Let's Make Healthy Change Happen.

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

JOSEPH BRANT HOSPITAL

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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

Emerging from over three years of unprecedented redevelopment and successful achievement of *Accreditation with Exemplary Standing* in November 2018, JBH staff, physicians, volunteers and learners launched into implementation of the 2019-20 Quality Improvement Plan (QIP) buoyed with positive momentum. JBH set aggressive 2019-20 QIP work plan milestones in order to tap into this momentum and achieve maximum impact of the targeted QIP indicators *right out of the gate.* JBH was successful in achieving six out of seven of its indicator improvement targets, and achieved all of its work plan milestones.

The COVID 19 Pandemic is having an unprecedented impact on our society, our economy, peoples' lives, and on the health care system in Ontario. A great deal of uncertainty and change lies in the months and years ahead. For example, there will likely be post COVID 19 pandemic mandatory directives to be met by all hospitals that will have a profound impact on how hospitals operate in a COVID world. However, hospitals may not be able to satisfy these directives and conditions due to circumstances beyond their control. Similarly, this uncertainty may impact the hospitals ability to meet the planned improvement initiatives under the 2020/21 QIP. The 2020-21 JBH QIP is therefore based on striving to sustain as much as possible, the significant gains made in the 2019-20 QIP.

JBH will again this year adopt the two mandatory QIP indicators, and eight priority QIP indicators recommended by Ontario Health – Quality (formerly Health Quality Ontario). These indicators are aligned to system-level quality issues that are evident in our community, and throughout the province. We have again this year undertaken engagement activities to validate that they continue to be seen as priorities by the patients, families, and community that we serve. The table below displays the relationships between Ontario Health–Quality's system-level Quality Dimensions, and the indicators that we have selected as the foci of our 2020-21 QIP:

Quality Dimension	Indicator
Timely	Discharge summary sent from hospital to community care provider within 48 hours of discharge
	Time interval between the time of disposition and time patient left emergency department
Efficient	Average number of inpatients receiving care in unconventional spaces or ER stretchers
	Total number of alternate level of care (ALC) days
Patient-Centred	Percentage of positive scores to survey question*: Did you receive enough information upon discharge from hospital?*
	Percentage of complaints acknowledged within five business days
Safe	Number of workplace violence incidents reported by hospital workers
	Medication reconciliation at discharge
Effective	Proportion of patients that have their palliative care needs identified early through an assessment
	Rate of mental health or addiction re-visits to an Emergency Department within 30 days

JBH's greatest quality improvement achievement from the past year

Over the past year, a great deal of effort was focused on achieving timely and well-coordinated care for patients admitted through our Emergency Department (ED). This work began in early in the year with changes to how we use our ED space and changes to our ED Physician coverage model. In April, a new model of care for Internal Medicine Physicians was implemented to improve coordination and continuity of care. To build upon these changes, an "Acute Patient Care Optimization" Kaizen event was held over six days in late May and early June 2019. Over 35 participants, including physicians, staff, supervisors, managers and senior leaders participated in an event designed to achieve a timely, well-coordinated start to each admitted Medicine patient's treatment journey. The patient experience perspective ("*Voice of the Patient*") was provided by a Patient Advisor participant. Ten changes were identified, developed, tested, and implemented to optimize care for newly admitted patients.

The complex, multifactorial nature of patient flow makes it difficult to measure the magnitude of the positive impacts that any one, or group, of changes may be producing. However, despite elevated ED volumes, and pressures on inpatient beds due to a roughly 30% increase in the numbers of patients awaiting post-acute placement and services in the community, significant improvements were achieved and sustained. While JBH had already been recognized in the previous year for achieving dramatic improvement in its ED Pay-for-Results (P4R) performance ranking, the performance gains following this year's efforts were even more impressive. For February 2020, JBH was ranked 9th among all 74 Ontario hospitals in ED P4R performance. JBH's December 2019 to February 2020 provincial P4R ranking were the highest among Ontario medium-size hospitals, and the highest of all hospitals within the Hamilton-Niagara-Haldimand-Brant LHIN. Other benefits of these efforts included significantly improved utilization of inpatient Medicine bed resources, improved ED patient experience results, and positive feedback from staff and Physicians.

Patient Partnering and Relations

Patient engagement in the development of our 2020-21 QIP was largely based upon the successful approach taken in previous years. The input of the Mental Health Consumer Advisory Council (MHCAC) was collected through a fulsome discussion with its members conducted on January 9th, 2020. This input is particularly important as it has provided JBH with access to the viewpoints and concerns of a growing population of patients and families that are at risk for marginalization in our community, and healthcare system. Valuable input was also gathered through discussions held on February 7th with over 30 participants in the JBH Wellness House post-discharge rehabilitation day program. These focus group included former patients (and some of their family members) who have received care from a wide range of JBH programs and departments.

One of the many valuable insights discussed during these engagements was the need for better planning for patients being discharged on weekends and after hours. The timing of these discharges, combined with patients being discharged home sooner to recover following routine surgeries or other treatment, necessitate a clear plan for filling prescriptions, managing pain, buying supplies and knowing who is available to answer timely questions immediately following discharge home. The need

to provide information, clearly and simply explained on paper, as well as electronically, was identified as important. JBH will be investigating new electronic and paper approaches in 2020-21, as the currently used CoHealth smartphone app will cease to be available.

A number of multi-year initiatives included in the 2019-20 QIP were again endorsed. Timely access to care (particularly Physician care) was again a much agreed upon theme, as was the need for timely communication and coordination between hospital-based and community-based Physicians. Many of the 2020-21 QIP mandatory and priority indicators will undoubtedly continue to require a multi-year effort. While the work underway by the newly formed Burlington Ontario Health Team (of which JBH is a member) may not directly impact our QIP results for 2020-21, it will have significant impact on QIP priorities in the years following. Primary care-led integrated care models, improved transitions and integrated care pathways are Burlington Ontario Health Team (BOHT) shared strategic directions that will integrate well with continuing QIP work. The BOHT Community Wellness Council has played an important patient advisory role in the development of these strategic directions.

JBH has committed to expanding and formalizing patient advisory processes in the coming year. A Patient and Family Advisory Council will be developed to inform the redesign of care delivery processes to optimize care while meeting the challenges presented by COVID-19, and to inform future improvement work.

Workplace Violence Prevention

Workplace violence prevention is a priority for JBH. Together, our leadership team and our Workplace Violence Prevention Committee (WVPC) look to best practices for the prevention of workplace violence by conducting risk assessments, reviewing incident reports, monitoring statistics and trends, and evaluating training programs. The WVPC supports the work aligned to our Board indicator within the hospital's strategic plan through the identification and management of potentially harmful behaviours and Identification of strategies to reduce behavioural incidents that result in preventable harm to staff.

We have made strides in raising awareness among stakeholders of the hazards/risks related to harmful behaviours within the workplace, and increasing reporting of violent incidences. As a direct result of this reporting, we have been able to implement proactive strategies to reduce the number of future violent incidents.

Our commitment within this year's QIP Work Plan is to further improve our capture of workplace violence incidents through our electronic incident reporting system, and continue to monitor and improve uptake of the key processes and procedures.

Virtual Care

JBH is committed to providing the right care within the right setting. To do this, we are currently exploring several innovative virtual care models to support patient outcomes, and expect to significantly expand this work in the coming year as part of the Burlington Ontario Health Team Digital Health initiative. The following are examples of virtual care approaches already being utilized by JBH:

INSPIRED**:** Patients with COPD are supported with our innovative INSPIRED program which follows patients with COPD from hospital to home and includes follow-up support virtually via phone; significant success of INSPIRED led JBH to be selected by the Canadian Foundation for Healthcare Improvement to spread this innovative model to three Family Health Teams.

Integrated Comprehensive Care: A second program featuring virtual support in the community is our Integrated Comprehensive Care (ICC) program, for patients with COPD and/or CHF. The goal of ICC is to reduce length of stay and readmission through improved education and support in the community. ICC includes virtual care through scheduled phone support (to ensure follow up appointments, identification of signs and symptoms, linking to other services, and community referrals) as well as on-call support.

Remote Patient Support Pilot: JBH has partnered with Aetonix to provide Remote Patient Support using their innovative tablet communication system for two populations: Post-surgical patients who have received total hip surgery, and medically stable patients over 65 who require increased support for discharge. The Aetonix system facilitates regular check-ins between the patient and a JBH staff member. As well, the patient's family/caregiver can communicate with the patient using the tablet. Features include video chat, and reminders for things like taking medications and mobilization. Finally, there is a falls alert bracelet as part of the Aetonix remote support.

Performance-Based 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 QIP Pay-at-Risk allocation for each fiscal year is based on the achievement of selected QIP work plan objectives. These indicators 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 2020-21 the carve-out for QIP Pay-at-Risk is 5%.

It is recommended that executive Pay-at-Risk for 2020-21 be aligned to the indicators as summarized in the table below.

Quality Dimension	Measure/Indicator	Planned improvement initiatives (Change Ideas)	Process Measures	Target for Process Measure	Pay at Risk

Quality Dimension	Measure/Indicator	Planned improvement initiatives (Change Ideas)	Process Measures	Target for Process Measure	Pay at Risk
Timely	The (90th percentile) time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room.	Sustain impact of JBH Medicine Model of Care and Medicine Acute Patient Care Optimization Initiatives.	Audit report-outs as regular agenda items at Medicine Program Quality and Medicine Department meetings. - Time from ED consult requests to admission; - Documented admission note with estimated discharge date, treatment plan, and conversation with Patient/Family within 24 hours admission.	Audit report-outs as regular agenda items at Medicine Program Quality and Medicine Department meetings in 2020-21.	**1.25%**
Efficient	Average number of inpatients receiving care in unconventional spaces or ER stretchers per day within a given time period.	1. Sustain impact of JBH Medicine Model of Care and Medicine Acute Patient Care Optimization Initiatives. 2. Sustain impact of Transfer to Post Acute Initiative	1. Audit report-outs as regular agenda items at Medicine Program Quality and Medicine Department meetings 2. Audit report-outs as regular agenda items at Medicine, Surgery and post-acute program Quality and physician department meetings.	1. Audit report-outs as regular agenda items at Medicine Program Quality and Medicine Department meetings in 2020-21. 2. Audit report-outs as regular agenda items at Medicine, Surgery and post-acute program Quality and physician department meetings in 2020-21.	**1.25%**
Patient-centred	Percentage of respondents who responded with "top box" positive score to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	Replace CoHealth smart phone app with a process that provides discharge and care follow-up information to patients and families.	Identification and testing of a process that provides discharge and care follow-up information to patients and families.	By Q4 2020-21, a process to replace CoHealth will be identified and tested.	**1.25%**
Patient-centred	Percentage of complaints acknowledged to the individual who made a complaint within five business days	Monitor and maintain timeliness of response processes while implementing upgraded occurrence reporting system.	Monitor and maintain timeliness of response processes while implementing upgraded occurrence reporting system.	Upgraded occurrence reporting system fully implemented in 2020-21.	**1.25%**
				Total Pay-at-Risk Allocation	**5.0%**

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, Dominic Mercuri **ORIGINAL SIGNED**

Quality Committee Chair, Mae Radford **ORIGINAL SIGNED**

President & Chief Executive Officer, Eric Vandewall **ORIGINAL SIGNED**