

Let's Make Healthy
Change Happen.



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

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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.

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Overview

2017-18 will be a pivotal year for JBH. Moving many of our clinical services into our new tower will be the first in a series of major changes resulting from the extensive planning and work that has gone into our redevelopment. While we have been preparing for our future state, we have also continued to improve the care and services that we provide to our community in our current physical spaces. We have embraced and applied Lean improvement and management principles across every area of our organization. The continued development of a Lean culture that emphasizes respect for people, continuous learning and ongoing quality improvement has been an enabler of success throughout our redevelopment, and remains strategic to our organizational commitment to deliver Compassionate Care, Exemplary Service, Every Time in this new era for JBH.

In balancing our efforts to realize the potential of our future state while continuously improving care to the patients that we are serving in our current spaces, it is more important than ever that we manage the pace and scope of change. The 2017-18 QIP has been developed to align and focus the work of our staff, physicians and leaders. JBH has adopted nine priority indicators recommended by Health Quality Ontario. These priority indicators are aligned to system-level quality issues that are evident throughout the province. They are also very relevant to JBH's strategic direction, Accreditation requirements, and to day-to-day issues that JBH and its LHIN provider partners are seeking to address in order to improve care and service delivery. Most importantly, we have validated that they are considered relevant by the patients, families and community that we serve. The table below displays the relationships between the system-level issues and our JBH improvement objectives that will be the foci of our 2017-18 QIP:

Our QIP objectives for 2017-18 continue to encompass familiar issues and themes such as access, integration and continuity of care, that have been recognized as requiring a multi-year, continuous improvement approach. With each year's improvement successes and challenges, we have learned as an organization and as a system. The new knowledge we have created and acquired has been incorporated into our renewed and refined efforts. With this progression we have also "raised the bar" to which we hold ourselves accountable in order to ensure that we are in step with the changing needs and expectations of our community.

As we "re-set" our objectives and indicators to guide our next steps forward, we are able to build upon and leverage important gains made in addressing key issues, and our growth as an organization committed to continuous quality improvement. Those 2015-16 and 2016-17 changes that have given JBH solid footing in addressing issues such as Timely Access to Care/Service, Effective Transitions and Access to Right Level of Care, have served as new starting points for exciting new changes to achieve improved access, and further integration and continuity of care for our patients.

Although Medication Safety and Person Experience are not new issues, expectations for improvement in 2017-18 are high. JBH is required by Accreditation Canada to have medication reconciliation upon admission, and upon discharge, in place as a required organization-wide practice prior to its March 2018 on-site survey. JBH has recognized the importance of this practice to the safety of our patients, and throughout 2016-17 there has been extensive ground work done in order to achieve this objective. Significantly improving the experience of our patients and their families is also a priority for 2017-18. While many of our clinical services will benefit from new physical spaces, we have committed to enhancing how we engage our patients and their families for feedback, and how we use that information to drive improvement.

Attention to system-level Palliative Care issues will help us to better understand our opportunities to improve our role in the journey of palliative care patients through thoughtful collaboration with provider partners.

QI Achievements from the Past Year

ED Wait-times

Prolonged periods of high occupancy and high isolation rates have made it very challenging to achieve the 90th percentile ED wait-time targets for admitted patients, and for non-admitted complex patients. Improvements, such as the establishment of ED zones according to patient needs, implemented in 2016-17 did positively impact ED patient flow, and this approach will be considered for adaption to the ED space in the new tower. Consistent with our Lean philosophy, JBH has invested in frontline leadership by instituting Charge Nurse roles focused on quality of care and day to day operations. By having a consistent leadership presence close to the work, the ED, and units with which it primarily works to flow patients, will have increased support and agility in daily problem solving. Clinical Managers will now be more available to proactively address systemic barriers to moving patients from the ED in a timely manner. Also consistent with our Lean philosophy, we have instituted a Manager-on-Call process that has increased the support available to front-line leaders and staff - those closest to the work - during “off-hours”.

It is expected that our new physical spaces will alleviate some challenges in moving patients from our ED by providing features such as more single room placement options for isolated patients. In order to fully appreciate the possibilities of its new physical spaces from a patient flow perspective, JBH has partnered with Centre for Healthcare Engineering at the University of Toronto. An innovative predictive simulation model has been developed that will provide JBH leaders with the capability to experiment “virtually” with processes (patient flow ideas, rules) and resources (service-aligned bed numbers) in order to identify “real life” changes that are most likely to result in improvement.

Hospital Acquired Infection Rates

In 2016-17 the HNHB LHIN established a hospital-acquired Clostridium Difficile Infection (HA-CDI) rate of zero for its hospitals. In its 2016-17 QIP, JBH committed to, and achieved completion of a rigorous “debrief” follow-up process on clinical units for 100% of HA-CDI cases. From this Lean Gemba-like process, numerous improvements were identified and implemented. The zero target rate was only met and sustained for brief periods of time throughout the year. However, despite high occupancy rates, an aging physical environment, and other challenges, no CDI outbreaks occurred. JBH continues to consider the prevention of hospital acquired infections to be a priority for improvement in 2017-18. The CDI debrief process will be continued, and JBH’s hand hygiene compliance program is being substantially intensified for 2017-18 with more trained auditors, and through its inclusion in standard work for leaders during daily Lean Gemba Time. The availability of IPAC staff to assist units in infection prevention and control decision making has been recently expanded to seven days per week. Even with the move of many of our clinical units into new physical spaces designed to prevent hospital acquired infections (i.e., more single patient rooms), isolation and cleaning practices (i.e., closer supervision, ultra violet light), antimicrobial stewardship and other precautions, will continue to require constant monitoring and improvement as part of daily operations.

ALC Rate

Alternate Level of Care (ALC) management continues to be an area of concern that impacts patient flow. A designation of ALC means that a patient is currently occupying in a bed in a service that s/he no longer requires, and is waiting to move to a service better designed to meet their need. JBH achieved noteworthy success in reducing its ALC rate from 18.50% to 11.03% in 2016-17. A key factor in this success was the development and implementation of the Early Supportive Discharge (ESD) process. Patients without acute medical care needs, but with other issues to address to ensure a successful transition from hospital were admitted for up to 72 hours to allow for coordination of appropriate transitional supports. This initiative served to enable patients and families to receive the appropriate supports to obtain needed services and in some instances, prevent an unnecessary hospitalization and subsequent designation of ALC. The ESD process also allowed patients, families, JBH staff, and our provider partners, time to problem-solve for a successful transition from hospital. Based upon these positive results, we will sustain and continue to refine this process in 2017-18.

JBH and HNHBC CCAC have partnered to develop another innovative initiative also aligned to address the system-level ALC issue. JBH and HNHBC CCAC continue to advance a strong partnership anchored in collaboration, and are pleased to be working together to ensure safe, effective patient transitions home and within the community. This initiative will promote earlier engagement of CCAC care coordinators in patient care transition plans – specifically for patients with more complex discharge planning needs within the medicine program. Our shared goal is to continue to support informed decision-making and care plans for patients and families while remaining focused on streamlining and enhancing the processes we share. Other ongoing initiatives aligned 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 2017-18.

Patient Experience

Feedback from patients and their families regarding their experience at JBH has been, and will continue to be, a principle measure of success of our new era at JBH. The experience of patients and families visiting our ED was a 2016-17 QIP priority indicator, and the number of compliments provided to our ED each month is a JBH Strategic Scorecard indicator. In 2016-17, measurement of patient experience survey results for QIP reporting purposes was changed such that success was defined by the proportion of responses in the “top box” (scores of 9/10 and 10/10 only). In 2016-17 JBH achieved its target of 52 ED compliments, but was unsuccessful in moving its top box ED survey results to target.

For 2017-18 JBH will continue with real-time iPad surveys in the ED to identify opportunities for service recovery and improvements. In addition, follow-up phone calls will be made to samples of recent patients who have visited our ED, have had outpatient surgical procedures, or have been discharged from inpatient care. This approach will enable service recovery and will identify patient experience improvement opportunities. It will include questions to identify whether or not patients have received adequate information when leaving our hospital – the responses to which will inform our work to improve the effectiveness of transitions from hospital.

Readmission Rates

JBH achieved targeted readmission rates patient populations selected in its 2016-17 QIP. For this year, JBH has identified its Congestive Heart Failure (CHF) patient readmission rate as a priority indicator. JBH leveraged its General Internal Medicine Rapid Assessment Clinic (GIMRAC) and its Integrated Comprehensive Care (ICC) process to increasing effect throughout 2016-17 for a number of patient populations at risk for frequent readmissions. The JBH Heart Function Clinic (HFC) was also intended to prevent readmissions of CHF patients. For 2017-18, the initiative aligned to this priority indicator study the relative impact of these three processes (GIMRAC, ICC, and HFC) on the outcomes CHF patients to identify optimal pathways according specific patient needs.

Medication Safety

Medication discrepancies at transition points in a patient's care journey are a widely-acknowledged patient safety concern. For this reason, Accreditation Canada, through their Required Organizational Practices (ROPs), has now mandated that all hospitals complete medication reconciliation for all admissions, transitions between units, and discharges. JBH identified completion of medication reconciliation upon admission as a QIP indicator in 2015. While progress was made, there were challenges with the paper based system and a lack of timely patient medication information. In 2016, a new software program by First Data Bank (MedsTracker®) was purchased by JBH to replace the current paper based medication reconciliation process and provide an integrated solution for patient medication information that is easily accessible, and includes features to facilitate safe prescribing and improve patient safety.

Integration and Continuity of Care

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Access to the Right Level of Care - Addressing ALC Issues

JBH and HNHB CCAC have partnered to develop another innovative initiative also aligned to address the system-level ALC issue. JBH and HNHB CCAC continue to advance a strong partnership anchored in collaboration, and are pleased to be working together to ensure safe, effective patient transitions home and within the community. This initiative will promote earlier engagement of CCAC care coordinators in patient care transition plans – specifically for patients with more complex discharge planning needs within the medicine program. Our shared goal is to continue to support informed decision-making and care plans for patients and families while remaining focused on streamlining and enhancing the processes we share. Other ongoing initiatives aligned 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 2017-18.

Engagement of Clinicians, Leadership & Staff

Our Lean Journey Continues

Gemba Time

Throughout the second year of our Lean transformation journey, JBH continued to operationalize and standardize concepts of Gemba Time (dedicated time for leadership to be present where work is done to create value for our patients and families) and formal Gemba Walks with senior leaders and board members, focused on quality and safety. Through Gemba Time, leaders continued to share approaches, experiences and leading practices with their peers, and to engage with patients, families, staff, physicians, and volunteers about change ideas. From April to December 2016, 35 departments were visited for Gemba Walks and 47 separate scheduled visits took place. During this second year of the program, departments visited during formal Gemba Walks reached 100% , and the emphasis became revisiting departments periodically, with review of open action items integrated as 'standard work' during visits, to ensure accountability and follow through. Members of the Board of Directors continued to attend Gemba Walks, and consistently described the experience as valuable.

Idea Boards

The implementation of Ideas Boards is based upon the Lean principle that those closest to the work should be respected for their insight and knowledge, and therefore empowered to improve the work. Departmental and team-led problem solving and innovation has been central to the ongoing engagement of our people in improving the work at hand. In 2016-17 we implemented 23 additional departmental Idea Boards bringing us to our target of 100% by April 2017.

From April 2016 through to February 2017, the following successes were recorded:

- 217 “just do it” ideas were implemented from Gemba Walks.
- 129 ideas stemming from Ideas Boards were implemented.
- 6 JBH Board members attended a scheduled Gemba Walk.
- 35 teams were recognized at weekly Quality Wall for ‘Gemba Time in Action’ improvements
 - a recognition process for team led improvement initiatives.

Engagement and Capacity Building

The common theme across JBH's improvement approach is engagement. Our Lean transformation is enabled by staff and stakeholders, so engagement and capacity building are key enablers. The following strategies were implemented in 2016/17 to engage staff and build capacity:

- Continued Leadership Development through targeted education at Leadership Forums and creation of a Lean Leader Orientation.
- Engagement of leaders, teams and stakeholders in structured Kaizen improvement events (ED non-admitted patient flow, Environmental Services and Portering)
- Introduction of the core concept of Standard Work, with application to specific areas of need.
- Interactive Lean orientation for all staff in Hospital Wide Orientation
- Targeted sessions to support Operational Readiness for our new tower, or other specific improvement needs.

Impacts of our Lean Journey

Below are highlighted Lean continuous improvements between April and December 2016 achieved through departmental Idea Boards, Gemba Time actions, or structured Kaizen events:

Improved Quality and Safety:

- Improved quality, safety and accessibility for Video Fluoroscopic Swallowing Studies: Speech Language Pathology and DI collaborated to adjust the frame rate, optimize the staffing model, and streamline the assessment approach to improve image quality, reduce the length of the exam (and the xray exposure to patients), and increase the number of exams that can be delivered.
- Improved Infection Prevention and Control through a change in the type of hydrogen peroxide wipes used for cleaning (identified by the Environmental Services Kaizen Team).

Improved Patient Experience:

- Montessori Activity Bins were created to support unit staff in the care of Dementia patients. Each bin contains activities that prevent deconditioning and reduce responsive behaviours among patients.
- Signage was created for rooms with patients receiving end of life support to alert staff and others to be mindful when entering or working nearby. The signs employed purposeful imagery and colours, encouraging mindfulness and quiet to support the experience of palliative patients and their families during their time at JBH.

Reduced Waste:

- Pharmacy Technicians identified the opportunity to reduce waste associated with “PRN” or “as-needed” medications being delivered to patients and then returned to the Pharmacy to be restocked, or wasted. By creating a system to stock unit medication carts with common ‘as-needed’ medications such as bowel protocol and IV Dimenhydrinate, they were able to save over 1200 hours of technician time (packaging, checking and restocking) per year.
- The ‘Order Entry’ process in our Meditech computer system supports documentation and delivery of the medical orders needed to provide high quality care for our patients. The Admitting Team partnered with IT Informatics to create an online order entry tracker, replacing a paper based process that relied on interdepartmental faxes. The process improved tracking and reduced time to process orders, eliminating 290 hours of time for Admitting clerks, as well as eliminating 35,000 printouts per year.

Resident, Patient, Client Engagement

Development of our 2017-18 QIP was based upon the successful approach taken in 2016-17. In addition to interviews conducted with ED and outpatient clinic patients, we have again leveraged our well-established Mental Health Consumer Advisory Council and Wellness House Program.

The input of the Mental Health Consumer Advisory Council was collected through a focus group with its members conducted on March 7th, 2017. 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. The discussion validated the ongoing feedback that has been collected from numerous sources throughout 2016-17. JBH will continue with its recent and planned changes to better integrate our specialized Mental Health resources with those in our ED. We also heard that sensitivity to the needs (privacy, stimulation, clearly explained processes) of patients in our ED can be as important as the length of time that is spent waiting. Our attention to this input will be complimented by the dedicated Mental Health service spaces within our new ED. As we develop in-room communication boards for patient rooms across JBH, we will consider how we can clearly explain key ED processes to better inform patients during their ED visit. To improve two-way communication, we will launch a new patient experience survey specifically for our Mental Health patients and their family members this year.

JBH again this year (March 8th, 2017) conducted focus group interviews 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. We have again found that preventing repeat visits to EDs and readmissions to hospitals is a goal that we share with these participants and our efforts to date in this regard are seen as helpful by these participants. 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. When we prompted the focus group participants for opportunities to improve their ability to follow medication information and directions on discharge, issues such as leaving hospital with scripts for generic versus name brand medications were described.

As per its previous QIP work plan JBH began real time iPad surveying of ED patients in 2016-17. This mechanism provides opportunities for in-the-moment service recovery and is a source of improvement ideas. As with last year, we used similar, brief in person interviews in the ED to gather the insight and input of patients and families to inform our annual improvement priorities. This year we extended these interviews beyond the emergent care population and captured input from post-surgical patients in our orthopedic fracture clinic. Wait times were a frequently identified area of concern by both the ED patients and the clinic patients. An improvement initiative is currently underway to address this issue in our orthopedic fracture clinic.

Our JBH Patient Relations process is an important ongoing driver of continuous improvement. Complaints and complements are reported-out by leaders at our weekly JBH Quality Wall. Complaints are tracked and trended based on themes. The top two categories of complaints in 2016-17 relate to quality of care and access to care. Our rigorous follow-up process for quality of care complaints resulted in implementation of 55 identified action items in the first three quarters of 2016-17, and during that time 18 new action items were identified. Issues are maintained as “open” on an active list until addressed.

The Community Members of the JBH Board of Directors had an opportunity to provide feedback on the QIP during the March 9th 2017 presentation to the Quality Committee of the Board.

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 is 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 2016/2017 the carve-out for QIP Pay-at-Risk represents 5%.

The 2017-2018 QIP has been developed through extensive consultation with key internal stakeholders and is aligned with quality priority indicators selected by the Ministry of Health. The proposed Pay-at-Risk program for 2017/2018 may be amended as a result of the implementation of an Executive Compensation Plan due to be posted September 5, 2017. The carve-out for the 2017/2018 QIP Pay-at-Risk represent 5% allocated as summarized in the table below. The executive Pay-at-Risk for 2017/2018 may be reviewed and revised to be consistent with JBH's Executive Compensation Plan that becomes effective September 5, 2017.

TOTAL PAY-AT-RISK ALLOCATION: 5%

The executive Pay-at-Risk for 2017/2018 will be tied to the indicators:

1. **TIMELY ACCESS TO CARE/SERVICES** - Reduce ED wait times for complex patients: 90th percentile ED length of stay (hours) for complex patients.
2. **EFFECTIVE TRANSITIONS** - Reduce readmissions of congestive heart failure (CHF): Risk-adjusted 30-day all-cause readmission rate for patients with congestive heart failure (quality based procedures cohort).
3. **EFFECTIVE TRANSITIONS** - Patient received enough information on discharge (NEW): Percentage of patient experience survey respondents who responded positively (top box scores) to the following NRCC question: Did you receive enough information on leaving the hospital?
4. **ACCESS TO RIGHT LEVEL OF CARE** - Reduce Alternative Level of Care (ALC) rate: Percentage ALC days: Total number of alternate level of care (ALC) inpatient days contributed by ALC patients within the specific reporting period (open, discharged, and discontinued cases), divided by the total number of patient days for open, discharged and discontinued cases (Bed Census Summary) in the same period.