

## 2022-23 Quality Improvement Plan Narrative

### Overview

Joseph Brant Hospital (JBH) is pleased to present its 2022-23 Quality Improvement Plan (QIP). This plan follows another year of unprecedented upheaval. The COVID-19 pandemic has continued to impact our society, our economy, peoples’ lives, and the health care system in Ontario. A great deal of uncertainty and change still lies in the months and years ahead that will continue to have a profound impact on how hospitals operate. Despite the challenging circumstances of the past two years, 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 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. As per the guidance of Ontario Health, this year’s QIP is streamlined and focussed to accommodate the potential need to respond to further COVID-19 pandemic developments in the coming year. In addition to the four indicators that Ontario Health Quality has identified as priorities for hospitals, JBH has committed to five additional indicators for this year:

Hospital Priority Indicators Identified by Ontario Health		
Dimension	Indicator	
Safety	Proportion of patients discharged from hospital for whom medication reconciliation is provided	
	Number of workplace violence incidents	
Patient-Centred	Proportion of feel they received adequate information about their health and their care at discharge	
Efficient	Percentage of discharge summaries to community care providers within 48 hours of discharge	
Additional Indicators Selected by JBH		
Dimension	Indicator	Rationale
Safety	Rate of patient falls with harm	Aligns to JBH True North Strategic Metric (Harm Reduction).
Efficient	Percentage of inpatient days with an alternate level of care designation	Priority indicator for Ontario Health Teams that is dependent on collaboration with hospitals
	Time interval between the time of disposition and time patient left emergency department	Maintain previous years’ gains while patient volumes return to pre-COVID levels
Effective	Rate of mental health or addiction re-visits to an Emergency Department within 30 days	Maintain improvements made while access to community services has been impacted by COVID-19 pandemic
Patient-Centred	Percentage of complaints acknowledged within five business days	Maintain highly responsive patient relations processes during shifts in hospital policies due to the COVID-19 pandemic

## **Reflections since our 2021-22 QIP submission**

There have been numerous significant disruptions to both strategic and operational improvement work throughout the COVID-19 pandemic due to developments that are beyond the control of hospitals and their health system partners. JBH has pivoted repeatedly in response to provincial directives, and regional and local pressures. Non-urgent scheduled services have been ramped-down, ramped-up, and then ramped-down once again. Equally, if not more disruptive have been the ongoing health human resource challenges. Severe staffing shortages at the bedside have necessitated redeployment to the patient bedside of leaders, and others in roles that would normally support and champion improvement work. Patient facing staff whose work is most often directly impacted by improvement work have been overwhelmed with keeping-up with day-to-day work, leaving very limited capacity for participation in improvement initiatives.

A great deal of attention and effort has also been dedicated to keeping our patients, their family supports, and our staff physicians and volunteers safe through rigorous and diligent application of infection prevention and control practices, and the administration of policies to minimize risk of in-hospital COVID-19 transmissions. Throughout these unprecedented demands and disruptions, however, there has been a continuous focus on maintaining and improving upon the everyday process and practices that mitigate risk of all sources of harm to our patients, and make for the best patient experience possible.

The pressures of the COVID-19 pandemic have necessitated thoughtful choices between competing priorities and potential improvement initiatives. The 2022-23 JBH QIP reflects our unwavering commitment to patient-centred care. Six of the nine indicators fall within the healthcare quality dimensions of safe, patient-centred and effective care. The remaining three indicators are aligned to long-standing system-level priorities focussed on maintain access to care, and successful transitions from hospital.

## **Patient/client/resident partnering and relations**

The indicators and work plans of the 2022-23 will largely be carried forward from those of the previous two years. Each year, we have sought patient and family input through our patient and family advisory processes to ensure that the patient and family perspective is present in our QIP development process. This year, we have benefited from an established corporate JBH Patient and Family Advisory Council (PFAC) that has added new Patient/Family Advisors (PFAs) and their perspectives to lend to the patient/family-provider partnership. JBH has maintained as an organizational priority the development and growth of this partnership throughout the COVID-19 pandemic, and has stayed true to its commitment in its multi-year Patient and Advisory Roadmap.

Despite the many COVID-19 pandemic-related disruptions and limitations to in-person/on-site participation, our PFAs have brought their voices to a number of tables and initiatives. Our partnership has included work related to organizational priorities that have required attention regardless of the COVID-19 pandemic, such as recruitment, accessibility, and diversity and inclusion. The PFAs were actively involved in the design of a large on-site COVID-19 vaccination clinic, which represented a new undertaking for both PFA, and hospital partners. It has been important to keep our PFAs up-to-date with organizational and system-level context, and the pressures that our staff and physicians have been experiencing.

### **Provider experience**

These have been difficult times for all healthcare providers. Throughout the COVID-19 pandemic, JBH has provided support to other hard-hit areas of the province despite staffing shortages and other local challenges. The most recent wave (Omicron variant) of the COVID-19 pandemic impacted our region more severely than most. The prevalence in our community, in turn, further depleted available staffing. In addition to losing the on-site support of our large corps of volunteers, limits to the on-site presence of patient loved-ones who often act as care partners further compounded the elevated workload of staff on-site.

The COVID-19 pandemic has necessitated decisions and policies to mitigate transmissions to our patients, visitors, staff and physicians. Staff and physicians have had to absorb additional infection control precautions and practices into their daily work, and ensure that patients and their loved ones are following necessary but, at times, not well-received policies and protocols. This latter issue has grown over the past year as people have become COVID-fatigued, and some have become frustrated and impatient with requirements and restrictions both in hospitals and the external environment. Tired staff and physicians have been on the receiving end of organized protests in the community and criticism on social media. While most patients and their loved ones are supportive and grateful for the precautions taken to ensure their safety while hospital, those who disagree or seek exceptions have presented questions, challenges and complaints on a daily basis.

JBH has, from the start of the COVID-19 pandemic, has been robust in its execution of its Emergency Operations Centre (EOC) approach. Based upon published best practices for emergency and disaster management, the EOC is chaired by the CEO, and is the top priority for key leaders and subject matter experts. It has been a table for timely situational analysis and for directing timely action. The EOC has been critical to anticipating, identifying, monitoring, and responding to the experiences of our staff and physicians throughout the COVID-19 pandemic.

The physical and psychological safety of our staff has been of the utmost importance. During the COVID-19 pandemic, messaging regarding workplace violence and harassment has been reinforced through internal and public facing communications. There has been an enhanced presence of hospital security services at hospital screening points of entry in anticipation of changes to visitation protocols



and restrictions. JBH leaders have increased their visibility and support across all areas of the hospital, both in response to particularly challenging changes and events, and on a scheduled proactive rounding basis.

Two-way communication with senior leadership is another element that has been critical to supporting our staff and physicians. Weekly virtual “Town Halls” have provided regular opportunities for staff and physicians to ask questions and convey concerns, and have provided insight as to what is most important to their well-being. This is also an opportunity for everyone at JBH to feel heard, and to feel acknowledged for going over and above for our patients, their families and our community.

### 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 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 2022-23 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	Indicator	2022-23 YE Deliverables	Methods	2022-23 YE Target	Pay at Risk
Safe	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	Strategy implemented to improve Med Rec on Admission and Discharge.	Continue monthly Program Quality Committee compliance reports that identify opportunities to improve compliance at a program/unit level. Med Rec Advisory Committee re-launch to develop and implement strategy to improving Med Rec on Admission and Discharge. Share service- and physician-specific compliance reports.	80.0%	1.25%
Timely	Discharge summary sent from hospital to community care provider within 48 hours of discharge.	New JBH policy will be implemented. Expectation of same day dictation will be included in JBH physician orientation.	New JBH policy with clear escalation process for delays in dictation of discharge summaries will be implemented. Expectation of same day dictation of discharge notes will be included in JBH physician orientation.	92.0%	1.25%

Quality Dimension	Indicator	2022-23 YE Deliverables	Methods	2022-23 YE Target	Pay at Risk
Efficient	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data	Develop and implement Home First corporate educational plans for staff and physicians, as well as corporate communication for patients and families.	Monitor and act as necessary to sustain 2021-22 process improvements work. Develop and implement Home First corporate educational plans for staff and physicians, as well as corporate communication for patients and families.	7.0%	1.25%
Safe	Patient falls with harm level of Moderate or worse per 1000 inpatient days	New corporate falls prevention policy implemented. Further falls prevention strategies to be implemented following integration of bed alarms with nurse call system.	Implement new corporate falls prevention policy. Strategies to be implemented include integration of bed alarms with nurse call system.	0.16	1.25%
				<b>Total Pay-at-Risk Allocation</b>	<b>5.0%</b>

### 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, Randy Smallbone

**ORIGINAL SIGNED**

Quality Committee Co-Chair, Corrine Kennedy

**ORIGINAL SIGNED**

Quality Committee Co-Chair, Deanna L. Williams

**ORIGINAL SIGNED**

President & Chief Executive Officer, Eric Vandewall

**ORIGINAL SIGNED**