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 HQO (if required) in the format described herein.
Overview

Hôtel-Dieu Grace Healthcare is a premium healthcare centre offering Rehabilitation Services; Specialized Mental Health & Addictions; Complex Medical and Palliative Care; and Children and Youth Mental Health Services. HDGH has a unique blended model of specialized inpatient beds; outpatient residential beds; as well as outpatient and community services.

HDGH’s vision “as a trusted leader transforming healthcare and cultivating a healthier community” conveys a strong commitment to providing safe, high quality patient-centered care and services. HDGH is devoted to improving the quality of life of patients across the continuum of institutional and community settings.

The hospital’s 2015 Quality Improvement Plan is driven by three fundamental drivers; our patients, our people, our identity. Our strategic plan, “Aspire 2020” is the roadmap that outlines the four phase approach to achieving our vision. To assist with the various phases of the journey, a Board Priority setting Advisory committee will be established consisting of board members, physician, patients/clients and staff members.

One of our key strategic aims is to develop a comprehensive organization wide Quality Framework along with the support mechanisms for encouraging stakeholders and providers to embed quality into their every day practice. This will be supported by evidence-informed practice and will ensure compliance with all appropriate accreditation standards. Currently we use multiple forums such as meetings of our Board of Directors, Board Quality Care Committee, Multi-professional Quality Improvement Team, Professional Advisory Committee, MQA, Executive Leadership Committee, and Director’s council to provide oversight to our quality operations across the organization. Our plan is to develop Quality Councils with each service/program level that will focus on metrics and quality improvement projects in keeping with our goal of continually aspiring to improve patient care.

Our Quality Improvement Plan (QIP) for HDGH is directly aligned with the following strategic directions:

- Trusted coordinator/navigator of services
- Partner with other organizations
- Lead the delivery of services
- Activity take a role in preventative, self-care health promotion
- Promote accountability for the effectiveness and efficiency of programs and services

The QIP will focus on five of the dimensions that define quality within the Excellent Care for All Act: Safe, Effective, Accessible, Patient-Centred and Integrated.
Priority Focus for 2015-2016 Quality Improvement Plan:

1. Access: Improving access to outpatient rehabilitation therapy.
2. Effectiveness: Improve organizational financial health
3. Integration: Reduce wait times and facilitate early access for admission to post acute rehabilitation services
4. Patient Centred: Improve patient satisfaction
5. Safety: Improve medication reconciliation upon admission & reduce hospital acquired infection rates

The HDGH QIP is based on our strategic focus and commitment to quality and patient centered care. Our quality improvement plan identifies 8 priority indicators that we will focus on in 2015/16 to provide improved and safer care for patients.

Over the next year, HDGH will focus on the following priority initiatives:

ACCESS:
1. Improve Access to Outpatient Rehabilitation Therapy
   - Improving access to the outpatient rehabilitation therapy will in turn assist with improving patient flow to the inpatient rehabilitative unit. Appropriate and timely accessibility to community support for therapy is likely to influence the duration of the patient’s stay. One of the QBP’s best practices for stroke patients is to be able to obtain access to outpatient rehabilitation services within 72 hours post discharge, to lessen potential for deconditioning of patient’s condition.

EFFECTIVENESS:
2. Improve Organizational Financial Health
   - Continue to build financial literacy within the organization and promote continued fiscal responsibility among all staff. Ongoing monitoring of departmental budgets to ensure performance within allocated resources and to initiate corrective action as required. Continue to look for opportunities to increase and to maximize revenues. Implement a CORE group that will focus on cost saving measures and continue to maximize performance on funded programs.

3. Improve Functional Improvement Measure (FIM) Efficiency (Effectiveness)
   - FIM Efficiency is a core indicator for measuring rehabilitation outcomes, rehabilitation quality of care and demonstrating excellent use of resources. An objective under the Effectiveness dimension is to improve FIM efficiency over time for all inpatient units across Rehab beds.
INTEGRATION:
4. **Reduce wait times and facilitate early access for admission to post acute rehab services**
   - Continue to improve wait time for admission to inpatient rehab services from current time of 4.8 days to 2 days once patients are ready to be transferred. Having intake staff situated at the referring acute care sites will assist to help identify and expedite patients for rehab, to optimize patient recovery and discharge and to ensure smooth transitions.

PATIENT-CENTRED:
5. **Improve patient satisfaction**
   - HDGH will promote a “person-centred” approach to patient care that will focus on increasing patient engagement and on supporting staff to use approaches to care that put the patient first. Executive Walkabouts have been initiated to obtain a better understanding of the patient’s healthcare journey transitioning from an acute to a non-acute care facility, and to identify any improvement opportunities.
   - Establish a Patient/Family Advisory Council to promote respectful, effective partnership between patients, families and the healthcare team and to create a venue for patients and families to provide input on patient care, setting priorities, and policy and program development.

SAFETY:
6. **Increase proportion of patients receiving medication reconciliation upon admission**
   - Medication reconciliation is considered a best practice and is a required organization practice as part of the Accreditation Canada standards. Currently the medication reconciliation process has been performed within the inpatient Mental Health program. In order to achieve a standardized practice to attain Best Possible Medication History (BPMH), an interprofessional team will be established to formalize a policy and develop, lead, and sustain medication reconciliation process on the inpatient rehabilitation and complex care units.

7. **Reduce hospital acquired infection rates**
   - Maintain current infection prevention and control practices, adhering to surveillance strategies, monitoring environmental cleaning, and to focus on establishing an antimicrobial stewardship program for review of antibiotic therapy and recommendations for treatment.

8. **Improve Hand Hygiene Compliance**
   - Continue to drive improvements in hand hygiene rates before patient contact through provider engagement strategies; training of champions to “Just Clean your Hands” program; weekly posting of metrics to review at staff huddles and staff meetings; and holding all healthcare providers accountable for following hand hygiene protocol.
In addition to our Strategic Plan, our QIP aligns with provincial priorities and other planning processes such as:

- Provincial and LHIN priorities including our obligations contained within the Hospital Service Accountability Agreement (HSAA)
- Accreditation Canada Standards and Required Organization Practices (ROP’s)
- Patient Relations Process and Complaints Tracking
- Professional Practice – best practice across nursing and allied health
- Organizational wide Integrated Risk Management Plan
- Project Management & Research Office
- cSWO & ehealth provincial initiatives

Our quality improvement plan will be supported by a performance monitoring and management strategy made up of the following elements:

1. Metrics will be incorporated into the corporate executive scorecard that is monitored monthly by the appropriate executive leader in the organization. Action plans are developed and monitored to address performance outside the acceptable range.
2. The board quality committee will receive regular reports from management and will subsequently report to the board on performance against the quality improvement plan. This committee also has responsibility for overseeing the ongoing performance of management plans to address areas outside the performance target. The committee meets regularly and QIP performance is a standing agenda item.
3. The healthcare centre has implemented weekly huddles, involving clinical, non-clinical leadership and frontline staff as well as developing a Quality Improvement Team which monitors and drives initiatives forward throughout the organization. These are fundamentally important in not only monitoring performance but fostering a quality and safety culture.
4. The Medical Quality Assurance Committee has been established and meets on a monthly basis. The purpose of the committee is to provide a morbidity and mortality review framework which is designed to reduce deaths and promote continuous learning amongst professional groups.

Integration & Continuity of Care

The realignment and integration of services has provided a formal structure to support the continued improvement of services across the continuum of care for our community and our patients. We will continue to build on strategic partnerships and be a key partner and leader in our community. HDGH views integration opportunities and continuity of care improvements as critical to improving initiatives around chronic disease management. HDGH will be working closely with community partners with a focus on the patient experience and integration of services to support the patient journey. We will continue to review the strategies in place to address our long-stay ALC patients and create action plans to transition them to the most appropriate destinations through the identification of common barriers to discharge. We will continue to work closely with our acute care and community based partners to
enhance daily communication and continually improve our transfer protocols. We strive for seamless, safe and effective transitions from acute care to HDGH, and from HDGH back to our community. To continue to improve the continuity of integrated care for our patients, HDGH will:

- Work closely with the acute care center and monitor coordination of intake services to support the right patient in the right bed at the right time. This includes having Flow Coordinators located at our acute referral care partners to help identify and expedite patients for rehab and complex continuing care and optimize their transition time.
- Continue to monitor clinical program performance for utilization of appropriate review of admission criteria sets and processes for inpatient intake.
- Focus on intake and discharge coordination and transparent communication across the care continuum.

Challenges, Risks & Mitigation Strategies

There have been some identified areas of challenge and risks in the execution of our QIP. Most of them center on the availability of resources to implement and sustain the large number of change initiatives, in conjunction with all the other identified projects and changes required in the organization. There are also challenges with benchmark and current state data which can make setting realistic, yet stretch targets difficult. The risks of unforeseen events such as outbreaks or community challenges are also a risk for organization and QIP progress. To mitigate the risks, we will have a regular review of the QIP in place across the organization. Each indicator has an Executive Sponsor and project lead with clear accountability and responsibility established for each initiative. The team leads and the Quality teams for each initiative will monitor the implementation of each initiative and its performance. The Quality improvement Team, which includes the leads from each QIP initiative will monitor and report out monthly to the full committee and have ability to identify early any potential risks or barriers to the execution of the QIP. The Executive Leadership Team (ELT) and Quality Board Committee (QBC) will review each priority indicator monthly to help address resource concerns. Some of the initiatives have a staggered implementation plan in terms of delivery timelines.

Information Management Systems

Our organization continues to leverage various software and technologies across the care continuum to support patient information need. We currently use electronic processes and systems for diagnostic services (lab, DI, pharmacy) to support electronic order entry and results. We also share a common electronic medical record repository across four of the five hospitals in the ESCLHN (Solcom-EDCO) which provides our clinicians and community partners with real time patient record information. Some of our outpatient programs are at various stages of electronic documentation including the Cardiac Wellness program and community mental health clinics. We are currently reviewing opportunities for a Regional HIS (Health Information System). This will include a multi-year plan for a full Electronic Medical Record (EMR) adoption, Clinical Documentation and CPOE. We are also engaged in various cSWO & eHealth initiatives including Integrated Assessment Record (IAR), Health Reports Management (HRM) and Clinical Connect. We have implemented, through Oculys, the HDGH iMap system which is real time mobile patient flow software and exploring further opportunities with this tool to support our
strategies related to intake and discharge planning information flow. We have implemented an electronic hand hygiene tracking /auditing tool which is providing real time data and tracking of our hand hygiene results. We are also participating in a LHIN wide implementation of the Integrated Decision Support System (IDS) hosted by Hamilton Health Sciences which will provide enhanced reporting capabilities and benchmarking to understanding the flow of our patients across the entire care continuum. We have also transitioned to an electronic scorecard system in which our QIP and all corporate and clinical scorecards are tracked and shared with multiple levels of the organization. We continue to adopt systems that will enhance and improve our technology to provide our clinicians, leadership and board access to the best information possible to understand our patient population, our patient needs and future quality initiatives.

Engagement of Clinical Staff & Broader Leadership

The Quality Improvement Plan (QIP) is one component of our overall organizational planning process. Leaders consulted broadly with front line clinical staff on the development of appropriate indicators and there was robust discussion on the opportunities for improvement. Additionally, the QIP was reviewed through the leadership of our Department Heads and our Professional Advisory Committee. Our executive level management team drives many of the quality initiatives to ensure that they are in alignment with our strategic goals and can be properly resourced. Through the model of Executive and Indicator Leads, quality teams are formed, including the clinical team to develop the initiatives, metrics and implementation plans. The Quality & Safety Committee of the Board and the HDGH Quality Improvement Team (QIT) will monitor and regularly review performance of the key QIP initiatives and progress through a monthly scorecard and reports.

Our QIP is developed by the QIT and Director’s Council and includes Executive Leadership Team, Clinical Practice Managers, and Operational Managers & Directors.

Patient/Resident/Client Engagement

Patients and families are engaged through direct consultation and inclusion on various hospital initiatives and committees. Through patient experience survey’s, direct consultation with key family/patient representatives with various levels of the organization, public focus groups and executive walkabouts, patient and families provide input into various hospital initiatives, activities and planning. We are also preparing to launch a patient and family centered care advisory council.

Accountability Management

The QIP is integral to the operations of HDGH. Prior to setting the targets, management worked with all levels within the organization to determine the appropriate priorities and target performance improvements. This results in an organization that is committed to achieving quality improvements. Throughout the year, performance on all targets will be monitored through several channels to ensure that the plan is on target and corrective action is instituted as required. Given our past performance utilizing this methodology, we are confident that we have the appropriate processes to ensure accountability.
Some examples of ongoing initiatives include:

• Assessment of new admissions to determine appropriate admission level and identify RPG’s as early as possible and anticipated length of stay and manages patients to estimated discharge date, ensuring a safe discharge plan.
• Continued partnership with acute care hospital to improve the access and safe handoff to appropriate services at HDGH
• Review QBP impacts that apply to HDGH
• Improve patient flow – access to the right bed at the right time and development of Patient Flow Tracking metrics
• Implementation of a data quality framework to support data quality and accuracy and timeliness of data in alignment with Patient Program Councils

Performance Based Compensation [As part of Accountability Management]

Hotel-Dieu Grace Healthcare did not have any performance pay during the last performance cycle ending before the "effective date" of March 31, 2012 (2010/2011 performance pay cycle). As stipulated by the BPSAA, executives within our organization do not have any pay-for-performance tied to the achievement of targets in our 2013/14 QIP.

Health System Funding Reform (HSFR)

The QIP aligns with our Hospital Service Accountability Agreement and future directions related to Health System Funding Reform, Quality Based Procedures and improved length of stay for rehab patients. We will be aligning inpatient programs, services and clinical units in rehabilitation and complex medical services to reflect best practices and respond to the emerging system needs from the ESCLHIN. This will include a focus on rehabilitation care pathways, reconditioning services, ambulatory and outpatient care and supports for healthy aging and wellbeing at home. We are also looking at innovative partnerships with our primary care and community service agencies to facilitate ongoing care for our patients. The QIP will monitor initiatives that relate to HSFR funding including HBAM and QBPs. The FIM efficiency score provides an indicator of the improvement in the patient’s condition and provides a guide to the appropriate and safe discharge. Early access to outpatient rehab therapy also facilitates early and safe discharge knowing that the appropriate follow up therapy is scheduled for the patient. These initiatives will lead to a reduction in the LOS, an improvement to flow within scarce rehab inpatient beds and will facilitate achieving target service levels.
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

Shari Cunningham
Board Chair

Janice Kaffer
Chief Executive Officer