

Let's Make Healthy
Change Happen.



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

St. Joseph's
Healthcare  Hamilton

3/30/2018

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

Message from the Board

Our organization 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.

Our current strategic plan has four directions to guide us in our work:

1. Transform How We Work – so that we can deliver better care with fewer resources
 - We are dedicated to providing our community with high quality, accessible and safe healthcare and work continuously to improve the results and outcomes for our patients and families. By focusing on the patient’s journey through our health system, from hospital to home or to long-term care, we consistently strive to eliminate barriers and gaps that occur in today’s health care environment.
2. Break Down Barriers – within the healthcare system to provide a better patient experience
 - Following the roots laid by the Sisters of St. Joseph’s, we continue to live our mission to serve those in need. St. Joe’s is located in inner-city Hamilton and many of our patients and clients are from vulnerable populations requiring significant services in chronic disease management, mental health and substance use.
3. Engagement – to engage Patients, families, staff, physicians and volunteers so that we make better decisions
 - Working together with our staff of dedicated professionals, the Joint Board of Governors are focused on improving the experiences and outcomes of the people we serve at our locations, through both research and the delivery of our services. While many exciting projects are in process in our organization, we are most gratified when we can offer our patients and their family’s seamless, effective, safe and compassionate care.
4. Innovate - continuing our commitment to education and medical research to maintain a skilled workforce and improve the science of health
 - Ranked one of Canada’s top 40 research hospitals for four years in a row, St. Joseph’s Healthcare Hamilton is an academic and research community focused on improving the quality of life for our patients and community members. St. Joseph’s has been home to the Firestone Institute for Respiratory Health since 1978 and has played an instrumental role in changing the practice of respiratory health care on a global level by developing the AeroChamber® inhaler as well as the first Canadian guidelines for the treatment of asthma. As well, The Peter Boris Centre for Addictions Research which was founded in 2014 has a mission to conduct state-of-the-art research on the causes, consequences, and treatment of addiction.

In addition to on-going quality improvement, 2018 will see renewal of our strategic plan.

The year 2017 was an exciting year for St. Joe’s as a full electronic medical health record was installed and now SJHH is among only 2% of Canadian hospitals at HIMSS level 6.

This Quality Improvement Plan for 2018/19 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.

Improving 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. Three initiatives will enhance and standardize existing practice:

After Visit Summary - As a participant in the ARCTIC implementation of the Patient Oriented Discharge Summary, we are committed to providing our patients and families with complete and accurate information. At St. Joe's this document is referred to as an After Visit Summary and although implemented is aided by our electronic documentation system, we will be auditing for completion to ensure the document is useful and informative for patients and families.

Reduce Readmissions for patients with COPD and CHF and for patients with complex wounds and/or ostomies - 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.

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. We are working towards reducing incidents of violence; we are current in the phase of promotion of the importance of the reporting of incidents and expect to see an increase in reported events in the year 2018 with a reduction in staff harm

Improving Access

Reducing Emergency Department Readmissions - 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. In the 2017/18, the focus was on collaborating with community partners to develop a work plan to achieve a reduction in ED readmission for patients with Mental Health or Substance Use concerns. 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 2018/19 we will be implementing strategies developed and expect to see a reduction in repeat ED visits.

Reducing Infection

Time to first Antibiotic for patients with Sepsis in the Emergency Department - Patients who receive their first dose of antibiotic in a timely manner after first experiencing symptoms of sepsis have better outcomes. This improvement project aims to increase the number of patients in the Emergency Department who receive this first dose of antibiotic within 2 hours.

Patient and Family Communication

Standardization of Communication Boards - This initiative is aimed at improving communication with patients and families by having a consistent approach to the documentation and completion of communication boards in patient rooms. Multiple care providers are often involved in the care of a patient and this is meant to streamline communication by these care providers and patients and families.

Work Towards Zero Suicides

Screening patients in the Emergency Department - This initiative is part of a broader strategy to work towards a zero suicide facility. One of the first steps is to identify patients early in their stay for suicidal ideation and risk of self-harm. The team will be introducing the use of the Columbia Suicide Risk Screening Tool and aims to screen 100% of patients who identify as having suicidal ideation or self-harm intentions.

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

We are very proud of our achievements from 2017/18. Some of these are detailed below focusing on our four priority areas.

Patient and Staff Safety

The Mental Health and Addictions team was able to fully implement all of the educational modules for the Safewards program. This evidence based program founded on staff and patient engagement and developing supportive relationships as a way to contain situations and reduce responsive behaviours, aggression and risk of injury to staff and patients.

Improving Transitions

The Mental Health and Addictions team was able to fully implement on 7 inpatient units the component of the Home First initiative that ensures that patients and/or families receive communication about the plan of care within 48 hours of admission. This conversation occurs for 80% of our admitted patients.

Implementing the Transition Standards is a priority at St. Joe's and the teams were successful in implementing these standards in Seniors Mental Health and Complex Care programs

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 2018/19 year.

Improving Medication Safety

Our journey to achieve full medication reconciliation continues; this current year, our teams implemented a sustainable process to achieve medication reconciliation upon admission two acute units within our Mental Health and Addictions Program.

In an effort to monitor the appropriate use of antibiotics, our pharmacy team was able to implement a process to ensure that 70% patients on antibiotics on our General Surgical unit receive a review at day 3.

Resident, Patient, Client Engagement 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 50 Patient and Family Advisors) that provides recruitment, 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 the Visitor Policy 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.

Collaboration and Integration

To increase our capacity to integrate services around patient journeys we work closely with two of our partner agencies – St. Joseph’s Home Care and St. Joseph’s Villa Dundas. With a combined Board of Governors and a single strategic plan, our goal is that patients, clients and residents will no longer feel that they are handed off from one health care provider to another, but rather that they are taken care of by a single team as they move through the health care system.

In addition, we are working closely with regional partners to improve the continuum of care for patients in these key areas:

- 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.
- Health Links - a system wide initiative that brings together health care and social care service providers to coordinate the care of people with complex medical and social needs.

Engagement of Clinicians, Leadership & Staff

The opinions of our staff are sought through an anonymous comprehensive survey that is administered every 2 years. Our teams then meet and discuss their survey results and develop team engagement plans. Engagement survey feedback is also considered when determining priority areas of focus for improvement at an organizational level. The goal of these plans is to make the workplace more satisfying, safe and enjoyable. In addition to the comprehensive survey, smaller surveys are distributed to get a “pulse” on how staff and physicians either perceive a large project roll-out or to gain feedback on the development of new initiatives.

Outside of this formal process, our staff and teams have multiple forums and venues to have their opinions heard as well as to be engaged in improvement work. In addition, we engage staff and patients in regular Executive walkabouts as well as focus groups when there are specific items to which we seek feedback. MyStJoes has become an internal communication site where all staff is encouraged to be engaged by sharing their stories, and asking questions of leadership through “Link with your Leaders”. Regular bi-weekly emails include polling questions that range from light to serious topics, intended to engage staff.

Population Health and Equity Considerations

Following the roots laid by the Sisters of St. Joseph’s, we continue to live our mission to serve those in need. St. Joe’s is located in inner-city Hamilton and many of our patients and clients are from vulnerable populations requiring significant services in the areas of chronic disease management, mental health and substance use. St. Joe’s is the leader within our LHIN in providing Mental Health and Addiction services and Chairs the LHIN steering committee that reviews services for this growing need. As well, we have created a number of transformative projects that pay special attention to these populations ensuring equity to services some of which are outlined below:

- The MCRRT (Mobile Crisis Rapid Response Team) made up of a uniformed police officer and mental health worker respond to 9-1-1 calls for people with a mental health issue or concern. This program is able to help people in the right place at the right time. This team won an Abstract of Distinction Award at the 2016 Health Quality Transformation Conference.
- The Hamilton ACTT (Assertive Community Treatment Team) made up of a multidisciplinary team uses evidence based therapeutic principles that allows clients to maintain independence, increase housing stability, have improved employment and educational outcomes
- The Youth Wellness Centre is a recent addition to our spectrum of services which provides a safe space for youth with the need for Mental Health services. This centre provides counselling, peer support, family support, psychiatric consultation and assistance in navigating the community mental health services.
- Mental Health Safe Spaces is an effort to better connect residents to mental health services at St. Joes in the most marginalized areas of the inner city of Hamilton. Inherent barriers in accessing mental health based services in the community are in part due to the effects of poverty: physical limitations, food security and other tangible supports that contribute to their lack of access to needed treatment. This program trains non-mental health services like business and other non-traditional supports in this community to be a resource for community residents inquiring about supports or in need of mental health care.
- Hamilton Area Institution Leadership, also known as HAIL consisting of the city’s two hospitals, LHIN, the City, public and Catholic school boards, the policy McMaster University and Mohawk College. This group is investing time to tackle one of the city’s most pressing issues: affordable housing. The group is also focused on breaking down unofficial barriers that can hold a community back from developing solutions that are really good for the population.

Access to the Right Level of Care - Addressing ALC

This truly is a cross-sector challenge, and a challenge that is experienced at St. Joseph's Healthcare Hamilton. Over 20% of our acute care beds are filled with patients waiting an Alternate Level of Care. Our collaboration with community partners, most especially LHIN Home and Community Services continues with regular review of action planning and specific review of cases. Internally, we have daily meetings in our Emergency Department to identify patients who have the potential to be discharged home with increased supports to avoid an admission with ALC designation. Inpatient teams area also reviewing patients daily who are identified to be at a risk of transferring to an ALC status. We are working with our community partners to identify and plan to use all idle beds (LTCH and Transitional).

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

As the tertiary centre providing Mental Health and Addictions services within in the HNH B LHIN, St. Joe's is taking on a leadership role in this domain. Within the last six months, we have moved forward with the following:

- Implementation of the new provincial prescribing guidelines, reviewing guidelines with prescribers and ensuring that our practices are following these standards with particular attention to management.
- Creation of an inpatient Addiction Medicine Consult service that is available 7 days per week. This service has access to Suboxone for treatment purposes.
- The Concurrent Disorders capacity building team is available to consult on patients with addiction concerns. This team collaborates with the care team to integrate addiction management into treatment plans and increase staff capacity. This team also works directly with the patient with a focus on discharge planning, and addiction counselling.
- Ready to open the first stage of a full RAAM (Rapid Access Addiction Medicine) clinic to provide service to high-risk patients seen through our Emergency Department as well as newly discharged inpatients.
- For patients presenting to the Emergency Department with suspected overdose, Narcan is available as an immediate form of treatment. As well, Community providers in our outreach programs also have the ability to provide Narcan.
- Since January 2018, we have provided community withdrawal services as a pilot clinic for patients experiencing withdrawal symptoms in the community. During the first 2 months of operation, these patients received intense care in the community and this clinic has exceeded targets; we are hopeful that we will receive additional funding to provide service to this patient population through this clinic.

Workplace Violence Prevention

At SJHH Workplace Violence Prevention is a corporate initiative. 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:

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
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, transfer of accountability, wrist bands, signage for patient rooms, electronic alert in health record
4. Joint Health and Safety Committees (JHSC) (three campuses)
 - View all reported healthcare worker incident reports(HIRs) including workplace violence ensuring all reasonable corrective actions are taken and make relevant recommendations

OTHER INITIATIVES INCLUDE THE FOLLOWING:

1. Support to Report Campaign 2017 - 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.

Performance Based Compensation

Executive Compensation in 2018/19 will be linked to the achievement three priorities:

1. Implementing Suicide Risk Screening Tool in the Emergency Department
2. Increasing the number of septic patients to receive first antibiotic within two hours in the Emergency Department
3. Implementation of the After Visit Summary (Patient Oriented Discharge Summary)

The President's and Chief of Staff's salary will be reduced by 10% and the salaries of the executives (listed below) will be reduced by 5%:

- The Executive Vice President, Clinical Programs and Chief Nursing Executive
- The Vice President, Business Programs and Chief Financial Officer
- The Vice President, People and Organizational Development
- The Vice President, Research
- The Vice President/Chief Information Officer
- The Integrated Vice President for Diagnostic Imaging and Laboratory Services

The salary reduction may be earned back as this is linked to the performance targets associated with the four indicators listed above.

Contact Information

If you would like more information or have questions about the St. Joseph's Healthcare Quality Improvement Plan for 2018-2019 please contact:

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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 - Sonny Monzavi _____ (signature)

Quality Committee Chair - David Tonin _____ (signature)

Chief Executive Officer - David Higgins _____ (signature)