



# EM/ANB Quality improvement Plan Report

2019 / 20

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## INTRODUCTION

The Quality Improvement Plan is a summary document that outlines the different plans and frameworks within the organization that support and guide quality improvement.

This report provides a synopsis of accomplishments for the 2019/2020 fiscal period for each component of the plan. This is the first edition of this report and some components are new as well. The purpose of developing or formalizing some plans and frameworks focused on establishing the foundation for more focused improvement objectives as we move forward.

## REPORT HIGHLIGHTS

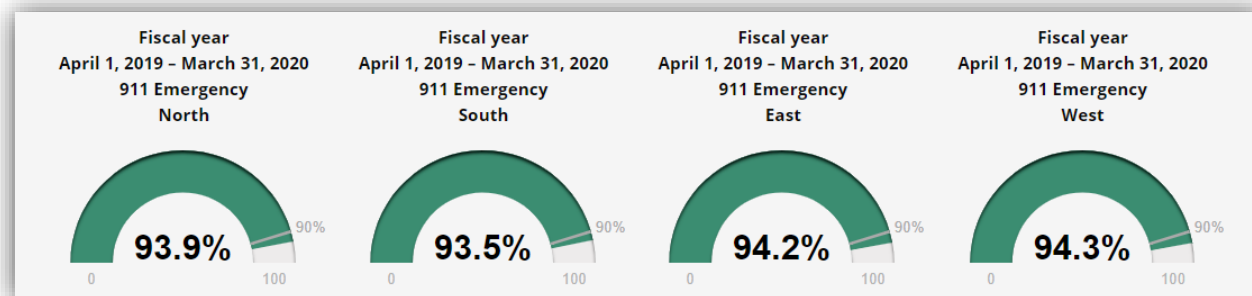
### EM/ANB Strategic Plan

#### Patient satisfaction

EM/ANB continued to measure patient satisfaction levels in 19-20 and is proud to share that patient satisfaction levels remain high both for ANB (**95.0%**) and EMP (**94.1%**).

#### Performance indicators

Although the management of the pandemic had an impact on ambulance performance in the month of March, ANB continued to exceed its performance targets for 2019-20.



The results for the Extra-Mural Program (EMP) are also pointing in the right direction

KPI	Baseline	19/20 Results	Target	Status
Referral to Care time (Median)	3 days	2 days	1 day	On track
Referral to Care time (90 <sup>th</sup> Percentile)	33	23	10	On track
ED visits Ratio	.60	.52	.51	On track
Primary Care referrals	7,426	7,694	8,911	On track
EMP Visits	497,771	503,272	572,437	On track
Patient Experience	95%	94.1%	95%	On track

#### Accreditation Canada

EM/ANB receive an Accreditation decision of Exemplary Standing after the February 2020 on-site survey.



## Feedback from community partners

The community partners group last met in November 2019. The partners were pleased to be able to hear progress on initiatives from EM/ANB as well as update the group on their initiatives.

## Employee Road show

Once a year, the senior executive team for the operations do a tour of the province to update employees on the organization's initiatives and also hear comments and questions from the front line staff. These sessions continue to be very valuable for all parties. All comments and feedback is tracked and progress updates are shared as information becomes available.

## Work life pulse results

A workplan was developed with actions and owners identified for all improvement areas of the Worklife Pulse survey. Three key areas of focus are communication; health and safety and overall work experience. Progress is tracked and results will be measured on the next survey. Several actions have been implemented to address these areas of focus in 2019/2020 such as focus group sessions with EM/ANB staff; EM/ANB communication plan; *In the Loop* standing section on safety; staff training program for workplace violence prevention; anonymous and confidential reporting line, EM/ANB Strategic Recruitment and Retention Program, and an employee recognition program. Several other strategies have been initiated and will continue in 2020/2021.

## Launch dates

All items identified on our corporate plan are reviewed by the senior leadership team on a monthly basis during Senior Management team meetings. All items are closely monitored including tasks and milestones.

## Stakeholder surveys

No global stakeholder surveys took place this year however, stakeholders were consulted as part of specific initiatives for example : Paramedics offering palliative care project and the Vulnerable patients with complex needs in the Northumberland County project. Stakeholders were also interviewed as part of the Accreditation Canada survey.

## EM/ANB Risk Management Plan

The Board of Directors have approved the Risk Management Plan. The Risk Management Committee has established a risk registry in order to identify and prioritize the risks to the organization. These risks span a variety of departments and processes such as finance, human resources, fleet and facilities, operations, procurement, emergency planning, and more. The committee representation reflects a diverse group in order to bring carried perspectives in risk identification and mitigation. To date, the following has been accomplished:

- Identification of risks in the registry (this list will continue to be developed as it is dynamic)
- Each risk from the registry has been assessed and rated by committee members and reviewed by committee
- The Emergency and Disaster Management Plan was reviewed by committee
- A Privacy and Security sub-committee as well as a Procurement sub-committee have been formed
- Risk Management is a standing item on the EM/ANB Quality and Patient Safety sub-committee of the Board



## Emergency and Disaster Management Plan

The COVID pandemic was a central focus of attention and deployment late in the fiscal period and beyond. EM/ANB has become an integral part of rapid response to novel outbreaks to assist with Public Health efforts to contain and control spread. This has materialized in Rapid Response testing for a population and Rapid Response support for Long-term Care Facilities sustaining impacts from an outbreak onsite. The overall response to the pandemic has demonstrated the level of preparedness of the organization but the global effects of the pandemic certainly required the ongoing management of changing guidelines, personal protective equipment procurement challenges and clear communication channels across the organization.

Other activities related to disaster and emergency preparedness during the year:

- Review of plan components were completed and translated leading into Accreditation
- The plan was reviewed at the Risk Management Committee
- Participation in 15 exercises with different groups in various areas of the province

## ANB Patient Safety Plan

An annual review of the ANB Patient Safety Plan was completed by meeting with each owner of patient safety activities. New goals were set or adjusted to reflect current trends or to realign with processes. The new goals are:

- The commitment of supporting excellent care and a culture of patient safety by the EM/ANB Board of Directors and EM/ANB Leadership
- The continuous review and appropriate implementation of evidence-based medicine to inform clinical practice guidelines
- Support a culture where disclosure of patient safety incidents is a key foundation for a culture of patient safety
- The implementation of the Safe Vehicle Program to provide education, training and awareness to all employees.

## EMP Patient Safety Plan

An annual review of the EMP Patient Safety Plan was completed by meeting with each owner of patient safety activities. New patient safety activities were added and numerous adjustments were made to current ones. The new patient safety activities are:

- The commitment of supporting excellent care and a culture of patient safety by the EM/ANB Board of Directors and EM/ANB Leadership
- To incorporate “Just Culture” and patient safety into general orientation and annual education to staff
- Support a culture where disclosure of patient safety incidents is a key foundation for a culture of patient safety
- Incorporate Medication Management Strategies in all aspect of the organization
- Increase awareness of skin and wound care in practice



## EM/ANB Quality & Safety Framework

This document went through its final review and edit as a result of feedback from the EM/ANB Board of Directors and was subsequently approved. The activities outlined in the document are mostly managed by the Manager, Quality and Risk and the Quality of Care and Patient Safety Committee. This committee meets at least quarterly and reviews patient safety incidents and provide recommendation based on the findings.

The Manager, Quality and Risk reports monthly to the Senior Leadership Team on quality and safety activities monitoring and quarterly to the EM/ANB Quality and Patient Safety sub-committee of the board on patient safety incidents.

## EM/ANB Ethics Code and Framework

The EM/ANB Ethics Code and Framework is used to guide daily decision-making as well as the development of the Organization's policies, processes, and practices. During the 2019-20 fiscal year, the EM/ANB Ethics Committee conducted five (5) in-person meetings. A standing agenda item for each Ethics Committee meeting is a review of ethics consult summaries, for which there were a total of 13 facilitated in that timeframe.

In addition to the above, the following quality improvement activities were undertaken by the EM/ANB Ethics Committee as part of their mandate under the Framework during the past fiscal year:

- Reviewed and revised the existing Framework, published version 1.2
- Developed learning objectives for employees regarding the Framework, which led to the creation and release of an e-learning module
- Reviewed and provided feedback on a draft ANB policy for multiple patient management
- Reviewed materials and held a discussion surrounding conscientious objection and how it could affect EM/ANB employees and the organization
- Developed objectives for the next education module for employees, which will focus on scenario-based learning

