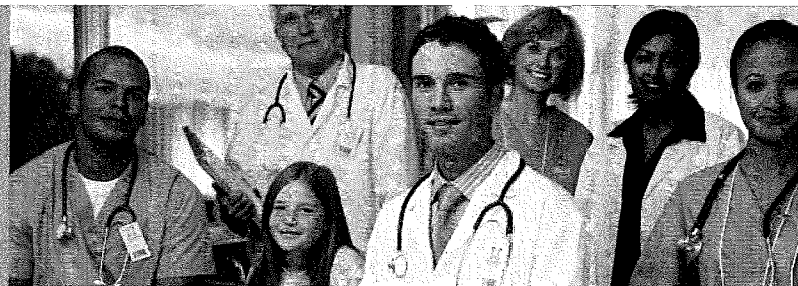


Let's Make Healthy  
Change Happen.



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



The Ottawa | L'Hôpital  
Hospital d'Ottawa

3/19/2019

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

The Ottawa Hospital (TOH) provides the best care to the sickest patients and to those with the most complex health-care issues. TOH touches the lives of thousands of people every day and from every corner of eastern Ontario, western Quebec, and even Nunavut. The three campuses (Civic, General, and Riverside) house the region's only trauma centre and serve as the hub of cancer care in this region. As one of the largest teaching and research hospitals in Canada, TOH specializes in acute care for adults and innovative, practice-changing research that is recognized globally for its contribution to health care.

In the 2017-2018 fiscal year, the 1,202 beds at TOH provided care for more than 59,369 patient admissions, 174,360 emergency department visits, 1,174,879 ambulatory care visits, 51,701 surgical cases and the delivery of 6,211 babies. Despite the enormity of these numbers, TOH's vision is to provide every single patient with the world-class care, exceptional service and compassion that we would want for our loved ones. To provide quality care to this many people, TOH employs a staff of more than 12,000 employees, 1,500 physicians and midwives, and 2,200 researchers. We recognize that the magnitude of the care we provide and the great number of people it takes to deliver it creates a responsibility to be a leader in quality, safety and innovation. As such, our goal is to attain top 10 percent status among North American hospitals in the delivery of safe, high-quality care. For us, quality means delivering care that is accessible, effective, efficient, safe and centered on patient needs. Each year our annual Quality Improvement Plan (QIP), in alignment with our strategic plan, serves as the roadmap to achieving this goal. The specific initiatives featured in this year's QIP outline the specific steps that will bring us that much closer to making this vision a reality.

In 2019-2020, we will be implementing a new health information system, Epic, across all areas of TOH. We have been collaborating with four regional partners in this exciting initiative. This will comprise a significant focus for TOH in the upcoming year. We have looked to leverage our QIP planning in support of our new HIS implementation and have identified initiatives in our 2019-2020 QIP workplan where most applicable. We recognize that implementing a new HIS has a direct impact on quality and we look forward to leveraging our new system for greater outcomes following our launch in mid-2019.

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

### 1. Service Lines

Emergency visits and admissions continue to increase resulting in longer wait times and overcrowding in many hospitals across the province. To address the increasing demand for services in the context of diminishing resources, we needed to change the way we lead and manage our hospital to find ways to maximize efficiency and productivity. In June of 2018, TOH transitioned from a traditional hospital management structure to a service line model of leadership and management. Service line management is an innovative organizational approach that aligns the accountability of teams with the care needs of specific patient populations (which are defined by a population's health status). This will enable us to quantify value for patient populations.

Service line management will allow the assessment of value of care because it enables the measurement of health outcomes, determines whether spending leads to improved outcomes and supports leaders to motivate change and create innovative solutions. This new approach allows us to address concerns about financial sustainability, quality of patient care and staff engagement.

Service lines and services will be evaluated based on the outcomes achieved for the cost of providing service and the reduction of waste through innovation and enhanced efficiency. The transition to a service line management structure represents a new focus on determining how much value we provide to patient populations and this represents a heightened shift in accountability as a health care provider and a concrete step towards ending hallway medicine.

### 2. Just Culture

The Ottawa Hospital continues our journey to implement a Just Culture across the organization to align and further advance both patient and staff safety together. A Just Culture is a framework that is designed to ensure that everyone can comfortably discuss safety concerns, issues or mistakes so that we can learn from them and improve the way we work. We strive to create an environment where everyone feels safe, encouraged, and enabled to discuss and learn from quality and safety issues. Starting in 2015, Senior Management Team members and senior physician leaders became Certified Champions thereby establishing executive commitment and governance. Since then, we have continued to build our champion team, whereby Leaders (VP's, directors and managers) became certified Just Culture trainers. We have also developed a training program tailored to meet our specific needs.

Over the past 2 years, education materials were developed and released for leaders to conduct training for all of their staff. To date, the majority of leaders, including physician leaders, have been trained in the Just Culture philosophy and the application of the decision-making algorithm tool. We have also consolidated and enhanced our method of investigating incidents so that all investigations are handled in a fair and just manner, irrespective of incident type or severity of outcome. We created a toolkit to support leaders, in addition to a training course for front-line leaders conducting incident investigations, which will help support standardization in this method and approach. Our aim is that early into the 2019-2020 fiscal year, all leaders will have completed the incident investigation training.

Our efforts to establish a Just Culture are contributing to increasingly empowered employees who feel that they can share information, look for ways to improve how they do their work and learn from each other and from past mistakes. A Just Culture is foundational to providing the safest, highest-quality care possible for all our patients and families, prioritizing patient and staff experiences, and building a workplace of choice by supporting each other with compassion and respect.

### 3. TOH Innovation Framework and IQ@TOH Innovation Agenda

Building a culture of continuous improvement is an essential step towards creating sustainable healthcare amidst times of increasing demand for services and continued financial pressure. With this goal in mind, we have developed a single framework (the TOH Innovation Framework) to guide quality improvement, change leadership and innovation across our organization. We developed a four-day training course for leaders to teach our framework in an applied and just-in-time manner and provide coaching throughout the execution of their change ideas. The TOH Innovation Framework is taught across TOH, in partnership with the University of Ottawa Telfer Executive Programs and through the University of Ottawa Office of Continuing Professional Development as a blended provincial program (Ontario IDEAS Program). In 2018-2019, 178 individuals from TOH and regional partners completed the one-day course, 23 teams completed the Telfer course and 17 teams comprised of 50 TOH staff, four patient advisors and two volunteers completed the four-day training. The projects they completed focused on improving essential issues related to patient flow, wait times for care, patient satisfaction, readmissions, infection control, staff education, patient nutrition, education information for patients, efficiency and improvements to the patient journey through the healthcare system.

While all of these projects were inspiring, the participation of patient advisors in our four-day QI training course was a landmark moment for TOH. The advisors co-led a project aimed at enhancing the process for involving patients and family members in decision-making across TOH. They also had the chance to interact with TOH staff and influence the direction and embed patient advisors into several other projects. The participants included members of the Patient and Family Engagement Program Development and Evaluation Team. They co-designed advisor and staff experience evaluations and enhanced the advisor orientation process. This was an example of a true co-design in that advisors were involved in every step of the development of this program.

## Patient/client/resident partnering and relations

At TOH, engagement means actively involving patients and their family members in the process of improving the services we offer. Patients and families are the true experts when it comes to their needs and how best to meet them. In addition to providing stories and the unique perspective of a recent health care experience, patients also

offer indispensable expertise and diverse perspectives garnered from their experiences as patients, as professionals and as members of our community.

Engagement of patients and families as partners in the planning, delivery and evaluation of clinical care, research and education is a priority goal for TOH that is guided by the TOH Patient and Family Engagement Framework. With this goal in mind the patient and family engagement program has recruited 130 advisors that are active members on 24 committees, in addition to numerous focus groups, research studies and job interviews panels.

“The patient advisory role is a life-changing, empowering experience that not only allows you the privilege to change the future for illness-stricken families and their loved ones but is a self-healing endeavor that all patients could benefit from,” - Patient advisor Natalie

In 2018 we launched an employee-facing Patient Engagement Platform. The resource site was co-designed by patients to facilitate the engagement process at TOH. The platform makes it easy to engage an advisor in quality improvement and in patient-oriented research. It also includes resources, videos, how to guides, FAQs, checklists and highlights the work of past advisors.

In conjunction with this engagement resource, we were also very excited to launch the Patient Education Document Project. Prior to this initiative, the document library featured many documents that had not been updated for quite some time and patients consistently complained of having difficulty understanding the content or not finding answers to all their questions. Over the last year, a process was created to evaluate and revise all patient education documents to ensure they meet health literacy criteria: clear language, clear design, adult education principles, patient feedback and legal requirements for accessibility under the Accessibility for Ontarians with Disabilities Act (AODA). This new approach also incorporates patient feedback into the process for revising existing documents and for creating new ones. Currently there are 32 patient advisors engaged in this initiative. This process is the new standard for all future document creation and revision and this ensures sustainability of engagement. To test this process, we are now running 30 documents through it. Early results show encouraging evidence of improvement.

In addition to their involvement in the Patient Education Documents Project, patient and family advisors had a significant impact across TOH. They played an important role in the Ottawa Hospital Research Institute (OHRI) strategic planning that took place last year. Advisors also continued to provide a vital patient perspective as TOH plans out the new Civic campus redevelopment and prepares to launch an electronic health record. Specifically, advisors are providing feedback regarding accessibility of the patient-facing portion of the electronic health record, My Chart. Advisors also continue to serve as members of the Corporate, Mental Health and Cancer Center Patient and Family Advisory Councils as well as the resident education committee.

Finally, in 2018 we launched an exciting new direction for patient engagement at TOH. Patients as storytellers and patients as research partners is a co-designed curriculum that will use the power of storytelling as an educational tool that captures the patient experience and addresses a gap in current medical education. Expanding these two programs will be a focus of the patient engagement program featured on our workplan for the year ahead.

We are constantly amazed at the power and initiative of the people who volunteer their time to serve as patient and family advisors. TOH is a leader in this area across the province due to the influence of the individuals involved and their efforts to co-design the entire program from top to bottom. We value our advisors and credit them with the success of this program.

## **Workplace Violence Prevention**

Monitoring, reducing and preventing workplace violence is a strategic priority at TOH and fostering a better staff experience is part of our quadruple aim. A considerable amount of work has been done over the last couple of years to address the issue of workplace violence. We initially included this as a custom indicator in our Quality Improvement Plan in 2017-2018 and are pleased that it continues to be recognized as a mandatory indicator for all hospitals across the province.

In recent years, TOH has built on an existing collaboration with our Joint Health and Safety Committees (JHSC), labour representatives and front-line staff, as well as a partnership with the Ontario Nurses Association, to accelerate our adoption of best practices and the transformation of our safety culture.

At TOH, we know that there is still much work to be done towards preventing workplace violence. Our Board of Governors and Senior Leadership Team are committed to preventing workplace injuries and ensuring our staff have the best work experience possible and have adopted this as a strategic priority to ensure we meet our vision. The feedback from our JHSC and labour partners suggests that we are making significant progress and we are excited by the improvements we have accomplished. The Quality Improvement Plan for 2018-2019 focused on enhancing our violence prevention training strategy and improving incident reporting among front line staff. For the Quality Improvement Plan in 2019-2020, we look forward to continuing to build on this multi-year initiative, with more specific measures on piloting a violence prevention training initiative and the addition of a safety communication strategy.

## Executive Compensation

Accountability for the execution of both the annual QIP and the Corporate work plan are delegated to the President and 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 and CEO and the Chief of Staff, which are 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)

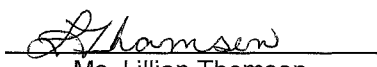
## Sign-off

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.



Ms. Katherine Cotton  
*Chair, Board of Governors*



Ms. Lillian Thomsen  
*Chair, Quality Committee*



Dr. J.B. Kitts  
*Chief Executive Officer*