

Let's Make Healthy  
Change Happen.



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



**3/16/2017**

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

The vision of the Ottawa Hospital (TOH) is to provide each patient with the world-class care, exceptional service, and compassion that we would want for our loved ones. We strive to provide our patients with care that is accessible, effective, efficient, safe and centered on their needs. At the Ottawa Hospital, quality means delivering on all these elements. By 2020, Our goal is to attain top 10 percent status among North American hospitals in the delivery of safe, high-quality care. The 2017/18 QIP is a road map toward attaining that goal.

In the past years, TOH's Quality Improvement Plan (QIP) was constructed with alignment to the overall corporate work plan, accreditation standards and service accountability agreements. Despite the overlapping issues to be resolved, we found that resources, personnel, skills and knowledge required for the improvement activities were not well coordinated or centralized. This year to ensure greater consistency and to apply more rigour in our improvement activities, the QIP and corporate workplan has been combined into a single guiding document. This alignment allows appropriate prioritization of effort and distribution of resources to those areas where there will be the greatest gains in efficiency and impact on quality of care. It will outline the high-level initiatives that TOH has committed to and when carried through will ultimately help us reach our quality goals. A shift in focus toward analysis of patient care along defined service lines with an emphasis on population health needs has allowed greater clarity with respect to potential efficiency gains, particularly amongst those groups who are most in need. This shift towards understanding, assessing and working to improve population health aligns well with Ministry changes under Health System Funding Reform efforts.

Previous year's 2016/17 QIP included 13 planned improvement initiatives which fed into the nine specific objectives below.

- Reduce 30-day readmission rates
- Reduce readmission rates for patients with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD)
- Reduce unnecessary time spent in acute care
- Improve patient satisfaction
- Increase the proportion of patients receiving medication reconciliation upon admission
- Increase the proportion of patients receiving medication reconciliation upon discharge from hospital
- Reduce hospital acquired infection rates
- Reduce time spent in the emergency department awaiting transfer to an inpatient unit upon admission

Overall, TOH reached or exceeded our target in two objectives, improved on our baseline performance in three and underperformed in four. A summary of the individual initiatives and impact on their objective can be found in the QIP Progress Report.

This year, Health Quality Ontario has replaced these specific objectives with a set of broader issues related to providing care that is Effective, Efficient, Patient-Centred, Safe and Timely. We believe this change in focus will grant TOH more flexibility to better align resources and track improvement initiatives with a larger scope and greater impact rather than concentrating on work tied to specific objectives themselves. In addition to these changes, our new holistic approach to combine the QIP with our hospital's corporate workplan introduces six new custom domains addressing: Engagement, Safety, Innovation, Leading Education, System Integration and Sustainability. These new domains are linked to our corporate scorecard and fit into our strategic directions of People, Academic, Community and Finance. Together, indicators for each of these domains will be appropriately linked to large-scale change initiatives to provide the greatest value for our patients, staff and community.



# QI Achievements From the Past Year

## 1. Regional Diagnostic Process Redesign: Application of a Systems Approach to Lung Cancer Care Transformation

Lung cancer is the most common cancer and the leading cause of cancer death in Ontario. It is complex to manage and gaps in the diagnostic phase contribute to long wait times from entry to Diagnostic Program to treatment. Previously, every patient with suspicious changes in lung tissue went through multiple tests to get a diagnosis. Each step – scan, biopsy and lab tests – had its own waiting list and a maze of paperwork. By the time patients finally received a diagnosis and an appointment with a surgeon or oncologist, their treatment options were often limited. A suite of changes were implemented, including a centralized intake of all lung cancer referrals, daily multi-disciplinary reviews of lung referrals, standardization of processes and referral algorithms, introduction of efficiencies in diagnostic testing and reporting, automation of the coordination of diagnostic processes and regional collaboration, and implementation of Navigation Day, a day where patients receive education and multiple necessary diagnostic tests. Together these activities have led to dramatically reduced wait time from entry to Diagnostic Program to treatment, more patient-centred care and high patient satisfaction. The Champlain LHIN now ranks first in Ontario – at 80 percent – for the percentage of patients diagnosed within 28 days of referral, one of only three regions to surpass the 65 percent target.

## 2. Reducing admitted patient's length of stay in the ED by utilizing an electronic tracking system

The length of stay in the emergency department for patients admitted to the hospital is a well-recognized metric to help hospitals gauge their capacity and efficiency. This has been an indicator on TOH's Quality Improvement Plan for many years as well as an indicator of patient safety and quality of care for the 150,000 members in our community who visit TOHs' Emergency Departments (ED) each year. In 2016, baseline data found that it took on average 60-90 minutes for patients admitted through the ED to arrive to their inpatient unit once their bed had been assigned. This delay is caused by a variety of factors such as delays in patient preparation, transportation delays, nursing delays and travel time to the inpatient unit. As an attempt to expedite this flow, TOH piloted an electronic tracking system in the ED to send patients to their designated rooms at the most optimal time to avoid delays. The design involved utilizing an early electronic alert system coupled with adequate education and training to help move patients in a safe and efficient manner to their destination. This method was piloted on two units and the results in the last quarter of 2016 have shown a savings of two hours of ED stretcher time each day. If properly implemented and expanded to all the remaining areas in the hospital, the amount of time saved can be quite considerable. TOH plans to continue with this initiative in this current year's QIP.

## 3. Patient Engagement Framework

The Ottawa Hospital is committed to ensuring that every patient receives high-quality, safe, and patient and family-centred care. Through strong leadership support and building on the great work and achievements already being done in this area, a Patient and Family Engagement Framework was created to optimize patient and family engagement. A patient advisor registry of current and potential advisors was created as well as comprehensive tools to support both advisors and providers. Our journey towards patient and family-centred-care has included surveys, focus group and post discharge phone calls amongst other things and will now expand its scope. This framework is at the core of true partnerships with patients and their families and it transcends the individual patient-provider relationship to include health system design and improvements.

#### 4. Just Culture Training – Staff Engagement

The Ottawa Hospital embarked on a journey to implement Just Culture across the organization: a values-supportive system of shared accountability where the organization is accountable for the systems we have designed and for supporting the safe choices of both providers and staff. We strive to create an environment where everyone feels safe, encouraged, and enabled to discuss and learn from quality and safety issues. In 2015, executive commitment and governance was established and 38 Senior Management Team members and senior physician leaders became Certified Champions by completing a three-day Just Culture Certification course. We continued to build our champion team in June 2016, whereby 20 leaders (VP's, directors and managers) became certified Just Culture trainers and developed a training program tailored to meet our specific needs. Over the next 5 months, these 20 champion leaders led 34 half-day training sessions to all leaders of the organization. As of February, 9th 2017, 488 leaders and 81 physicians have been trained in the just culture philosophy and application of the decision-making algorithm tool. In addition, a homegrown Coaching & Mentoring workshop was created and offered to all leaders to provide the skills and knowledge to address at-risk behaviours. To date, 238 leaders have completed the training. In parallel, we started reviewing and revising policies and procedures related to reporting mechanisms, investigation procedures, and response protocols for consistency with a just culture approach. We created performance management tools to support our leaders in exercising good judgment, so that the approach we take in making decisions is the same, even though the outcome may be different. We began standardizing our approach for conducting event investigations so that investigations are handled in a fair and just manner, and guidance on circumstances in which leaders are to include expert professional groups in the investigation discussions. In the upcoming year, we will continue the enhancements to our internal safety learning system so that we systematically measure risk, at both the unit and organizational level.

## Equity

Health Quality Ontario describes health equity as a condition when all people living in Ontario are able to reach their full health potential. Although this is a complex issue involving factors often outside the walls of the healthcare systems, The Ottawa Hospital has been committed and will continue to strive in providing high quality care that is fair and appropriate to the needs of our community and patients, regardless of region, economic or social status, language, culture, gender or religion.

We have highlighted three programs that are helping us reach that goal but there is still much that can be done to help mitigate inequities and provide health care that is both accessible and appropriate. These examples lay the groundwork for this important emerging issue and will help bring health equity to the forefront in the succeeding Quality Improvement Plans.

#### Ottawa Inner City Health

In 2001, the Ottawa Hospital and other health care and community leaders acted together to establish the Ottawa Inner City Health (OICH). Their mission was to improve the health and access to health care for people who are chronically homeless.

Though the program has evolved much since its beginning, expanding into multiple streams and partnerships, their main purpose remains the same, use an integrated, intersectoral approach to improve the health of the homeless population through innovative, community-based care. The homeless population are very vulnerable, very sick, often do not want to come to the hospital and not trusting of the system. By coordinating health care services into the community, these individuals who have complex health needs and who require frequent health services are able to receive the same quality of health care as other Canadians.



Today, OICH operates 7 different programs delivered across 5 different shelters and residential settings, including ones that provide medical care, mental health services, addiction services and palliative care. These services are delivered in shelters and residential settings supported by partner organizations, as well as through partnerships with the Ottawa Police and other social services providers. As such, OICH's services form part of a suite of connected services (e.g., housing, food, clothing, social supports) that simultaneously address multiple determinants of health for the homeless population in Ottawa.

In 2013, OICH launched the Targeted Engagement and Diversion Program (TED) with a primary mandate to respond to individuals in crisis and engage in proactive diversion of emergency room visits. The intended service population were homeless men and women under the influence of drugs or alcohol who would otherwise present frequently to emergency services. Results from this program have been successful in changing the pattern of ER utilization for homeless people with substance use disorder through the contributions of many sectors and the clients themselves. Many TED patients are engaged in treatment and care and move successfully into housing. As with many community based programs, the needs of the patient population constantly evolve based on the changing demographics. TOH and OICH have adapted services to meet this unique needs by taking health care into the community and delivering it in ways that are relevant to vastly improve access and continuity of care for vulnerable and hard to-reach populations.

#### Smoking Cessation Program

In 2017-2018, TOH will expand its smoking cessation interventions to more inpatient units. At the present, in collaboration with UOHI, select inpatients, outpatients, surgical, cancer center, and stroke prevention patients receive the Ottawa Model for Smoking Cessation - a systematic approach to offering advice, pharmacotherapy, and follow up support to patients who smoke. As part of the HSAA between the LHIN, the Ottawa hospital will ensure that the model is implemented and provided to hospital inpatients working toward reaching 80% of inpatient smokers.

Implementing a systematic approach to tobacco cessation has been found to reduce all-cause 30-day readmissions and reduce mortality and downstream healthcare usage. This is a win on its own but with an equal importance, tobacco cessation strategies for inpatients can also help us address the equity component in quality for several reasons. 1) The majority of patients who smoke are of lower socioeconomic status (SES), with 50% of all inpatient smokers in the lowest two income quintiles; 2) There are major health disparities between and among smokers, individuals with low-SES and those with mental illness - not the least of which is that smokers with mental illness die, on average, 25 years younger than the general population; 3) Historically, tobacco cessation programs offered in the community have either not reached or have not been effective for people of low SES.

Although the Ottawa Model can be offered to all patients, it has been found to be most effective among low SES patient-smokers compared to higher SES smokers. Dedicating quality improvement efforts through the smoking cessation program to areas of higher risk will help improve health outcomes for all smokers while at the same time provide care to those who may not have equal access and evidently need and will benefit the most.

#### A Collaborative Multidisciplinary Community Outreach Program to Improve the Health of Vulnerable Pregnant Adolescents and their Children in Ontario

In 2004, The Ottawa Hospital established an award-winning outreach program that is unique in the province and in Canada. This program is for pregnant teens and adolescent mothers in collaboration with St. Mary's Home Young Parent Outreach Centre. This program epitomizes collaboration and integration of patient-centered care across health system partners which aligns with provincial priorities.

This established multidisciplinary program facilitates timely and more ready access to medical care during the crucial first months of pregnancy. The program provides the right care, in the right place, at the right time. It improves and simplifies faster access to services by creating an integrated, organized, “user-friendly” relationship with the health care system. Over the years, the program has now expanded to include not only the provision of antepartum, postpartum, and ongoing contraceptive care but perinatal mental health support and the Public Health Unit has now partnered with the program to provide an HPV vaccination catch-up program.

By providing multiple services in a youth-friendly environment outside of the hospital, the program ensures that there is accessible and maximal utilization of available services and ultimately greater compliance. It also ensures that the specialized health care needs of these young women are met and that they have a realistic opportunity to address many of the complex health and social issues that they face.

## Integration and Continuity of Care

The review and evaluation of 2016/17 organizational data was comprehensive, and included a thematic analysis of patient feedback garnered from multiple sources: patient surveys, our patient safety learning system, post-discharge phone calls, and our patient advocacy program. Common themes emerged from the analysis, including the ongoing need to reflect and improve communication both within the team and with the patient, and the need to integrate care throughout the patient journey. Over the past few years, the Ottawa Hospital has worked with our community partners to improve patient transitions, ensuring their health information follows them as they move from family doctors to hospitals, nursing homes and home-care agencies. This has been a focus of continued work to ensure safe, effective and timely discharge from hospital. In 2017/18 we will continue this work, with greater emphasis on transitions to follow-up care and communication with patients.

## Engagement of Clinicians, Leadership & Staff

The initiatives set out for the 2017/18 QIP are the result of a comprehensive planning process that included engagement of clinical and non-clinical teams for each priority indicator. The QIP was presented to the Patient and Family Advisory Council (PFAC) and various committees across the organization for feedback prior to submission. As described in the overview, a novel approach was taken this year to combine the QIP with TOH’s corporate workplan. In doing so, leadership and staff have been more engaged than ever as the relationship between their responsibilities, the corporate scorecard and QIP indicators are clearly defined and better aligned.

## Resident, Patient, Client Engagement

In 2014/15, we created the inaugural Patient and Family Advisory Council (PFAC). In alignment with the Excellent Care For All Act (ECFAA) legislation aimed at strengthening the engagement of patients and families in hospital decision-making, the PFAC has been actively engaged in the development of the QIP submissions and implementation throughout the year. Specifically, members of the PFAC participated in the planning meetings and provided feedback based on what was most important from the patient perspective. Furthermore, some have even provided valuable insights and opinions carried through on individual QIP projects. TOH is now in the process of formalizing a framework for Patient and Family Engagement that will include a patient advisor registry, processes and structures that support patient advisors and a defined program governance structure to ensure engagement of diverse patient populations and a toolkit to support providers.



TOH has recently obtained permanent funding to support the Post Discharge Phone Call (PDPC) program that started as a pilot in 2014-15. The objectives of this program included improving clinical outcomes and increasing our patient overall satisfaction with care. This is measured through a review of readmission rates for the patient population as well as the overall satisfaction with care. It has been instrumental in ensuring patient safety in the days immediately post discharge and the evidence provided by the pilot project suggests it had a positive effect on overall patient satisfaction rates. This program was included in our previous years QIP and we have found that the impact goes beyond just the numbers. It has also helped to increase the quality of care TOH provides its patients. Through the dialogue and conversations of the call program, patients become better informed, while at the same time providing the hospital with crucial voice of the patient feedback leading to opportunities for improvement. This knowledge has been used to shape components of our current QIP.

## Staff Safety & Workplace Violence

Monitoring, reducing and preventing workplace violence is a priority at the Ottawa Hospital and considerable amounts of work have been done over the last couple of years to address each of these issues.

First, TOH has taken steps to increase the awareness of workplace violence with the goal to change the culture around this issue. We have provided information, education and documentation to clarify misconceptions related to workplace violence and to guide staff in their action or responses. In the Respectful Behaviour in the Workplace policy, we have updated the procedure for investigation and following up on reported incidents of violence and harassment against staff by another staff. Furthermore, the process for reviewing a violent incident with management, Joint Health and Safety Committee representatives and Human Resources are now clearly outlined in the Violence and Harassment in the Workplace policy. We have also enhanced our policy for flagging patients' record for history of violence or aggression. This will aid in the transfer of knowledge between staff and reduce the risk of unexpected incidents. Together, these processes will help staff understand how their patient care plans can be carried on in alignment with the prevention of violence.

Second, information and training related to workplace violence have been made readily available to staff and are constantly being updated. To aid with the uptake, TOH have made efforts to provide additional training opportunities as well as clarified the expectations to ensure higher compliance. This training is documented in our internal Enterprise Learning Management (ELM) system. Examples include: revised violence and prevention fact sheets posted on the hospital website, In Class Safety training and new hire orientation for all staff, Management Foundations Program providing information to Managers on partner abuse, Non-Violent Crisis Intervention training for staff on high risk units, Gentle Persuasive Approach training, Workplace Violence: Recognizing, Preventing and Responding training, and Strategies and Tactics Operational Protection training for all Security staff. Not only have we expanded the resources, but we are also holding staff more accountable on training and exceptions are brought to management attention very quickly.

Last, TOH has increased the capacity and quality to perform risk assessments and introduced a firm governance structure to oversee these assessments and related reports. Though risk assessments to ascertain the risk of workplace violence is not a new process, the way in which it was previously conducted often left some questions unanswered. This was an identified gap and improvements to the process have been made to ensure that the assessments are monitored for the full cycle with a clear validation for completion. This process involves the Safety Office reviewing violence risk assessments in collaboration with Security, area supervisors and staff, Joint Health and Safety Committee representatives and other stakeholders as appropriate. In regards to the enhanced governance, The Director of Safety and Security reviews monthly reports of workplace violence incidents and specific violent incidents are also reviewed at the Violent Incidents Review Group meetings that are held biweekly with Joint Health

and Safety Committee union representatives, Security and Safety staff as well as the Managers of areas where incidents occurred. The purpose of these meetings is to verify that we are closing the loop on each incident with the affected employee and to share knowledge on best practices between Managers and campuses.

Because workplace violence prevention is also a required organizational practice observed by Accreditation Canada, the Ottawa Hospital has developed additional policies and procedures to comply with their standards. We have developed the Violence and Harassment in the Workplace policy in consultation with team members and volunteers and provide ongoing governance to update the policy as required. In the same way, processes for employee incident reporting have been simplified and will be built into an electronic Safety Learning System allow for better monitoring and trending. It is expected these collective actions will increase awareness and provide the needed transparent monitoring to improve staff safety and reduce workplace violence.

## Performance Based Compensation

Accountability for the execution of both the annual QIP and the Corporate work plan are delegated to the President & CEO from the Board of Governors through a delegation of authority policy. The plans are reviewed, approved and monitored by the Board of Governors through quarterly performance evaluations of the President & CEO and the Chief of Staff which is then cascaded to all the Executives of the hospital. It is the sum of all objectives in these plans that determine the performance pay component for the Hospital Executives including the Chief of Staff.

## Contact Information

For more information related to TOH's QIP, please contact: [Quality@toh.ca](mailto:Quality@toh.ca)

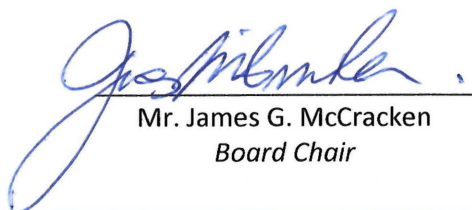
## Other

The Ottawa Hospital will be participating in Accreditation Canada's Qmentum accreditation program in May 2017. As part of an ongoing process of quality improvement TOH will welcome on-site external peer surveyors to review the organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence. The Ottawa Hospital is a world class academic health organization with a proud history and a track record of significant achievements in patient care, education and research. The accreditation theme Drive Quality...Together supports and enables TOH strong values and commitment to excellence.

## 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



Mr. James G. McCracken  
Board Chair



Mr. Vincent Westwick  
Quality Committee Chair



Dr. J.B. Kitts  
Chief Executive Officer