

Let's Make Healthy
Change Happen.



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



4/25/2021

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

Throughout 2020-21, the COVID-19 Pandemic has had 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 still lies in the months and years ahead. COVID-driven directives to be met by all hospitals will continue to have a profound impact on how hospitals operate. Similarly, this will impact the hospitals' ability to execute planned improvement initiatives under their 2021-22 QIPs. The 2021-22 JBH QIP is therefore based on striving to sustain the indicator performance gains of previous years, and where possible, align QIP initiative work to support achievement of JBH 2021-22 Strategic Objectives, as well as Accreditation 2022 requirements.

JBH will this year adopt the two mandatory QIP indicators, and seven priority QIP indicators recommended in previous years 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 are 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: <i>Did you receive enough information upon discharge from hospital?</i>
	Percentage of complaints acknowledged within five business days
Safe	Number of workplace violence incidents reported by hospital workers
	Medication reconciliation at discharge
Effective	Rate of mental health or addiction re-visits to an Emergency Department within 30 days

Figure 2..

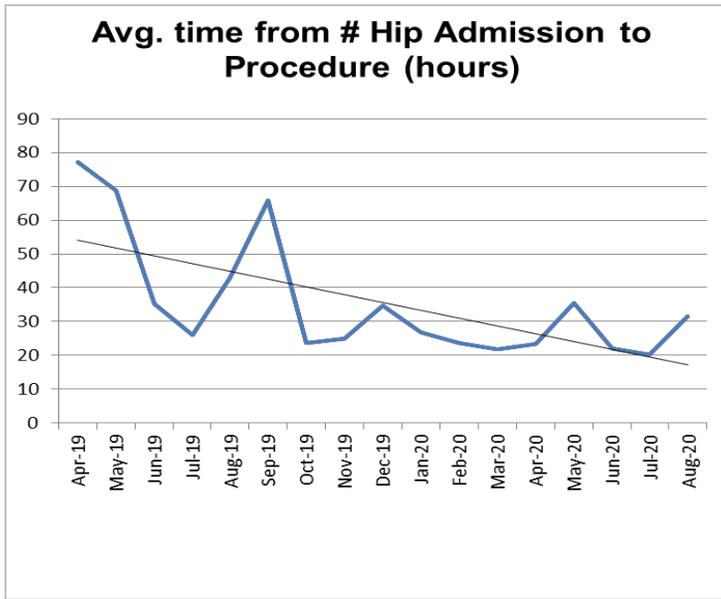


Figure 3.

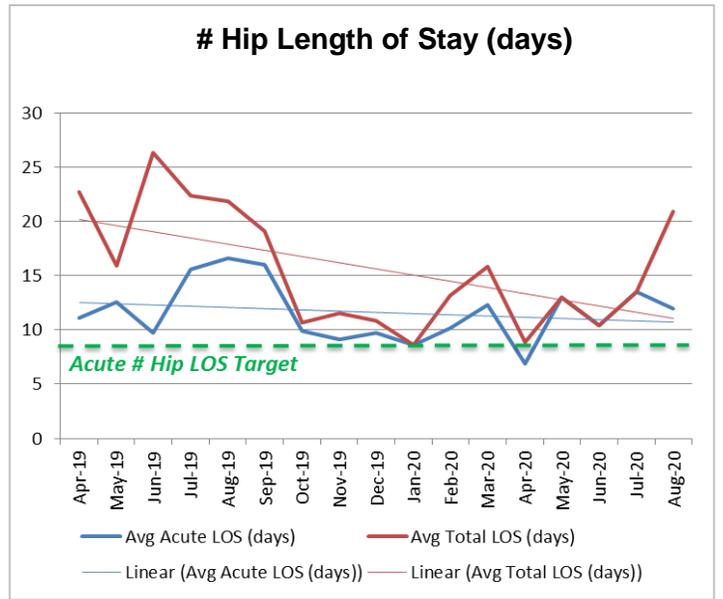
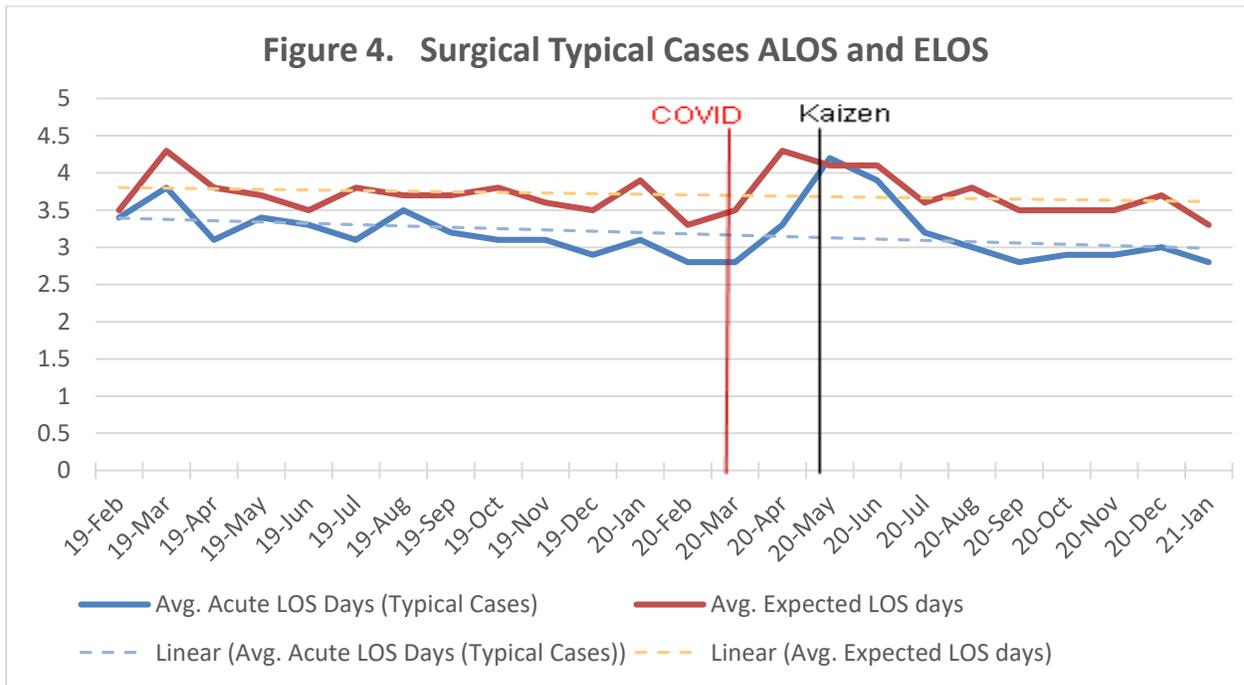


Figure 4. Surgical Typical Cases ALOS and ELOS



Patient Engagement

The 2020-21 QIP initiative work plans were informed by comprehensive patient engagement. Particularly through consultation with JBH Mental Health Consumer Advisory Council, and discussions held with participants in the JBH Wellness House post-discharge rehabilitation day program. Much of the work influenced and endorsed by those engagement activities will be continued in the 2021-22 QIP work plan initiatives. To inform additional work aligned to several of this year's QIP Indicators, over 80 telephone interviews were conducted in February 2021 with discharged JBH patients and family members to understand opportunities to improve coordination and communication of discharge planning – from the patient and family perspective. With the launch of JBH Patient and Family Advisory Council (PFAC) in October 2020, there is an exciting opportunity to engage the PFAC members in the translation of this valuable data into improvement ideas and tests of change that will align to several of this year's QIP indicators.

Workplace Violence Prevention

Workplace violence prevention is a priority for JBH. This year we will focus on achieving a baseline that will provide a reference point to against which to measure the impact of further enhancements and additions to mitigation strategies in place, such as:

Reporting awareness strategies and communications to encourage reporting of Workplace Violence incidents.

- Development and launch of zero tolerance signage.
- Increased wellness programs for staff and physicians as a result to support stress and anxiety.

Initiatives to reduce workplace violence:

- The Workplace Violence Prevention Committee (WVPC) remains active and reviews reported incidents on a consistent basis.
- Violence/Aggression Assessment Checklist (VAAC) and the patient is often “flagged” using our Assessment and Management of Patients at Risk for Violence Policy.
- Conduct annual risk assessments to prevent workplace violence throughout JBH.
- Development of specialized care units (medical psychiatric) to safely care for populations at risk for violence.
- Interventions to prevent recurrence including assessments and amendments to care plans.

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 2021-22 the carve-out for QIP Pay-at-Risk is 5%.

It is recommended that executive Pay-at-Risk for 2021-22 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
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.	Continue to improve impact of JBH Medicine Model of Care and Medicine Acute Patient Care Optimization Initiatives.	Continue to monitor and leverage changes implemented as per the JBH Medicine Model of Care and Medicine Acute Patient Care Optimization Initiatives (Estimated Date of Discharge, Coordination and Communication of Treatment and Transition Plans) to improve Medicine length of stay. Provide regular report-outs on progress at Physician department meetings, Program Quality Committees, and at the JBH Corporate Quality Committee.	Quarterly report-outs on progress at Physician department meetings, Program Quality Committees, and at the JBH Corporate Quality Committee.	1.25%
Efficient	Average number of inpatients receiving care in unconventional spaces or ER stretchers per day within a given time period.	1. Pilot ED Admission Avoidance Strategies 2. Sustain impact of Transfer to Post Acute Improvements	1. ED Admission Avoidance Pilot implementation 2. Audit report-outs as regular agenda items at Medicine, Surgery and post-acute program Quality and physician department meetings.	1. ED Admit Avoidance Pilot underway in Q2 2. Quarterly report-outs on progress at Physician department meetings, Program Quality Committees, and at the JBH Corporate Quality Committee.	1.25%

Quality Dimension	Measure/Indicator	Planned Improvement Initiatives (Change Ideas)	Process Measures	Target for Process Measure	Pay at Risk
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?	Improve coordination and communication of treatment and transition plans.	Leverage patient and family input as well as ongoing process audits to inform and monitor improvements.	Quarterly report-outs on progress at Physician department meetings, Program Quality Committees, and at the JBH Corporate Quality Committee.	1.25%
Safe	Percentage of complaints acknowledged to the individual who made a complaint within five business days	Monitor and maintain timeliness of response processes while improving uptake of upgraded occurrence reporting system.	Monitor and maintain timeliness of response processes while improving uptake of upgraded occurrence reporting system.	Uptake improvement work underway by Q2 and evaluated by Q3.	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, Barbara Elliot ORIGINAL SIGNED

President & Chief Executive Officer, Eric Vandewall ORIGINAL SIGNED