpatient bed from the Emergency Department

The Ontario Action Plan for Healthcare, Ontario Hospital Association Strategic Plan, Hamilton Niagara Haldimand Brant Local Health Integration Network Strategic Plan, Health Quality Ontario priorities and Provincial Priorities were taken into account as the 2019-20 improvement plan unfolded for the organization. Common themes such as safe and effective care, access to care and improved patient experience are embedded in this Quality Improvement Plan (QIP).

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

West Haldimand General Hospital is proud of the improvement we have made in keeping our patients safe while in our care. Significant improvements have been achieved this year in our compliance with hand hygiene practices. A renewed educational program for all staff was rolled out along with a plan to provide one to one demonstration of hand hygiene for all staff. As of January 2019 75% of staff have completed the online education and 83% of staff have participated in the one to one demonstration of proper use of alcohol based hand rub (ABHR). Our hospital Chief Executive Officer is one of our hand hygiene auditors demonstrating through actions our commitment to safe care from the Board Room to the Bedside. At the beginning of the 2018/19 our hospital wide hand hygiene compliance was at 76%. As of the end of December our hand hygiene compliance has improved to 97% hospital wide.

Our Employee Engagement Survey has also demonstrated improvement in how our staff perceives the organization as promoting staff hand washing. Our scores improved from 87% staff perceiving the organization as promoting hand hygiene in 2016 to 98% identifying that the organization promotes hand washing in 2018. Throughout the year hand hygiene has maintained high visibility across the organization by using staff

engagement themes to help keep the awareness new during Mission Week, Special Holidays, Safety Week and National Hand Hygiene Day.

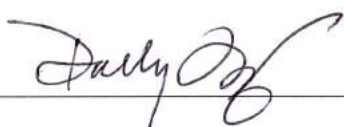
### Patient/client/resident partnering and relations


Our Patient and Family Advisory Council contributed to the content of our Quality Improvement Plan. Patient and Family Advisors are part of the membership for our Quality Committee of the Board. Information was brought to the Patient and Family Advisory Council about patient experience, patient safety and senior friendly hospital initiatives for consideration as we seek changes for improvement. The Patient and Family Advisory Council collaborated in the development of the Senior Sensitive Improvements and designing bedside whiteboards. Strategies are embedded in our QIP to address our commitment to hearing our patient's voice and making changes to improve the quality of care. West Haldimand General Hospital leaders round with our patients daily to hear their perspective on their experience at the hospital and encourage them to tell their story about their journey in the healthcare system. Through this standardized approach to information sharing and collaboration with our patients and their families, stories and themes are brought to Program Committees where these teams develop change ideas to meet the needs of our patients/families and support the strategic directions of the hospital.

### Workplace Violence Prevention

Workplace Violence Prevention is a strategic priority at West Haldimand General Hospital. Each Leader includes quarterly actions to reduce workplace violence and improve reporting of workplace violence incidents in their 90 day plans. Workplace violence indicators are included in our Quarterly Dashboard Report to the Board.

### Sign-off

Board Chair 

Board Quality Committee Chair 

Chief Executive Officer 