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

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.
Overview

Having successfully transitioned many of its programs and services into its new Michael Lee-Chin & Family Patient Tower in August 2017, JBH will continue on its extensive redevelopment journey in 2018-19 with the ongoing renovations to the North Tower. There are exciting opportunities ahead to optimize the benefits of our new physical spaces as improvement plans are established through our annual Quality Improvement Plan (QIP) process. This coming year will also see the initiation of transformative changes guided by the Joseph Brant Hospital Strategic Plan 2017-2022: Together Building Our Future – One Step at a Time that will take us further into our new era. In addition, JBH will seek to renew its Exemplary Standing rating when it undergoes its on-site survey by Accreditation Canada in November 2018.

The 2018-19 QIP has been developed to focus our efforts to achieve important steps toward our vision. In addition to the one new mandatory indicator, JBH has adopted the seven priority indicators and one additional indicator recommended by Health Quality Ontario. These indicators are aligned to system-level quality issues that are evident in our community and throughout the province. They are also very relevant to JBH’s strategic direction, and our Accreditation requirements. We have again this year undertaken engagement activities to validate that they are also seen as priorities by the patients, families, and community that we serve. The table below displays the relationships between the system-level issues and the indicators that we selected as the foci of our 2018-19 QIP:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Indicator</th>
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<tbody>
<tr>
<td>Workplace Violence</td>
<td>Overall incidents of workplace violence <em>(mandatory)</em></td>
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<tr>
<td>Effective Transitions</td>
<td>Readmissions of Chronic Obstructive Pulmonary Disorder (COPD) patients <em>(priority)</em></td>
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<tr>
<td></td>
<td>Readmissions of mental health and addiction patients <em>(priority)</em></td>
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<td></td>
<td>Patients receive enough information on discharge <em>(priority)</em></td>
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<tr>
<td>Access to Right Level of Care</td>
<td>Reduce alternative level of care (ALC) Rate <em>(priority)</em></td>
</tr>
<tr>
<td>Person Experience</td>
<td>Would you recommend ED? <em>(priority)</em></td>
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<tr>
<td></td>
<td>Would you recommend inpatient? <em>(priority)</em></td>
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<tr>
<td>Medication Safety</td>
<td>Medication reconciliation on discharge <em>(priority)</em></td>
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<tr>
<td>Palliative Care</td>
<td>Home support for discharged palliative patients <em>(priority)</em></td>
</tr>
<tr>
<td>Timely Access to Care/Service</td>
<td>ED wait times for complex patients <em>(additional)</em></td>
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Our QIP indicators for 2018-19 reflect our intention to “stay the course” established in the previous QIP as we have adopted a multi-year, continuous improvement approach to issues that remain as priorities here in our community, and across the province. This year’s improvement efforts will be informed by the knowledge acquired through previous continuous improvement cycles.
Some Examples of QI Achievements from the Past Year

**Congestive Heart Failure (CHF) Patient Readmission Rate**
- Achieved 2017-18 target for risk-adjusted 30-day all-cause readmission rate for patients with CHF QBP cohort.
- Comparative study confirmed that CHF patients accessing Heart Function Clinic were far less likely to return to hospital with 30 days than those referred elsewhere. Further analysis is underway to determine whether this difference reflects differences in the types of patients referred to the various levels of service, or whether the difference is driven by the services offered.

**Alternate Level of Care (ALC) Rate**
- Achieved 2017-18 ALC Rate target
- Innovative JBH and HNHB LHIN Home and Community partnership implemented to achieve early engagement of patient and families in discharge planning discussions.
- Other ongoing initiatives continued to address ALC issues such as the Seniors Mobile Assess & Restore Team (SMART), the Implementing Novel and Supportive Programs for Individuals and Families Living with Respiratory Disease (INSPIRED) leading practice, Health Links, and the Integrated Comprehensive Care (ICC) program will continue in 2018-19.

**Medication Reconciliation**
- JBH MedsTracker electronic solution went live in June 2017 and after a pause during the opening of the new patient tower and process refinements (PDSA cycles), over 70% compliance was achieved in the pilot unit within six months. Spread of our refined process is well underway and will be a continued focus for 2018.
- Physician feedback has been positive. One physician wrote “I have been able to order medications for my admitted patients with a high degree of accuracy and safety.”

**ED and Inpatient Follow-Up Phone Calls**
- Development testing and implementation of post-discharge phone calls to proactively solicit timely feedback regarding patient experience was very well received by patients and families.
- Combined with the results of our real-time ED iPad surveys, this feedback has been used to inform service improvement planning.
- Learning from our patients and families through follow up phone calls and surveys will be continued in 2018-19.

**Charge Nurse Role Development**
- Standard work was established for the replacement of sick calls, tracking reasons for why adjustments needed to be made to base staffing, processes to access corporate support services during and outside business hours, and when to escalate for management support.
- Success in moving the decision-making closer to the “work” was evidenced through the significant reduction seen in calls to Manager-on-Call.
Hospital Acquired Infection (HAI) Rates

- Our new patient tower has remained “outbreak-free” since its August 2018 opening despite high occupancy rates and a persistent Flu season.
- Despite increases in community-acquired infection cases, rigorous screening and precautions maintained low HAI rates across JBH in 2017-18.

Hand Hygiene Compliance

- “Hand Hygiene Pocket Audit” tool developed in-house and deployed to hand-held devices/phones of leaders, as part their Standard Work.
- “Real” hand hygiene compliance rates (observed rates when staff may not be aware they are being observed) increased steadily in second half of 2017-18. Compliance for February was 84% for before patient contact moments, and 93% for after patient contact moments.

Patient and Family Engagement

Development of our 2018-19 QIP was largely based upon the successful approach taken the two years’ prior. In addition to focus groups conducted with our well-established Mental Health Consumer Advisory Council and Wellness House Program, we were this year also able to leverage our discharge follow-up phone call pilot project, and community consultation to inform our strategic planning process.

The input of the Mental Health Consumer Advisory Council (MHCAC) was collected through a focus group with its members conducted on February 20th, 2018. This input is particularly important as it has provided JBH with access to the viewpoints and concerns of patients and families that are at risk for marginalization in our community, and healthcare system. In previous years MHCAC suggestions for improvement had included better integration of JBH Emergency and Mental Health services. This informed planning for the new Emergency Department and the dedicated Psychiatric Emergency Services area. A patient experience survey specifically for our Mental Health patients and their family members was piloted at JBH in 2017-18. This year, there was strong agreement among the group members that more opportunities should be taken to solicit feedback and opinions from patients and families, where possible, while the patient is in hospital, or shortly thereafter. There was also suggestion that communication between care providers should be improved, both within hospital and between hospital and community-partners. This year’s suggestions helped to reinforce and prioritize further efforts to proactively solicit and capture patient and family feedback closer in-time to the experience of care and service at JBH. The suggestion calling for improved communication between care providers was also timely as JBH considered further spread of the Implementing Novel and Supportive Programs for Individuals and Families Living with Respiratory Disease (INSPIRED) leading practice as its QIP improvement Initiative to reduce re-admissions due Chronic Obstructive Pulmonary Disorder (COPD). It should also be noted that patient and family interviews were also specifically held in February 2018 to inform the INSPIRED work. JBH’s commitment to consistent uptake of the Accreditation Canada Required Organizational Practices (ROPs) Information Transfer at Care Transitions and Medication Reconciliation at Care Transitions aligned well to these suggestions.
JBH again this year (March 1st, 2018) conducted focus groups with the clients of JBH Wellness House - a unique community-based adult day program that provides therapeutic recreation, physical therapy and occupational therapy to support clients to maximize and maintain their abilities, reduce risks to health and maintain quality of life. As current and former patients of a wide range of JBH inpatient and outpatient services, the members of this group are able to provide a comprehensive perspective, not only on their experience at JBH, but also as to how JBH care and services interface and integrate with those of other supports and providers. A major focus of both focus groups was communication and continuity of care between JBH providers and family physicians in the community. The concept of a single, central electronic patient chart was suggested. Solutions such as medication reconciliation and enablers such as eHealth initiatives were seen as steps in the right direction, and partnerships such as the INSPIRED program, supporting specific populations, were also validated. Our ongoing attention to ED wait-times was once more validated, as was the need for better communication regarding follow-up on diagnostic tests, and other instructions after leaving hospital. Another heavily endorsed suggestion was the need for more consistent check-ins on inpatients by nurses and physicians, particularly given the increased number of private rooms and larger areas in the new patient tower. Although not tied to this year’s QIP, this feedback, as well as feedback collected through discharge follow-up phone calls, reinforced JBH’s development and testing of purposeful rounding approaches to provide regular nursing check-ins on inpatients which began as a pilot on one of our medicine units in March 2018.

Real time surveying of patients and family members in the ED by volunteers continued throughout 2017-18. Many of the opportunities for improvement arising from these surveys were related to time spent waiting. This was also typical of the feedback collected following ED visits through follow-up calls when subjects were asked the experience of their ED visit might be improved.

The Community Members of the JBH Board of Directors had an opportunity to provide feedback on the 2018-19 QIP during the January 25th 2018 and March 20th 2018 meetings of the Quality Committee of the Board.

Engagement of Clinicians, Leadership & Staff

During the consultative phases of our strategic planning process, input from leaders, staff and physicians was actively sought to inform priority setting, both in terms of targeted indicators, and selected initiatives over the next five years. This input also informed development of our 2018-19 QIP Work Plan and we have been purposeful in the alignment and timing of Strategic Initiative work in the first year that will compliment and reinforce our 2018-19 QIP Workplan.
Workplace Violence Prevention

Workplace violence is more common in health care settings than in many other workplaces, with one-quarter of all incidents of workplace violence occurring at health services organizations. It is an issue that affects staff and health providers across the health care continuum.

Accreditation Canada has adopted the modified International Labor Organization definition of workplace violence, as follows: “Incidents in which a person is threatened, abused or assaulted in circumstances related to their work, including all forms of harassment, bullying, intimidation, physical threats, or assaults, robbery or other intrusive behaviours. These behaviours could originate from customers or coworkers at any level in the organization.”

JBH has committed to ensuring the healthcare/public sector best practices for workplace violence prevention prescribed by Accreditation Canada as a Required Organizational Practice (ROP) are solidly in place. The Workplace Violence ROP tests of compliance are as follows:

- There is a written workplace violence policy
- The policy is developed in consultation with team members and volunteers as appropriate.
- The policy names the individual(s) or position responsible for implementing and monitoring adherence to the policy.
- Risk assessments are conducted to ascertain the risk of workplace violence.
- There are procedures for team members to confidentially report incidents of workplace violence.
- There are procedures to investigate and respond to incidents of workplace violence.
- The organization’s leaders review quarterly reports of incidents of workplace violence and use this information to improve safety, reduce incidents of violence, and improve the workplace violence prevention policy.
- Information and training is provided to team members on the prevention of workplace violence.

Our commitment within this year’s QIP Work Plan is to improve our capture of workplace violence incidents according the above definition, and to establish a baseline to monitor changes and impacts of initiatives. JBH has also committed to this work through the Leaders in Quality and Safety strategic goal and the Human Resources People Strategy objective within our 2017-22 Strategic Plan.

Treatment of Pain and Use of Opioids

In response to the rise in opioid-related death and illness issues across Ontario, Joseph Brant Hospital has undertaken improvements to address pain management practices and opioid use. Those already being initiated include:

- Standardization of post-operative pain management protocols to optimize the use of non-opioid pain medications and reduce the use of opioid medications altogether;
- Development and implementation of a Suboxone policy;
- Provision of Naloxone kits through the Emergency Department and Mental Health clinics for patients at risk of opioid overdose.
- Educational sessions (both formal and informal) are offered to clinicians and prescribers on strategies to improve pain management including multi-modal therapy, non-pharmacologicals as well as the management of opioid dependence and accidental overdose.
A number of new initiatives are also being developed to improve our ability to provide effective pain management for our patients while keeping them safe. Our approach to opioid stewardship will include: 1) pain management education for clinicians according to the new Canadian Guidelines; 2) a reduction in the amount of opioids in our order sets (dose and duration); and 3) utilization audits of opioids.

**Our Culture of Continuous Improvement**

Our continued adoption of Lean Management System principles and methods continue to be an important enabler in managing the pace and scope of activity and change in the next year. The continued development of our Lean culture that emphasizes respect for people, continuous learning and ongoing quality improvement remains strategic to our organizational commitment to deliver *Compassionate Care, Exemplary Service, Every Time.*

While the results of continuous improvement related to system-level issues have been and will continue to be measured through implementation of the QIP, it is important to recognize that continuous improvement at JBH will also continue to be pursued on a daily basis, to the individual patient and provider level. These efforts have included notable work that has included clinical chart audits that have resulted in physician and staff education initiatives such as those focused on blood transfusion and urethral trauma and, provided us with an ongoing understanding of our compliance with key patient safety practices such as VTE prophylaxis, suicide prevention, the elimination of the use of unsafe clinical abbreviations.

Our continued partnerships and collaborations with other provider organizations to better meet the changing needs of our patient populations will also serve as a driver of improvement in 2018-19. For example, pressure injury prevention and care has been highlighted as a priority for providers across the HNHB LHIN. JBH has committed to wound care program with a focus on preventing pressure injury through strategies such as the purchase of therapeutic mattresses (to prevent and treat pressure ulcers) as the new corporate standard for inpatient beds, along with leading practice approaches for early intervention and management of wounds. More specifically, we will equip our interprofessional team members with the required elements to enable enhanced, individualized patient-centred care for optimal skin health and wellness. To evaluate our work and measure the impact of the strategies in place, annual prevalence studies will be conducted on all relevant units for a thorough analysis and data review.

We have begun focusing many of our key continuous improvement structures (such as Program and Department Quality Committees) and processes (such as Unit Huddles and Quality Wall Report-Outs) on assessing and improving our compliance with the over 2500 Accreditation Canada quality and safety criteria being applied to JBH during this survey cycle.

Another noteworthy testament to the agility and usefulness of our embedded improvement processes has been our resilience and responsiveness to ongoing, potential disruptive, changes that are part of the most intensive period of redevelopment in JBH history. The same problem solving and leadership that has driven hundreds of improvement ideas in previous years, productively addressed hundreds of changes required in 2017-18 to maximize the value of new physical spaces for our patient families and communities. It is expected that this impressive improvement agility and capacity will continue to be essential in 2018-19 as we continue our redevelopment journey.
Performance Based Compensation

The Excellent Care for All Act, 2010 (ECFAA), requires that executive compensation be linked to a QIP. The selection of priority QIP indicators to be tied to Executive Pay-at-Risk remains at the discretion of each Hospital. The QIP Pay-at-Risk allocation for each fiscal year is based on the achievement of selected QIP indicators and initiatives. These indicators are reviewed and recommended by the Quality Committee and the HRPCC, for Board approval. Payment of the Pay-at-Risk is evaluated at year end and paid out subject to Board approval. For 2017/2018 the carve-out for QIP Pay-at-Risk is 5%.

The 2018-2019 QIP has been developed through extensive consultation with key internal stakeholders and is aligned with quality priority indicators selected by the Ministry of Health.

It is recommended that executive Pay-at-Risk for 2018/2019 be tied to the indicators summarized in the table below.

It is recommended that the carve-out for the 2018/2019 QIP Pay-at-Risk represent 5% allocated as summarized in the table below.

The proposed Pay-at-Risk program for 2018/2019 may be amended as a result of the implementation of an Executive Compensation Plan currently awaiting approval from the Ministry.

<table>
<thead>
<tr>
<th>QUALITY DIMENSION</th>
<th>ISSUE (formerly OBJECTIVE)</th>
<th>METHOD (formerly DEFINITION)</th>
<th>TARGET (formerly MEASURE)</th>
<th>PAY-AT-RISK ALLOCATION</th>
</tr>
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<tbody>
<tr>
<td>EFFECTIVE</td>
<td>Effective Transitions</td>
<td>Adoption of DASH MD smart phone application to provide patients leaving from hospital with information related to their condition and follow-up.</td>
<td>100% of patient education discharge materials for surgery and emergency patients to be reviewed/revised for upload to DASH MD.</td>
<td>1.25</td>
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<td></td>
<td></td>
<td></td>
<td>3 Primary Care Family Health Team/Patient/Family Collaborative: Patients are identified within Primary Care prior to hospitalization for COPD and placed on INSPIRED program,</td>
<td>1.25</td>
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which includes four home visits providing multidisciplinary support and education; action plan for exacerbations; telephone help-line; Monthly follow-up calls; in home spiritual/psychosocial needs assessment and supports; advanced care planning.

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<thead>
<tr>
<th>EFFICIENT</th>
<th>Access to right level of care</th>
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<tr>
<td>SAFE</td>
<td>Medication Safety</td>
</tr>
<tr>
<td></td>
<td>Continue to work with Home &amp; Community to spread and scale Early Engagement Initiative to Surgical program</td>
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<td></td>
<td>70% of patients with complex discharge planning needs will be engaged in a discharge planning conversation within 48 hours.</td>
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<tr>
<td></td>
<td>BPMH will be completed electronically by nursing staff. Physicians will complete medication reconciliation electronically.</td>
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<td></td>
<td>50% of patients will have medication reconciliation completed upon discharge.</td>
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<tr>
<th>TOTAL</th>
<th>PAY-AT-RISK ALLOCATION</th>
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<td>5.0%</td>
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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

Board Chair, Kathryn Osborne  
Quality Committee Chair, Mae Radford  
Chief Executive Officer, Eric Vandewall

ORIGINAL SIGNED