

Let's Make Healthy  
Change Happen.



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



3/15/2016

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 of these elements. Our goal is to attain top 10 percent status among North American hospitals in the delivery of safe, high-quality care. The 2016/17 QIP is a road map toward attaining that goal.

As in years past, the 2016/17 QIP is aligned with the overall TOH corporate work plan, activities, accreditation standards and service accountability agreements. 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. A shift in focus toward analysis of patient care along defined service lines in an effort to focus 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 along service lines aligns well with Ministry changes under Health System Funding Reform efforts. Our change efforts in 2016/17 will focus on capacity, access and quality issues within these areas of practice. Current performance and 2016/17 targets and measures are indicated in the workplan document.

The 2016/17 QIP sees a number of objectives carried forward, with new objectives added to enhance the readmissions and medication reconciliation categories. The 2016/17 objectives are:

- 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

The QIP objectives are described here in further detail:

### **Reduce 30 day readmission rates**

Last year, we focused on effective post discharge support through the post-discharge phone call program. This allowed us to identify opportunities to improve in the areas of access to, and coordination of follow-up appointments. This year, focus will be on addressing the demand and capacity mismatch for specific high-risk populations in inpatient medicine so that they have access to appropriate, timely follow-up care. Referral process gaps will also be targeted for improvement to ensure access to follow-up appointments is seamless.

New objectives will focus efforts toward those groups we have learned benefit most from the discharge call and are also priority groups as per the Ministry Quality Based Procedure (QBP)-based reforms. This includes patients admitted with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD). With the close of the transition navigation pilot program, learnings were carried forward, and led to the mid-year development of the Integrated Discharge Planning Model. This collaborative model smooths the discharge transition for patients by providing a single point of contact who is able to guide them through discharge planning and coordination post-discharge services. Evaluation of this program is still in progress, which will help identify specific process improvements that are most impactful in reducing preventable readmissions.

Our current performance (2015/16) is 16.96% readmission for non-elective patient care within 30 days (among patients discharged with selected HBAM Inpatient Groupers) and our target for 2016/17 is a sustained 16.96% among the same patient group. Among patients with COPD, we will look to improve current performance (2015/16) of 23.36% readmissions within 30 days toward a 2016/17 target of 22.20%. For patients with CHF, our current (2015/16) readmission for non-elective care within 30 days is 20.01%, and our 2016/17 target is 19.01%.

### **Reduce unnecessary time spent in acute care**

The percentage of alternate level of care (ALC) days refers to the percentage of hospital beds occupied by patients who no longer need the intensity of resources / services provided in acute care, and are waiting to be transferred to another care setting (ex. rehabilitation hospital, complex continuing care, long term care facility, home, supportive housing, etc.). In 2014/15, we developed a proposal in collaboration with LHIN partners for a transitional behavioral unit for long stay patients. Work continues in this area and in 2016/17, an ALC toolkit will be implemented to add clarity and transparency around ALC processes for patients, their families and care providers. As well, initiatives to ensure repatriation of appropriate patients in a timely manner will be established.

Our current performance (2015/16) is 13.9% patient days and our target for 2016/2017 is 12.5% patient days.

### **Improve patient satisfaction**

The Ottawa Hospital 2016/17 QIP goal is to continue to focus on improving the overall patient experience during their hospital stay. Improving the overall patient experience is dependent on identifying and targeting key areas of practice that our patients tell us are most important to them. As such, work in 2015/16 focused on ensuring that patient voice was captured and incorporated into quality improvement work, and on advancing efforts in key areas already identified as patient priorities.

The patient focus group toolkit, launched in 2015/16 gave leaders step by step information about how to capture the patient voice, and engage patient advisors in improvement activities. This translated to the inclusion of patient participation or input in over 50 improvement projects and initiatives this year, exceeding the target of 10.

At the Ottawa Hospital, there are 5 key factors that affect how patients rate their hospital stay:

- Nurse communication
- Physician communication
- Pain management
- Ensuring a quiet, restful environment
- Smooth transition from hospital to home on discharge

In 2015/16, efforts continued in each of these areas including optimized use of patient and family centered care standards (bedside shift report, hourly rounding and the use of care boards). Patient centered communication was also a focus of new work efforts. An education program and accountability framework were developed to promote communication where staff and physicians consistently seek to understand, act on, and document the perspectives, wishes, and goals of patients, families, and caregivers. Implementation and evaluation of this program will be a focus in 2016/17. Learnings from 2015/16 patient engagement work will also be carried forward as we create a framework for a corporate Patient Engagement Program. This program will add necessary structure and support to promote ongoing inclusion of the patient voice in quality improvement activities.

Our current performance (2015/16) finds 48.8% of inpatients rating overall care and services received at the hospital as 'excellent'. Our target for 2016/2017 is to achieve 52% 'excellent' ratings.

### **Increase the proportion of patients receiving medication reconciliation upon admission and discharge from hospital**

Medication reconciliation refers to the process of checking patients' current medications against their previous prescriptions. Medication errors are reduced when doctors have the most complete, up-to-date picture of a patient's medical history. Last year, we continued to provide doctors with monthly reports of compliance with medication reconciliation upon admission; provided targeted training on the processes; and addressed barriers and feedback received from doctors and residents. These efforts created a ripple effect that generated greater awareness for medication reconciliation and translated into significant gains and saw the hospital rate exceeding the target of 85% for admission medication reconciliation completed.

In 2016/17, we will continue our targeted interventions and training to department and divisions. Carrying the work forward, we will focus on the timeliness of completion and tighten our QIP target to monitor medication reconciliation completed within 48 hours of admission. We will use similar strategies to address medication reconciliation at discharge and begin to investigate strategies to implement transition medication reconciliation between hospital services. The timeliness of discharge medication reconciliation completed is also a priority as patients may leave with inaccurate medication history if reconciliation is not performed prior to discharge. To reflect this urgency, we have also tightened the QIP target for this additional objective.

Our current performance for admission medication reconciliation completed within 48 hours of admission (2015/16) is 84.8% and our 2016/17 target is 89%.

Our current performance for discharge medication reconciliation completed prior to discharge from hospital (2015/16) is 75.3% and our 2016/17 target is 79%.

## **Reduce hospital acquired infection rates**

We will continue to focus on reducing the rate of hospital-acquired infections (HAIs). In 2015/16, we achieved our change idea of auditing and monitoring cleaning practices to ensure optimal standards of cleanliness in the organization. Despite successful implementation of this program, the hospital's clostridium difficile infection (CDI) rate saw increases compared to our previous year. As a result, corporate performance measures on HAI rates were collected and pushed to all nursing units to create transparency and breed urgency in this matter. In addition to the changes toward monitoring cleaning practices, work continued on improving infection prevention and control practices; and ensuring proper hand-hygiene practices for staff. Though much work has been done, the evidence suggests that there is still room for improvement and we will strive to be better.

In 2016/17, there will be a stronger emphasis on reducing hospital acquired infections rates by using data to drive decisions affecting priority areas. We will also launch a patient-centered hand hygiene program across the organization which will not only includes the patient in the quality initiative and promote patient centered care, but is also an important preventative measure for HAIs.

Our current CDI rate performance (2015/16) is 0.45 per 1000 patient days. Our 2016/17 target CDI rate for is 0.43 per 100 patient days.

## **Reduce time spent in the emergency department awaiting transfer to an inpatient unit upon admission**

In order to reduce wait times in the emergency department in spite of ever increasing volumes of patients, we must improve access to the operating rooms and acute care beds for those waiting. In 2015/16, planned initiatives focused on ensuring safe, timely and effective discharge for our inpatients. Moving discharges to the optimal, earlier time in the day allowed patients waiting in the emergency department to be admitted in a more timely manner. This year, the focus will be on improving the process efficiency as patients are transitioning from the emergency department to their inpatient destination, as well as when they are leaving hospital. The implementation of discharge boards and daily discharge rounds, which to date has focused on medicine and surgery units, will also spread to inpatient oncology units in 2016/17.

Our current performance (2015/16) in proportion of ED visits admitted with ED length of stay less than or equal to 24 hours is 82%. Our 2016/17 target is 86.0%.

## **QI Achievements From the Past Year**

Among the multiple planned improvement initiatives set out in TOH's 2015/2016 QIP, successes in three initiatives stand out from the rest. They include work related to:

### **1) Discharge Project**

In 2015/16, the Ottawa Hospital continued work toward ensuring safe, effective and timely discharge for all our patients. The corporate Discharge Project is made up of a number of initiatives to address inefficiencies, patient safety issues and process gaps toward achieving this goal. In 2015/16, the discharge project made significant gains, with improvements shown in rate of discharge by 11am in

medicine and surgery that positively impact flow through the emergency department. A few of the key initiatives are described here.

Daily discharge-focused rounds attended by all team members were successfully implemented on 8 additional medicine and surgery inpatient units in 2015/16, with a projected plan for completion of spread across all of medicine and surgery and to initiate other areas in 2016/17. These daily rounds promote improved communication and coordination between team members, early identification of an estimated discharge date and early identification and accountability to address barriers to discharge.

A standard, patient-centered discharge summary tool was designed for both medicine and surgery, and rolled out corporately. The tool was designed and refined with collaborative input and real-time feedback from patients. The tool covers key information for successful discharge including details of follow-up appointments, medications, signs and symptoms to watch for and patient-specific discharge instructions. It helps patients understand next steps in their care plan and provides them with a written reference when they get home.

Improvements were made in 2015/16 to the referral and communication processes between TOH and the Champlain Community Care Access Centre. An inter-organizational documentation process was implemented that allows all TOH team members access to information from CCAC providers about referral status and confirmation of the discharge service plan. Earlier and easier access to this information means improved coordination of care. This allows all care providers to confirm that necessary follow-up care is in place, and review these details with the patient before they leave the hospital.

To address gaps in care provider knowledge and access to up to date information about what are often complex discharge processes, a centralized TOH discharge webpage was created. This page is easily accessible to all staff and physicians. It provides a one-stop source for all information about discharge processes and resources, as well as access to current discharge-related forms.

## **2) Post-discharge phone call program**

The Ottawa Hospital post-discharge phone call program offers patients continued support after they leave the walls of the hospital. Patient feedback has told us that the transition from hospital can be very overwhelming, and it is difficult for them to retain all the information they need. The objectives of the program are to:

- Increase patient compliance with instructions
- Decrease adverse events after discharge
- Improve clinical outcomes
- Decrease Emergency Room visits
- Decrease readmissions
- Increase overall satisfaction with care

A Registered Nurse from the program calls patients within 7 days of discharge to review discharge instructions, answer questions or address patient issues, and ensure appropriate follow-up care is in place. This support is reassuring for patients, helps reduce risks, ensures a seamless and safe transition

from hospital, and in those cases where emergency response has been initiated by the callers, has saved lives.

In 2015/16, a number of improvements were made to the post-discharge phone call program to optimize the number of patients receiving a call, ensure each patient receives the same great care from our callers, and to ensure high quality data collection that is then used to inform priorities for quality improvement work at the Ottawa Hospital.

### **3) Medication reconciliation upon admission**

The Institute for Safe Medication Practices describes medication reconciliation upon admission as a key process in which healthcare providers work together with patients, families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care including hospital admissions.

Through strong leadership support, active physician champions and access to timely data and IT support, TOH achieved an overall 85.7% in medication reconciliation completion and exceeded the 85% target set out on the QIP. This represented a 5.9% increase from the previous year's performance. Success in this area was largely achieved through targeted interventions and training to medical divisions falling short of the target goal.

Improvement in this area hinged on the two key components. Data and information were easily accessible and provided in a effective manner; and the expectations and physician accountability were established early and followed consistently. Not only did these actions contribute to an increase in the rate for those specific divisions but it also created the needed awareness for the hospital and shifted the culture to focus on performing timely medication reconciliation.

## **Integration & Continuity of Care**

The review and evaluation of 2015/16 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 2016/17 we will continue this work, with greater emphasis on transitions to follow-up care and communication with patients.

## **Engagement of Leadership, Clinicians and Staff**

The initiatives set out for the 2016/17 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.

## Patient/Resident/Client Engagement

New regulations under the Excellent Care For All Act (ECFAA) require hospitals to directly involve patients in the development of the annual QIP and to improve patient-relations processes. In anticipation of this change in legislation, the Ottawa Hospital had created the inaugural Patient and Family Advisory Council (PFAC) in 2014/15 to help strengthen the engagement of patients and families in hospital decision-making. In 2015/16, the PFAC was actively involved in the development of the QIP submission, and this practice has continued in the development of our current year QIP. Specifically, members of the PFAC participated in planning meetings and provided feedback based on what was most important from the patient perspective. The Ottawa Hospital commitment to engaging the patient voice in quality improvement work is reflected in the active patient involvement in over 50 quality improvement projects in 2015/16, as well as in patient advisor participation in various 2015/2016 QIP initiatives. TOH is committed to maintaining this level of participation through the initiatives planned for 2016/2017.

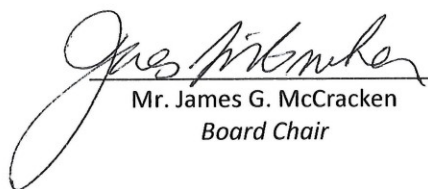
## Performance Based Compensation [part of Accountability Mgmt]

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.

## 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