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



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## Overview

Grand River Hospital (GRH) embeds quality within all organizational levels. The Quality Framework defines the structure for this accountability. The board spends greater than 25 percent of its time on quality. The Quality and Patient Safety (QPS) Committee, which is the designated committee of the board, ensures that leadership has quality processes in place and adheres to legislative requirements. The clinical programs are accountable for ensuring that there are strategic discussions about quality with the QPS Committee and operational discussions about program performance for quality with the Senior Quality Team (SQT). The 15 clinical programs and services are also responsible for having quality processes in place, such as the Quality and Patient Safety Councils. Information from these councils is disseminated to direct care providers for awareness and potential participation in quality improvement initiatives.

Within the organization's planning cycle, falls the development of the two-year QPS plan. This is a renewal year for the plan and as in previous years, priorities will be selected with careful consideration to minimize risk, maximize patient safety and improve quality. A number of internal and external inputs contribute to the QPSP, including but not limited to, quality improvement goals identified by the clinical programs and services, patient experience survey results, improvement opportunities identified through QCIPA processes and critical incident data, accreditation results, and outputs of the enterprise risk management assessment. Decisions regarding priorities of the plan are facilitated by the development of the Quality Improvement Plan (QIP) as it forms an integral component. The QIP indicators and targets are chosen by taking into consideration external inputs as well as previous organizational activities and performance.

Selection of indicators for the 2017-18 QIP has taken into thoughtful consideration of meaningful priorities as identified by patients and families. Patient and family feedback relayed that the hospital should continue to focus on initiatives that enhance the patient experience, including knowledge of what to do about concerns after leaving the hospital.

GRH will continue to focus on medication safety practices as well as ensuring care is provided in the right place at the right time. Consequently, over the last year, GRH has focused on improving several of its Emergency wait time metrics and the alternate level of care rate, which will remain areas of focus in the coming year. The next year will see a great emphasis on the planning and implementation of the enterprise health information system as McKesson will discontinue support for Horizon Clinical software.

The priorities identified in the QPSP and the QIP will guide the work for individuals at all levels of the organization. GRH's persistent focus on a culture of quality and patient safety will enhance the care and experience of individuals served within the community.

## QI Achievements from the Past Year

The clinical programs and services at GRH have implemented several quality improvement initiatives throughout the course of the year. The Medicine program has piloted the Meds-to-Beds program, in which discharge prescriptions are delivered directly to patients prior to leaving the hospital. The benefits of the program include convenience for patients by offering a 'one-stop-shop' care experience; increasing compliance with new drug regimens through access to drug education; and increasing patient experience. GRH also remains a part of the National Surgical Quality Improvement Program, an effort to decrease surgical complications, improve patient outcomes and decrease length of stay. In 2016-17, the Surgery program has implemented the evidence-based Enhanced Recovery After Bowel Surgery pathway (ERAS) guideline to improve recovery for patients undergoing elective colorectal surgeries. The implementation of the Emergency Department Information System (EDIS) is also underway with the goal of enhancing the efficiency and coordination of patient care.

Quality of care is often constrained by available resources and in order to meet demands for care, cost containment becomes imperative. A large-scale quality improvement initiative that was implemented this year was the Model of Care change within the Cancer program at GRH. The goals of the initiative were to develop a sustainable outpatient oncology model of care to address the needs of highly symptomatic patients undergoing multimodality treatment: medical oncology, hematology, and radiation oncology and to further improve the quality and efficiency of patient care in the ambulatory oncology setting. The model itself would transition from 1:1 nurse to physician staffing to a team-based approach. The project aligns with Ontario Cancer Plan IV's goal to optimize models of care to ensure the greatest benefit for patients and to ensure sustainability. The initiative would also bring forward the opportunity to role model, champion, and guide the implementation of new models of care with a focus on experience and safety.

The change involved engagement of various stakeholders from across the Cancer program. The initiative included an executive sponsor, strong leadership and a dedicated steering committee, which included interprofessional stakeholders. The committee also had engagement from a member of the program's Patient and Family Advisory Council. The work of the committee included, but was not limited to, creating current and future state process flows, developing strategies to implement change, working through change management processes, and discussing role clarity in the varying environment. Site visits, literature reviews and best practice research would also help inform decision-making. The implementation was an iterative process which followed a Plan-Do-Study-Act format to guide improvement.

Pre- and post-test measures were utilized as a mechanism to evaluate the change, which included workload assessments as well as patient and employee engagement surveys.

## Population Health

GRH is one of the largest community hospitals in Ontario, providing both inpatient and ambulatory care services to the residents of the Waterloo Wellington region. GRH provides support for a broad range of patient needs through its 15 clinical programs and services. Several of the programs provide regional services such as Cancer, Renal, and Stroke. In the development of the strategic plan, GRH considers its priorities by conducting an environmental scan to assess and understand the needs of the population served. As part of the refresh of the current strategic plan, GRH is participating in a joint environmental scan with St. Mary's General Hospital (SMGH) and Cambridge Memorial Hospital to provide an opportunity for the three hospitals to consider collaboration or amalgamation of services. Similarly, the development of GRH's two-year Quality and Patient Safety Plan is supported by knowledge of the broader healthcare environment as well as population needs.

Integrated Program Councils (IPC) include key stakeholders who work collaboratively to improve health outcomes as well as the resident experience with care. GRH leads the Integrated Program Councils for Surgery, Renal, and Cancer and actively participates in the Cardiac, Childbirth, Children's, Critical Care, Diagnostic Imaging, Emergency, Hospice/Palliative, Laboratory Medicine, Mental Health and Addictions, Pharmacy, Rehabilitation, Rural Wellington Health, and Wound Management program councils. At GRH, programs report on their IPC activities to the Quality and Patient Safety Committee.

## Equity

GRH strives to ensure equity for its patients, clinicians and staff. GRH has a Best Practice Spotlight Organization designation and has implemented best practice guidelines, such as "The Embracing Cultural Diversity in Health Care: Developing Cultural Competence" guideline. The guideline focuses on developing cultural competence and embracing diversity. In the same way, GRH's Wellness and Organizational Development department offers a workshop focused on cultural competence, inclusion and equity. The training course allows for personal reflection of values and beliefs and their impact on interactions. The ultimate goal is to embrace diversity, enhance working relationships and provide respectful care for patients.

GRH also strives to maintain cultural sensitivity by taking into consideration individual traditions and customs when implementing activities, developing policies and quality improvement initiatives. For example, one of the organization's current quality improvement initiatives is the implementation of an Emergency Department Information System (EDIS). As part of this initiative, discharge instructions will be offered in multiple languages, including English, French, Arabic, Mandarin and Spanish. To select the most appropriate languages, an analysis was conducted to establish the most prevalent translation services utilized by patients and to increase linguistic competence. Similarly, other programs and services within the organization take into consideration methods of ensuring equitable care to the populations served.

## Integration & Continuity of Care

GRH works closely with a number of health partners in the Waterloo Wellington Region to help patients across the health care continuum. GRH shares medical staff and many joint positions with SMGH, including an Integrated Director of Pharmacy. GRH ensures transfer of information practices have been carried out to support continuity of care for patients who receive care at both GRH and SMGH. GRH also works with other neighbouring hospitals to support patient care services.

The clinical programs and services also work collaboratively with its partners, such as primary care physicians, Community Care Access Centers, Canadian Mental Health Association and Emergency Medical Services on specific quality improvement initiatives. GRH actively engages its partners to ensure they are represented on these initiatives. Similarly, GRH partners with Waterloo Region Public Health in a number of programs and services for newborns. GRH is also part of the Waterloo Wellington Community Stroke Advisory Committee whose mandate is “to build community capacity and leverage relations to enable community integration for individuals with Stroke” and the Rehabilitation Care Alliance “to strengthen and standardize rehabilitative care”. GRH continues to act as the sponsor organization for the Cancer, Renal and Surgical clinical programs and participates in other integrated program councils (IPCs).

## Access to the Right Level of Care – Addressing ALC Issues

One of GRH’s 2015-17 Quality and Patient Safety Plan priorities has been to reduce the amount of time patients stay in hospital when care can be provided in different setting better suited to their health care needs. GRH works closely with the Waterloo Wellington Community Care Access Centres (CCAC) with care coordinators integrated within the clinical programs’ discharge planning process. CCAC coordinators participate in clinical program huddles, discharge rounds, quality and patient safety councils and are active participants in quality improvement initiatives. Amongst these quality improvement initiatives, the Mental Health program worked in collaboration with the CCAC to review workflows related to discharge planning from the point of admission and to support successful discharge and transition into the community.

GRH has also encompassed the “Home First” philosophy within clinical practices so that patients can consider going home before making decisions regarding other options. Bed utilization for alternate level of care beds is also tracked on the clinical programs’ scorecard to monitor performance and as an impetus to develop strategies for improvement.

## Engagement of Clinicians, Leadership & Staff

At GRH, as established within the quality framework, each clinical program and service is accountable to ensure that there are quality processes in place. As such, each program and service has a QPS council intended to plan, develop, implement and evaluate the quality of patient care to best meet the needs of the population served and to achieve the best possible outcomes. As part of its objectives, each QPS council, comprising of program clinicians, leadership and staff, establishes annual quality improvement goals. Members focus on establishing associated quality improvement initiatives in an effort towards achieving these goals. Implementation of the initiatives may occur more broadly with participation from members as well as program staff. Presentation of selected quality improvement goals are presented to the QPS committee of the board by the program leadership. Quality improvement activities outlined by the programs and services are also aligned with the organization's two-year rolling QPS plan, outlining priorities for the coming two years.

Engaged employees and physician contribute to the provision of exceptional patient care, irrespective of their role within the organization. Every two years, GRH conducts an employee and physician engagement survey. Results are disseminated to the organization's senior leadership team and to individual departments to review strengths and opportunities for improvement. Departments are responsible for developing plans to address areas for improvement. Organizationally, the results are utilized to inform improvements broadly. Clinician and staff experiences are also reflected within quality improvement initiatives. Staff/clinician surveys specific to initiatives are often administered to garner perceptions of current processes and opportunities for improvement. Implementation of enhancements helps to maintain a healthy and engaging work environment.

## Patient/Resident/Client Engagement

GRH places great emphasis on ensuring a patient/family-centred approach to care. As outlined in the hospital's strategic plan, this is achieved by obtaining direct input from patients/families and aligning with best-practice. Actively engaging patients/families provides a forum for understanding opportunities for improvement about the care and services that the hospital provides and the priorities which are important to patients and families. This year's development of the QIP occurred with participation of patients/families in the form of a focus group and several individual interviews. Patients/families provided their perspectives in a number of different areas, including QPS at GRH; expectations of their experiences while in the hospital, and potential areas of focus. Common themes that derived from the focus groups included effective communication, involvement of patients and families in their care, the importance of discharge information and overall patient experience. Acquiring and utilizing this information is an integral part of GRH's quality improvement efforts to enhance the care and services provided.

Patient engagement also occurs through the Patient and Family Advisory Councils implemented in several programs at GRH, including the Cancer, Renal, Mental Health & Addictions programs. Members from these councils have also been active participants on key quality improvement initiatives within the organization, providing an opportunity to leverage their unique perspective. These insights are also obtained from patients/family participation in the clinical program and service quality and patient councils, and conducting focus groups, interviews and surveys specific to initiatives focused on enhancing the quality and safety of the care provided.



## Staff Safety and Workplace Violence

GRH strives to maintain a healthy, safe, positive and respectful work environment free from actual, attempted or threatened violence and harassment. The hospital has several policies that support this endeavor, including the Respectful Workplace Program policy, outlining GRH's commitment to taking all reasonable precautions to prevent workplace violence and harassment. The policy details employee responsibility at all organizational levels and the process staff can take in the event of workplace violence or harassment. Staff are encouraged to report any incidents/complaints without fear of reprisal or retaliation. To help reduce or prevent workplace violence and harassment and to increase understanding and awareness, all staff at GRH are required to take a mandatory training course through the learning management system.

Additional policies support staff to identify patients with a history of violent behaviour or those who may pose a risk of workplace violence. Several emergency codes with associated policies are in place to assist staff when managing an immediate or threatening incident of violence. Response teams, with appropriate training, are available to respond to the codes. Response team members are also accountable to ensure training requirements are maintained. In the event of a code called for aggressive behaviour/physical danger, an immediate and mandatory debrief is held to ensure the emotional, psychological and physical wellbeing of all staff and patients.

Staff also have the ability to contact the Respectful Workplace Consultant who can provide confidential consultation on the policy or address individual complaints and/or questions. It is also the accountability of the Respectful Workplace Consultant to build organizational capacity for communication, collaboration and conflict management and to provide early intervention in conflict situations through mediation, conflict coaching and facilitated dialogue.

## Performance Based Compensation

Fifty percent of the executive at-risk-component compensation will be related to the achievement of the quality improvement plan for the hospital. Achievement of the quality improvement plan will be measured by the following terms.

### Terms

1. Alternate level of care rate (target  $\leq 11.0\%$ )
2. 90<sup>th</sup> percentile Emergency department length of stay for complex patients in hours (target  $\leq 8.0$  hours)
3. Medication reconciliation at admission (target  $\geq 96\%$ )
4. Would you recommend emergency department? (target  $\geq 60\%$ )
5. Would you recommend inpatient care? (target  $\geq 80\%$ )
6. Did you receive enough information when you left the hospital? (target  $\geq 75\%$ )

Indicators 1 to 5 will be scored by their targets as not achieved (0%) or achieved (100%).

Indicator 6 will be scored as follows:

- 70.9% to 72% = 0%
- Greater than or equal to 72% to 73.5% = 50%
- Greater than or equal to 73.5% to 74.9% = 80%
- Greater than or equal to target 75% = 100%

### Note:


- Q1 to Q3 of 16/17 result was 70.9 for indicator 6

## Sign-off

We have reviewed and approved the at-risk-component of executive compensation for our organization's Quality Improvement Plan and we have reviewed and approved our organization's Quality Improvement Plan.



Geoff Bellew  
Board Chair



Dr. Harry Hoediono  
Quality & Patient Safety  
Committee Chair



Malcolm Maxwell  
Chief Executive Officer

\* will be applied to the variable compensation plan for 2017/18.