

Let's Make Healthy
Change Happen.



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

Hôtel-Dieu Grace
Healthcare

CHANGING LIVES TOGETHER

4/1/2016

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

Hôtel-Dieu Grace Healthcare is a stand-alone post-acute healthcare centre offering Rehabilitation Services; Specialized Mental Health & Addictions; Complex Medical and Palliative Care; and Children and Youth Mental Health Services (Ministry of Child and Youth Services funded). HDGH has a unique blended model of specialized inpatient beds; community residential beds; as well as outpatient and community outreach services.

HDGH's vision "as a trusted leader transforming healthcare and cultivating a healthier community" conveys a strong commitment to providing safe, high quality patient and family centered care and services. HDGH is dedicated to improving the quality of life of patients across the continuum of institutional and community settings.

The hospital's 2016-2017 Quality Improvement Plan continues to be driven by three strategic drivers; Our Patients, Our People, Our Identity. Our Strategic Plan, "Aspire 2020", is the roadmap that outlines the four phase approach to achieving our vision. The 2016-2017 QIP builds on the second year of our five year strategic plan. We continue to develop a comprehensive organization wide Quality Framework that encourages stakeholders to embed quality into their everyday practice. Our evidence-informed practice ensures compliance with all appropriate accreditation standards. We continue to use multiple forums and are engaging all levels of staff in venues such as our Board of Directors, Board Quality Care Committee, Multi-professional Quality Improvement Team, Professional Advisory Committee, Medical Quality Advisory (MQA), Interprofessional Practice Council (IPPC), Executive Leadership Committee, Ethics Committee, and the corporate Director's Council - to provide oversight to our quality operations across the organization. We continue to move forward in establishing unit based Quality Councils with each service/program level that will be focusing on metrics and quality improvement projects using a patient and family centred approach at the point of care.

Leveraging the shared decision making model within an interprofessional governance framework, will help to support a truly engaged front line staff that results in excellence in clinical outcomes as well as advancing a culture of patient safety and quality of work life. The focus on the first two drivers of Our Patients and Our People, and their inherent synergy, is at the core of our QIP key initiatives and the resultant success of our organizational strategy.

In the driver of "our people" we are taking a major step forward in advancing the public conversation around staff injury as a result of violence at work. We are pioneers in terms of having a robust and comprehensive Workplace Violence Prevention Policy firmly in place. It aligns well with our corporate focus on our People, Safety and the well-being of our employees. That said, we are no different than many other healthcare organizations in the province that experience incidents of violence that result in employees being injured. Healthcare workers are at higher risk of injury due to aggression and for this reason, the Minister of Health and the Minister of Labour has created provincial committees to study what else can be done by organizations to reduce/eliminate these injuries in the future. Our goal is to prevent injuries due to violence through various initiatives and processes. In particular, by implementing mandatory non-violent intervention training programs that are refreshed annually and de-briefing each and every incident to analyze root causes and put measures in place to reduce the likelihood of a similar injury occurring again. The metric we chose to report on this years QIP reflects the rate of aggressive incidents (Code Whites) that result in injury that requires healthcare services or time off (lost time). While we pay attention

to all aggressive incidents, these represent the most serious and most subject to more significant risk. We feel this is an important metric to report to the public as it demonstrates our commitment to providing a safe and healthy work environment for our staff and safe and healthy care environment for our patients and their families.

Focus on our third strategic driver of our identity, is highlighted in our QIP by specific planning in the area of research, innovation and ensuring that we are a learning organization. Contributing to these endeavors will help to build upon our medical programs and services. Thereby, strengthening our value to the patients and community that we serve.

Some examples of ongoing and enhanced initiatives to ensure QIP success include:

- Implementation of Blaylock Screening Tool to identify patients that are higher risk of becoming ALC, as part of Intake process.
- Implement core modules of new Patient Satisfaction Survey contract. Monitor patient satisfaction scores and themes, with development of Action Plans to address common themes.
- Continue with "anonymous" audit approach in infection control prevention so results of hand hygiene audits are accurate and real. This is a key component of our commitment to transparency with our patients and families and is a key piece of ethical care delivery.
- Roll out mandatory hand hygiene refresher training on the nursing units per e-learn module.
- Continued vigilance with IPAC best practices to ensure lowest levels of HAI.
- Improvement in the percentage of staff trained in non-violent crisis so ensure focus and success with workplace safety
- Discussion with schools about student placements and working with departments within HDGH so we can increase the number of placements.
- Continue to review and improve process for timely capture of Admission FIM score.
- Implementation of two additional Patient Intake Nurses and standard assessment tools that assess risk for complex discharges, and/or risk of patient becoming ALC/LTC & engagement of earlier CCAC resources.
- Increased staffing for pharmacy to optimize and improve medication reconciliation.
- Focus on ALC avoidance framework and best practices to improve patient flow and transition back to the community.

Our Quality Improvement Plan 2016 (QIP) for HDGH is directly aligned with the following strategic directions:

- Lead the delivery of non-acute services
- Enhance and connect the patient experience with clinical operations by improving service and quality
- Deliver high quality service through the provision of patient and family centred care guided by evidence based practices
- Establish HDGH as a best place to work focusing on staff engagement and on safe work environment and practices
- Develop a thriving research and innovation program that builds upon our medical programs and services
- Trusted coordinator/navigator of services
- Partner with other organizations, community partners and government agencies
- Promote accountability for the effectiveness and efficiency of programs and services

QI Achievements From the Past Year

The QIP focused on five of the dimensions that define quality within the Excellent Care for All Act: Safe, Effective, Accessible, Patient and Family-Centred and Integrated.

Priority Focus for 2015-2016 Quality Improvement Plan was:

1. Access: Improving access to outpatient rehabilitation therapy.
2. Effectiveness: Improve organizational financial health
3. Integration: Reduce wait times and facilitate early access for admission to post-acute Rehabilitation services
4. Patient Centred: Improve patient satisfaction
5. Safety: Improve medication reconciliation upon admission & reduce hospital acquired infection rates

In addition to our Strategic Plan, our QIP aligned with provincial priorities and other planning processes such as:

- Provincial and LHIN priorities including our obligations contained within the Hospital Service Accountability Agreement (HSAA)
- Accreditation Canada Standards and Required Organization Practices (ROP's)
- Patient Relations Process and Complaints Tracking
- Professional Practice - best practice across nursing and allied health
- Organizational wide Integrated Risk Management Plan
- Project Management & Research Office
- cSWO & ehealth provincial initiatives

Integration & Continuity of Care

With more than 2 years post re-alignment of hospital services, we continue to build on strategic partnerships and be a key partner and leader in our community. HDGH views integration opportunities and continuity of care improvements as critical to improving initiatives around chronic disease management and restorative care models. HDGH continues to engage and work closely with community partners with a focus on the patient experience and integration of services to support the patient journey and quality of outcomes. We continue to work closely with our patients, families, and our acute care partners (LMDMH & WRH), and community based partners to enhance regular and ongoing dialogue to continually improve our patient flow and transitions outcomes. We strive for seamless, safe and effective transitions from acute care/community to HDGH, and from HDGH back to our community within a "home first" philosophy. In order to continue to improve upon the continuity of integrated care for our patients, HDGH will:

- We will work closely with our acute care partners and monitor the coordination of intake services to support the right patient in the right bed at the right time. We have implemented the role of Flow Coordinators who are located at our acute care partner's site to help identify and expedite patients for rehab, palliative care, specialized mental health as well as complex medical care. This initiative continues to improve and optimize wait times, length of stay and transition to the community.
- We will continue to monitor clinical program performance for utilization of appropriate review of admission criteria sets and processes for inpatient intake
- We will focus on intake and discharge coordination and transparent communication and meaningful engagement across the care continuum.

Engagement of Leadership, Clinicians and Staff

The Quality Improvement Plan (QIP) is one component of our overall quality and patient safety organizational planning process. Our leaders consulted broadly with front line clinical staff on the development of appropriate indicators and there was a robust discussion on the opportunities for improvement, action plans and targets. Our Executive Leadership Team oversees and supports the quality initiatives to ensure that they are aligned with our strategic goals and are properly resourced. Through the model of executive and indicator leads, quality teams are formed to monitor and oversee the initiatives, metrics and implementation plans. The Quality Committee of the Board of Directors and the HDGH Quality Improvement Team (QIT) will monitor and regularly review performance of the key QIP initiatives and progress through a monthly scorecard and reports.

Our QIP was initiated by the QIT. The following committees were then engaged and participated in the selection of indicators, targets and plans: Director's Council, Executive Leadership Team, Physician Advisory Council, Quality Committee of the Board, Patient and Family Engagement Council, Clinical Practice Managers, Operational Managers & Directors. In addition to meaningful discussion of the proposed indicators and action plans, survey monkeys were sent out to each group asking for more specific and measured feedback in consideration of the final indicators chosen for this year. Three key themes were identified through this process. Access time and restorative potential measured by the use of the FIM score were chosen as a result of this additional engagement strategy. The third theme, length of stay, will feature prominently on our other program and unit level balanced scorecards.

In addition to the traditional methods of internal engagement and survey results, a comprehensive engagement of external consultation with community and ESC LHIN partners was conducted. This helped ensure that we are measuring and focusing on the key items of quality performance in relation to system integration both at the point of admission, as well as at the point and experience of discharge back to the community. It was through this external engagement that feedback was given regarding the use of future patient surveys, to try and capture the patient experience upon discharge in order to ensure a seamless continuity of care.

Patient/Resident/Client Engagement

The creation and implementation of a Patient and Family Engagement Council (PFEC) began in November 2015. The committee consists of 7 community members and 6 volunteer staff. The committee has been meeting on a monthly basis and is well underway in supporting HDGH's various initiatives. The committee was engaged in the QIP process by multiple presentations to provide education on what the QIP entails and the organizations commitment to it. They were presented with a list of indicators and explanations of what each indicator entailed. They were given opportunities to ask the clinical staff questions about each indicator and action plans. Once an understanding of the indicators was established, a voting and indicator selection process was completed for each committee member. PFEC members were also provided with their own opportunity to complete a survey monkey rating their high priority indicators for inclusion. Two of the three indicators highlighted from this group were included in this year's submission.

Performance Based Compensation [part of Accountability Mgmt]

The QIP is integral to the operations of HDGH. Prior to setting the targets, management worked with all levels within the organization to determine the appropriate priorities and target performance improvements. This results in an organization that is committed to achieving quality improvements. Throughout the year, performance on all targets will be monitored through several channels to ensure that the plan is on target and corrective action is initiated as required. Given our past performance utilizing this methodology, we are confident that we have the appropriate processes to ensure accountability.

The QIP aligns with our Hospital Service Accountability Agreement and future directions related to Health System Funding Reform, Quality Based Procedures and improved length of stay for rehab patients. We will be aligning inpatient programs, services and clinical units in rehabilitation and complex medical services to reflect best practices and respond to the emerging system needs from the ESCLHIN. This will include a focus on rehabilitation care pathways, reconditioning services, ambulatory and outpatient care and supports for healthy aging and wellbeing at home. We are also investigating and actively exploring innovative partnerships with our primary care and community service agencies to facilitate ongoing care for our patients.

As stipulated by the BPSAA, executives within our organization do not have any pay for performance tied to the achievement of targets in our 2016/17 QIP.

Other

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

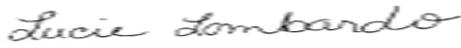
Sign-off

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



Shari Cunningham
Board Chair



Lucie Lombardo
Quality Committee Chair



Janice Kaffer
Chief Executive Officer