Let's Make Healthy Change Happen.

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

St. Joseph's Healthcare Hamilton

3/29/2019

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

Message from the Joint Boards of Governors

St. Joseph's Healthcare Hamilton is guided by the legacy of the Sisters of St. Joseph who have provided us with the framework to continue their work. Their passion for healing, their dedication to all those we serve and their compassion for the poor and marginalized provide the inspiration for our efforts. St. Joseph's Healthcare Hamilton is highly focused on providing innovative and integrated care. Some examples include:

- Integrated Comprehensive Care – now a permanent program that links St. Joseph's Home Care, HNHB Home and Community, the Ministry of Health, and other partners to improve the experience of patients as they transition from hospital to home. It provides patients with a case manager who organizes both their hospital care and their home care and includes a 24/7 phone number to call if they have concerns.
- Renal Program – now a LHIN-wide program that is structured under St. Joseph's Healthcare Hamilton. This program is the largest renal program in the province and the ultimate aim of the renal initiative is to ensure the absolute best patient experience across the entire continuum of kidney care services, from early detection, to dialysis, to kidney transplant.
- Mental Health and Addiction Program - St. Joe's is the regional leader in the provision of psychiatric care and research, innovating programs to help radically reduce the disability and stigma associated with mental illness and addiction. Specifically, St. Joe's is a leader in the areas of early intervention, outreach services, rehabilitation, recovery and integration into the community.

In addition to on-going quality improvement, in 2019 St. Joseph's Healthcare Hamilton will launch a new strategic plan. This plan will have a continued focus on quality and include the following strategic directions:

- Excellent Care Every Time
- A University Hospital: Research that changes lives, Training the world's best
- An Excellent Place to work and learn
- Leaders in Integrated Care

This Quality Improvement Plan for 2019/20 represents a subset of goals and targets intended to keep us grounded and focused on our next year of work to continue to improve care for our patients. As well, now that we are fully digital and among only 2% of Canadian hospitals at HIMSS level 6, we are able to incorporate and leverage this system as we evolve our quality improvement efforts.

QIP 2018/19 Themes and Objectives

As in previous years, priorities for the Quality Improvement Plan are aligned with the hospital's Patient Safety and Quality priorities. Below is a more detailed description of the 2019/20 Quality Improvement Plan initiatives.

Improve Transitions

Best practice research on transition planning has identified that a consistent, formalized approach to transitions and discharge planning, with high patient and family engagement, leads to fewer errors, better patient experience, and more efficient use of health care resources. Four initiatives will enhance and standardize existing practice:

After Visit Summary. As a participant in the ARCTIC implementation of the Patient Oriented Discharge Summary in 2018, we are committed to continuing with the implementation of high-quality information to our patients and families. At St. Joe's this document is part of the electronic documentation system, we audit for completion to ensure the document is useful and informative for patients and families.

Reduce Readmissions for patients with COPD and CHF. While some readmissions are not preventable, our aim is to ensure patients are involved in their care and have the proper supports in the community to avoid preventable readmissions. We will achieve this through the standardization of order sets and community follow-up for patients as well as enhanced education for patients using teach-back methodology.

I***ncrease percent of discharge summaries sent from hospital to community care provider within 48 hours of discharge***. The electronic medical record now in place for just over one year will assist with this. The focus will be to ensure all programs meet the expectation to have these completed within a timely manner.

Maintain readmission rate for inpatients from the Mental Health and Addictions Program. We are monitoring this indicator to ensure that it is kept below the provincial average.

Staff Safety

Reduce Workplace Violence. St. Joseph's Healthcare Hamilton (SJHH) is committed to providing a safe and respectful workplace and care environment, and to treating our employees and patients with respect, dignity, and sensitivity. In addition to numerous strategies for improving safety for our staff across all areas of care, reporting on and monitoring incidents of workplace violence is one of the areas that we have focused on. In this current fiscal year, we will work to maintain reporting of staff safety incidents.

Improve Access

Reduce time for admitted patients to be placed in an inpatient bed when admitted from the Emergency Department. This is a provincial priority and one that St. Joe's is focused on as well. Ensuring that patients receive the right care in the right place at the right time has been our focus for a number of years. In 2019/2020 we are focused on reducing the wait time for patients at the 90th percentile by 1.1 hours. The 90th percentile is a standard metric across the province that is used to measure the wait time that 9 out of 10 patients would experience.

Reducing Emergency Department Re-visits. Access to care at the right place at the right time is one of the most fundamental pillars of the healthcare system. Repeat visits to the Emergency Department is a measure that is often used to assess the combined effect of hospital discharge planning and community care. This is an area of focus for the HNHB Local Health Integration Network (LHIN) and a collaborative group of community partners has been established to focus on this population of patients. In 2019/20 we will continue to work on strategies to reduce ED visits for this high needs population.

Increase the percent of patients designated 'ALC to home' with LHIN supports, discharged home within 5 calendar days. We are committed to working with our community partners to ensure that patients have a timely transition home; our goal is to transition patients home with support within 5 days.

Patient and Family Communication

Complaints acknowledged in a timely manner. Responding to patients and families in a timely manner, when acknowledging a complaint, is an important part of communicating with our community. We intend to maintain this performance at 100%.

Improve Patient Safety

Ensuring patients at high risk of suicide have fully completed safety plans. While we already have a process to complete safety plans for patients at high risk of suicide, this initiative ensures that all plans meet two key components. These components are: 1) ensuring a minimum of 6 out of 8 questions are answered and 2) that it is completed with 7 days of admission or transfer to the unit.

Improve Medication Safety

Increase Best Possible Medication Discharge Plan (BPMDP) completion at discharge. With our focus on transitions, this fits nicely and ensures that patients have a high quality review of their medications while in hospital and a clear plan prior to discharge. This metric ensures that patients have a Best Possible Medication History completed upon admission and then medication reconciliation at discharge.

QIP 2018/19 Themes and Objectives

As in previous years, priorities for the Quality Improvement Plan are aligned with the hospital's Patient Safety and Quality priorities. As in previous years, priorities for the Quality Improvement Plan are aligned with the hospital's Patient Safety and Quality priorities. This alignment as well as a mapping to the HQO Quality Dimensions is outlined below:

SJHH Quality Priority	HQO Quality Dimension	Measure	Target
Improving Access	Effective	Decrease in the percent of patients who re-visit the Emergency Department for Mental Health or Substance Use concerns within 30 days of initial visit	Reduce Emergency Department re-visit rate to 16% for Mental Health concerns and 22% for Substance Use concerns by March 31, 2020.
Patient Safety*	Safe	Ensure patients at high risk of suicide have a "complete" safety plan – meeting all three criteria.	80% of patients admitted to the three target units have a safety plan in place within 7 days of admission or transfer.
Staff Safety	Safe	Maintain the reporting of healthcare worker reported violence incidents.	Maintain the level of reporting at the average of the past two years; 737 incidents.
Improve Access	Effective	Reduce time for admitted patients to be placed in an inpatient bed when admitted from the Emergency Department	Reduce 90th percentile wait time by 1.1 hours to 23.8 hours.
Improve Medication Safety	Safe	Increase Best Possible Medication Discharge Plan (BPMDP) completion at discharge.	88% of patients discharged from hospital will have a BPMDP completed.
Improve Transitions*	Effective	Implement the After Visit Summary (Patient Oriented Discharge Summary – PODS)	90% of discharged patients from 5 inpatient units will have a fully completed After Visit Summary.
Improve Transitions	Effective	Reduce readmissions for patients with Chronic Obstructive Pulmonary Disorder (COPD) & Congestive Heart Disorder (CHF)	Reduce readmission rates for COPD and CHF to 15.5%
Patient/Family Communication	Patient Centred	Complaints acknowledged in a timely manger.	100% of complaints to be acknowledged within 5 business days.
Improve Transitions	Effective	Maintain readmission rate for inpatients from the Mental Health and Addiction Program	Maintain readmission rate at or below 14.2%.
Improve Transitions*	Effective	Increase percent of discharge summaries sent from hospital to community care provider within 48 hours of discharge.	Increase percent of patients receiving a discharge summary to 85%.
Improve Access	Effective	Increase the percent of patients designated "ALC to home" with LHIN supports.	Increase percent of patients to 90%.

Describe your organization's greatest QI achievement from the past year

We are very proud of our achievements from 2018/19. Some of these are detailed below focusing on priority areas.

Patient Safety

- The Mental Health and Addiction team partnered with the Emergency Department team to ensure that all patients identified at risk of suicide are screened for suicide risk using the Columbia Suicide Risk Screening Tool.

Patient Access

- The Mental Health and Addictions Program (MHAP) recently launched a centralized access approach to patient intake and clinic assignment. Community referrals to MHAP outpatient clinics will now go to centralized intake, where they will be centrally screened, triaged and scheduled for a first appointment by a team of dedicated staff and clinicians. There will now be one referral form, along with one email address, one phone number and one fax number. Having a centralized system that allows physicians and our community partners to access all the available outpatient programs will help ensure their patients receive the care they need in a timely manner.

Improving Transitions

- As a participant in the ACRTIC project group focusing on the implementation of the Patient Oriented Discharge Summary (PODS), we engaged patients and staff in order to ensure the tool is as functional and as meaningful as possible. Patients told us what they would like included and staff told us how we could make it as streamlined as possible. Not only are we focused on the number of After Visit Summaries distributed, but we very closely monitor performance by auditing 5 standardized areas on the document.
- Teams were able to reduce the readmission rates for both COPD and CHF to very close to our targets of 15.5% for COPD and 19.5% for CHF. Both of these items will remain on our QIP for the 2019/20 year.

Improving Medication Safety

- Our journey to achieve full medication reconciliation continues; this current year, our teams were focused on completing the Best Possible Medication History upon admission as well as completing medication reconciliation upon discharge. The implementation of our Electronic Health Record has allowed for real time feedback to teams on their performance with this metric. Most recent data indicates that Best Possible Medication History is completed 88% of the time.

- Our focus has also been on obtaining 90% compliance with Bar Code Medication Administration, not only is this a standard process that contributes to safe medication administration, thus improving patient safety.

Patient/client/resident partnering and relations

We are committed to involving patients and families in the care that we provide as well as program development and decision-making. St. Joe's was among many hospitals throughout Canada that removed specific visiting hours throughout the organization as we encourage and promote the concept of patients and families as partners in care. St. Joe's has developed a strong Patient and Family Advisory community (with over 45 Patient and Family Advisors) that receives, orientation and on-going follow-up and networking opportunities. Patient and Family Advisors are involved in numerous roles and activities from the Quality Committee of the Board to front-line improvement activities.

The Mental Health and Addictions program has a long-standing and active Family Advisory Council as well as a Peer Support Council.

All program quality councils have at least one Patient Advisor, and there are a number of other committees that also have Patient Advisors as members including Hand Hygiene, Wayfinding, Advanced Care Planning, and Falls to name a few.

The Corporate Patient and Family Advisory Council which has been in existence since 2011 focuses on priority areas each year and advises the organization on how to further grow patient centred care within the organization. Recently this Council has developed and approved a 2-year Engagement strategy to further the partnership and collaboration between patients and providers.

Feedback received from many avenues was incorporated into the creation of this Quality Improvement Plan. These avenues include direct feedback from Patient and Family Advisors, feedback from our complaints and compliments process, as well as patient satisfaction surveys. In addition, many of the improvement projects involve Advisors; either directly on working groups or through the Quality Councils that each has two Advisors as members.

Workplace Violence Prevention

At SJHH Workplace Violence Prevention is a corporate commitment. Central to the Workplace Violence Prevention Program are measures to provide ongoing support and direction in the development, implementation, and maintenance of all policies, procedures and training integral to promoting a safe workplace and patient care environment for staff, physicians, learners, volunteers and patients. Prevention and early intervention strategies are cornerstone to decrease the likelihood that a behavior will lead to aggression and/ or violence.

The program includes the support of healthcare workers (employees, physicians, learners, volunteers, contract workers), Joint Health and Safety Committees (JHSC), all levels of the leadership team including the Board.

Below are examples of the various program components:

A: CORPORATE COMMITTEES

1. Executive Committee on Prevention of Violence in the Workplace
2. Management of Aggression and Responsive Behaviours committee (accountable to Senior Leadership Team via the executive Sponsor):
    - review and trend analysis of code white data and healthcare worker incident reports
    - review of current de-escalation training resulting in a corporate plan
3. Patient Alert and Screening committee (accountable to Senior Leadership Team via Director). Key initiatives developed or in progress:
    - identification of risk of violence - care plan, safety briefings, check-in process, transfer of accountability, wrist bands, signage for patient rooms, electronic alert in health record
4. Joint Health and Safety Committees (JHSC) (three campuses)
    - review all reported healthcare worker incident reports(HIRs) including workplace violence ensuring all reasonable corrective actions are taken and make relevant recommendations

B: Other initiatives:

1. Support to Report Campaign 2019 - joint leadership and JHSC promotion of reporting all incidents, hazardous situations and near misses.
2. OH&S follow-up of every incident report including supports provided/available to healthcare worker. (internal, external, EAP). Offer of follow-up with senior team.
3. Collaboration with union partners and Patient and Family Advisors
4. Partnerships with Hamilton Police Services
5. Implementation of additional programs - e.g. Safewards using the patient story to prevent aggressive behaviours (currently in the Mental Health and Addiction Program)
6. Future directions include incorporating the 23 Recommendations from the Provincial Leadership Table.

Executive Compensation

Executive Compensation in 2019/20 will be linked to the achievement three priorities:

1. Ensuring that patients at risk of suicide have a "complete" safety plan – meeting all three established criteria
2. Increasing the percent of discharge summaries sent form hospital to community care provider within 48 hours of discharge.
3. Implementation of the After Visit Summary (Patient Oriented Discharge Summary)

A Pay at Risk is assigned to the following positions (this also applies to acting and interim executive roles):

- President
- The Executive Vice President, Clinical Programs and Chief Nursing Executive
- The Vice President, Business and Therapeutic Services, Chief Financial Officer
- The Vice President, People and Organizational Development
- The Vice President, Chief Information Officer
- The Vice President, Renal Program, Diagnostic Imaging, Laboratory Services, Ambulatory Programs

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 _____ (signature)

Board Quality Committee Chair _____ (signature)

President _____ (signature)