

## 2024-25 QIP Narrative

### Overview

Joseph Brant Hospital (JBH) is pleased to present its 2024-25 Quality Improvement Plan (QIP). Despite ongoing system-level challenges, JBH has continued to execute improvement initiatives to improve performance and maintain gains aligned to its strategic priorities, Accreditation standards, care and service best practices, mitigation of organizational risks, and in response to the feedback that we receive from our patients, families, and community.

This year, JBH has again developed a QIP that both meets the requirements of the Excellent Care for All Act (ECFAA), and aligns to and reinforces our ongoing improvement priorities. JBH has committed to indicators and improvement work plans that align to the four Priority Issues identified by Health Quality Ontario.

Priority Issue	Aligned Indicators
<i>Access &amp; Flow</i>	Percentage of inpatient days with an alternate level of care designation
<i>Equity</i>	% of Staff completing Anti-Racism Learning Module
<i>Experience</i>	Proportion of patients who felt that they received enough information when they were discharged from the hospital
<i>Safety</i>	Proportion of patients discharged from hospital for whom medication reconciliation is provided
	Number of workplace violence incidents
	Rate of patient falls with harm

### Access and Flow

JBH has achieved and sustained improvements to access and flow through efforts spanning several years and Quality Improvement Plans. This work has encompassed system-level planning and improvement through collaboration with our Burlington Ontario Health Team partners, and through numerous initiatives focussed on hospital, program and unit-level processes. Notably, JBH has been able to adjust and maintain these efforts and gains throughout unprecedented health and hospital system challenges and uncertainties.

Providing patients with access to the right care at the right time is a hospital-wide priority and commitment that is closely monitored, 24/7. Our processes are designed and implemented to be responsive to the needs of patients as they present to hospital. This common focus throughout all care and support areas enables the flexibility required to meet day-to-day demand for care and service that is often difficult to predict.

In addition to system and process-level work, a great deal of work has also been undertaken at the individual patient level. It is important that patients and families are empowered and engaged with information to help them safely and efficient complete their care and recovery journey. Enhancements to education and communication provided to patients and their families have been implemented, both in print and through conversations at the bedside. Much of the content



of our JBH Patient and Family Guide is dedicated to supporting a safe and smooth journey through hospital. Conversations that take place at the bedside early in a patient's stay regarding our "Home First" transition from hospital philosophy are reinforced in the Guide and during subsequent care and transition planning discussions. In 2024-25, JBH will implement a patient-level discharge planning risk assessment tool to hardwire "automatic" and more in depth transition planning support for specific cases.

## Equity and Indigenous Health

We are committed to creating an inclusive culture of belonging for everyone to work, visit and receive care where they feel safe and respected. Over the past year, JBH has embarked on a journey to co-design JBH's Diversity, Equity and Inclusion (DEI) Strategy. The findings of an independent DEI review and the feedback we received through engagement sessions with staff and physicians have informed a set of draft DEI Vision Statements and Guiding Principles, which will be the foundation of our Strategy. "Embed DEI into all we do at JBH" is a key goal of our 2023-26 Strategic Plan; one that will help us achieve a thriving culture where people and patients can flourish. This work will be guided by our JBH Diversity, Equity and Inclusion Action Table (DEIAT). The DEIAT membership comprises individuals from a cross-section of roles and departments within the hospital, including employees, providers, volunteers, and Board members. There is also representation from our community.

Our 2024-25 QIP Work Plan includes the roll out and reinforcement of Mandatory E-Learning & Core Curriculum Policy module "Call It Out: Racism, Racial Discrimination and Human Rights to increase staff awareness".

## Patient Experience

During our recent Accreditation On-Site Survey, JBH was applauded for planning and successfully undertaking the launch of a Patient and Family Advisory Council (PFAC) during the unprecedented demands, disruptions and constraints that came with the COVID-19 pandemic. Our PFAC is now entering the fourth year of a roadmap that has seen the integration of Patient-Family Advisors (PFAs) onto the Quality Committee of the Board, all program and department Quality Committees, and numerous other committees and project working groups, including those aligned to support the development of our most recent JBH Strategic Plan. The number of PFA-informed initiatives has increased significantly each year since the launch of the PFAC. These numbers are indicative of a growing culture of collaboration between patients, families and JBH providers of care and service.

JBH has recently implemented the Qualtrics electronic patient experience survey platform that has replaced the National Research Council (NRC) paper survey process. The more timely and efficient email surveying process will better enable monitoring of key patient experience indicators over time and will eventually provide peer hospital benchmarking opportunities. This input, combined with other sources of feedback, such as compliments and concerns received by our JBH Patient Experience Office, and the engagement of our PFAs, will firmly establish the voices of patients and families as key drivers of planning and improvement at JBH.

## Provider Experience

Within our 2023-26 Strategic Plan Direction *Nurture and Support Our People*, we have explicitly committed to providing a work place that supports the safety and well-being of our people. In 2023-24, our JBH Well-Being Committee launched a framework that takes a holistic approach to promoting well-being, including psychological health and safety, within the organization. Key foci of the framework include:

- Mental Health & Resiliency: Recognizing the challenges and stresses of our profession, and investing in mental health and resiliency resources and education.
- Connection & Belonging: Specific efforts to ensure that all members of our team feel supported and included and embedding Diversity, Equity and Inclusion into all we do at JBH.
- Healthy Lifestyles: Well-Being programs tailored to address specific needs. These programs will encompass fitness activities, stress management techniques and resources for maintaining a healthy work-life balance.

## Patient Safety

Prioritized as a *True North Metric*, harm reduction receives our utmost effort and attention at every level of the organization. JBH has achieved favourable year-over-year result for this metric through its continuous improvement approach to patient safety. The approach relies upon an organizational culture of reporting and learning from patient safety incidents. Staff are aware, and regularly reminded, of the importance of reporting all incidents whereby patients have been exposed to harm or the risk of harm so that opportunities to reduce the likelihood of it happening again can be identified and acted upon. In addition to every single incident being reviewed, the data collected through reporting is analyzed for trends over time and discussed at program Quality Committees, and at tables dedicated to specific incident types such as falls, and medication safety. These trends and discussions inform improvement planning.

In addition to learning from incidents, patient safety is also driven by our attention to staying current with proven best practices, and to ensuring that these practices are applied in an accurate and consistent manner at every opportunity. Therefore, in addition to collecting and analyzing incident data, a great deal of effort is directed to auditing and sustaining patient practices at high levels of compliance, or reliability. The results of specific patient safety audits are tracked and shared from the Board-level to the clinical unit-level where teams huddle to discuss performance.

During 2024-25, work to launch an electronic health record will begin in clinical areas across JBH. This work will bring about new and exciting opportunities to further enhance patient safety at JBH.

## Population Health Approach

It is important that we continue to pursue opportunities to collaborate with our health system and community partners to achieve a seamless system of care and services that meets the varied needs of the patient populations within our community. A long-standing example of this has been the broad range of services offered at JBH Wellness House that are supported by both the resources and expertise of JBH clinicians and system and community partners. Wellness House is home to ongoing specialized supports for individuals with chronic obstructive pulmonary disease (COPD), diabetes, and aphasia. Wellness House also provides a range of other physical, cognitive and/or social services and wellness education to improve or maintain the functioning of individuals living in the community.

As an active member of the Burlington Ontario Health Team (BOHT), JBH has recently partnered with the Thrive Group of non-profit community support services to offer the *Let's Go Home* (LEGHO) programming in Burlington. This is a bundle of non-medical community support services to help patients after being discharged from the hospital. It provides patients with access to free services for 4-6 weeks while they regain their strength and independence at home.

Other examples of collaborations aimed at the health and wellness of populations in our community include:

- Dementia, Resource, Education, Advocacy and Mentorship (DREAM) Program  
A partnership with the Alzheimer's Society that involves the presence of a Dementia Resource Consultant (DRC) who works with our Emergency Department (ED) team and Home and Community resources to assist patients and families needing support with dementia and prevent hospital admission
- After Stroke Hospital Visitation Program  
A partnership with the March of Dimes Canada, *After Stroke* Peer Support Volunteers connect with individuals who have recently suffered strokes and offer support based upon their experience and success in living *After Stroke* in the community.
- Fracture Screening and Prevention in the Fracture Clinic  
In partnership with Osteoporosis Canada, a Fracture Prevention Coordinator screens men and women over age 50 with fragility fractures for risk factors of osteoporosis and future fractures. The coordinator facilitates bone density testing and where appropriate, treatment is initiated – all to prevent future fractures.

## Executive Compensation

The Excellent Care for All Act (ECFAA, 2010) requires that executive compensation be linked to the QIP. The selection of QIP indicators and work plan initiatives to be tied to Executive Pay-at-Risk remains at the discretion of each Hospital. The JBH QIP Pay-at-Risk allocation for each fiscal year is based on the achievement of selected QIP Work Plan deliverables (process measure targets). These are reviewed and recommended by the JBH Senior Leadership Team and the Human Resources Policy and Compensation Committee (HRPCC) for Board approval. Payment of the Pay-at-Risk is evaluated at year end and paid out subject to Board approval. For 2024-25 the total carve-out for QIP Pay-at-Risk is 5%.

Executive Pay-at-Risk for 2024-25 has been aligned to Indicator Work Plans as summarized in the table below.

<b>Priority Issue</b>	<b>Indicator</b>	<b>2024-25 Work Plan YE Deliverables</b>	<b>Pay at Risk</b>
<i>Access &amp; Flow</i>	Percentage of inpatient days with an alternate level of care designation	<ol style="list-style-type: none"> <li>1. Blaylock discharge risk scores will be reported at discharge rounds for medicine patients admitted from ED.</li> <li>2. Process audits have confirmed implementation of standardized order set, care pathway, and patient/family education for patients admitted with delirium/dementia.</li> </ol>	<b>1.25%</b>
<i>Safety</i>	Medication reconciliation at discharge	<ol style="list-style-type: none"> <li>1. Physician Escalation Process Implemented for all providers below 50% compliance.</li> <li>2. Tests of Compliance for Accreditation Canada Required Organizational Practice Medication Reconciliation as a Strategic Priority, and Medication Reconciliation at Care Transitions reviewed and identified as "met".</li> </ol>	<b>1.25%</b>
<i>Safety</i>	Rate of patient falls with harm	<ol style="list-style-type: none"> <li>1. Relevant units have received re-education and have been audited for compliance with Purposeful Rounding; unwitnessed falls at night data has been analysed and reviewed by Falls Prevention Committee.</li> <li>2. Relevant units are being audited for compliance with the JBH Falls Prevention Strategy; results are being reviewed and reported monthly at unit, program, and corporate levels.</li> </ol>	<b>1.25%</b>
<i>Experience</i>	Proportion of patients who felt that they received enough information when they were discharged from the hospital	At least two patient group-specific sets of discharge instructions have been implemented in all relevant areas.	<b>1.25%</b>
<b>Total</b>			<b>5.0%</b>

## Sign-off

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

Board Chair, Barbara Elliot

**ORIGINAL SIGNED**

Quality Committee Chair, Deanna L. Williams

**ORIGINAL SIGNED**

Quality Committee Vice-Chair, Omer Aziz

**ORIGINAL SIGNED**

President & Chief Executive Officer, Eric Vandewall

**ORIGINAL SIGNED**

## Contact Information

Steve Metham  
Director  
Quality, Strategy & Patient Experience  
Joseph Brant Hospital  
1245 Lakeshore Rd.  
Burlington, ON L7S 0A2  
T: 905-632-3737 ext. [2040]  
M: [905-220-1812]  
E: [smetham@josephbranthospital.ca](mailto:smetham@josephbranthospital.ca)  
W: [josephbranthospital.ca](http://josephbranthospital.ca)