

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 22, 2024



OVERVIEW

The Ottawa Hospital (TOH) is one of Canada's largest academic health sciences centres, touching the lives of thousands of people every day and from every corner of Eastern Ontario, Western Quebec and as far as Nunavut. The Ottawa Hospital aims to provide every patient with the world-class care, exceptional service and compassion that we would want for our loved ones. This past year saw the official release of TOH's new Strategic Plan, developed with input from staff, physicians, patients and their families and community members. The iterative plan bolsters our focus on quality, with "Enrich the Quality of Care for Patients" as one of four key strategic directions.

Quality means delivering care that is timely, effective, safe, efficient, sustainable, equitable and centered on patients' needs. Accordingly, this past year we led initiatives aimed at achieving the following goals: to improve timely access to the right care while improving the safety and experience of care transitions; to enhance the patient experience by sustaining the Essential Care Partner program; to safeguard our staff through workplace violence prevention; to design systems to monitor and report on quality, inequity and discrimination; and to evaluate and improve our learning systems. The initiatives on this upcoming year's Quality Improvement Plan (QIP), which is aligned with our Strategic Plan, will build off this momentum by improving access to safe and equitable care centered on our patients' needs, while ensuring the safety of our people and further advancing our learning systems.

ACCESS AND FLOW

As is the case every year, demand for hospital services challenged our capacity, resulting in delays to care for our patients. Alleviating

this pressure is a highly complex problem requiring the use of many innovative strategies. One key strategy has been to create Transitional Care Units (TCU), with beds that are designated for patients no longer requiring acute care and waiting to find a placement better suited to their needs. This past year, we opened a second off-site TCU, bringing our total TCU capacity to over 120 beds, with a plan for further expansion and growth. This type of innovative solution built on community partnerships will help relieve hospital pressures and will allow us to further expand our capacity to care for our patients beyond the hospital. We've also implemented strategies to improve the efficiency of our systems and processes. For instance, we've introduced a foundational operating room schedule that provides the flexibility to improve access to care for high-priority cases, all while we continue to stabilize and expand access to care and capacity. Additionally, we relocated and centralized our pre-anesthetic units, allowing our team to work together at one site. This has improved efficiency, education and communication and has standardized processes, creating a better experience for our patients throughout their surgical journey. Despite these initiatives, wait times for surgery continue to be a concern due to insufficient health human resources to maximize the number of surgeries that are done. In addition, Emergency Department wait times continue to be a major concern due to overcrowding and insufficient funded physician resources to provide the care in a timely fashion. The new year's QIP will continue to focus on issues of access and flow by optimizing our processes to ensure patients receive the care they need when they need it.

EQUITY AND INDIGENOUS HEALTH

This past year was filled with many milestones – some big, some

small, all significant – on TOH's path to creating an equitable, diverse and inclusive culture. Located on the traditional and unceded territory of the Algonquin Anishinaabe people and serving many First Nation, Métis and Inuit communities, TOH recognizes the importance of meaningful partnerships on the hospital's path to reconciliation. The Indigenous Peoples Advisory Circle advises TOH on initiatives that address systemic racism, discrimination and inequities pervasive in the health-care system. The Circle's recent recommendation led to the establishment of an Indigenous Patient and Family Advisory Committee (PFAC), enabling improved focus on Indigenous health across the organization.

Further, this past year saw the official launch of the Equity, Diversity and Inclusion (EDI) Council's work plan, which includes nine initiatives that prioritize education, recognition, systemic integration, quality improvement (QI) and external relationships. As well, to learn from those with lived experience, the EDI Council hosted a Healthy Conversations panel, in which people from equity-deserving groups were invited to discuss inequities, discrimination and underrepresentation. Additionally, the EDI Council established the Communities@TOH Network and held Storytelling Cafés with the goal of fostering a workplace where everyone feels they belong. One of the EDI Council's first QI initiatives – developing a pathway for staff to anonymously report incidents of discrimination and inequity – was successfully led from planning through to analysis, design, testing and implementation. There is much work yet to be done, and this upcoming year's QIP will continue to feature efforts to advance EDI for our people, patients, families and the communities we serve.

PATIENT/CLIENT/RESIDENT EXPERIENCE

At TOH, we are guided by the Patient and Family Engagement Framework, which was developed by leadership and adopted nearly a decade ago. This transformative work has since spurred the evolution of our Patient and Family Engagement Program, which continues to be co-designed by Patient and Family Advisors (PFAs). The program structure includes well-established links to multiple initiatives, teams and committees running throughout the hospital. Furthermore, anyone conducting improvement activities is encouraged and supported to incorporate patient experience information in various ways. They can complete an online request to be matched to a PFA, present to the PFA Town Hall or connect with various PFACs and working groups. For instance, our Patient Education team collaborated with PFAs to create the Patient Education Framework, a document guiding patient education activities and reinforcing the mandate to partner with patients, care partners and/or PFAs when developing patient education materials.

Throughout the hospital, patient experience information is incorporated into QI work by collecting custom survey data using online platforms made available through TOH or by accessing the hospital's standardized Patient Experience Survey data. This past year, we successfully switched from paper-based patient experience surveys to email-based surveys. This upgrade has significantly boosted response rates, while also enabling near real-time access to results along with automatic theming of comments and sentiment analysis, allowing leaders to better leverage this data for QI. For this year's QIP, we will leverage this upgrade to spur further efforts to improve the patient experience across the organization.

We do receive concerns from patients related to our access to

surgeries and the Emergency Department, treatments, and diagnostic tests. Our priority is to meet the needs of our population through innovative solutions to these complex problems.

PROVIDER EXPERIENCE

This past year brought our You First campaign to life, helping staff to find a better work-life balance. You First has been integrated throughout the hospital and has brought about new initiatives to improve the work life at TOH, including updating our employee scheduling system to a new, best-in-class system. All information and resources related to You First are housed in our new internal SharePoint site, where our people can submit their feedback and new ideas. In addition, progress made on the EDI Council's work plan, including a series of initiatives aiming to break down siloes and forge connections, has served to further enhance the provider experience by building community and belonging among our people.

We achieved major milestones in two related yet distinct initiatives this past year. First, we opened TOH's Wellness Centres – dedicated, on-site spaces within each of our campuses where our people can access health and wellness services, including health services (such as mask fit testing, TB testing and vaccinations) and extended services (such as conflict resolution appointments, mental health support sessions, access to massage chairs and yoga mats, relaxation spaces and more). Within the first few months of opening, the Wellness Centre at the Civic Campus received over 2,000 visits from staff and medical staff. Further, recognizing that access to health care is an essential part of everyone's wellbeing, TOH has begun offering access to a family physician through the Wellness Clinic for staff who don't have a family health provider.

This health clinic for staff at a hospital is one of the first of its kind in Ontario hospitals, and TOH is looking to eventually expand its services to include family members as well.

Substantial effort has resulted in improved levels of health human resources in many areas throughout the organization. Our People Strategy is aimed at improving the health of our workforce and we have introduced a Workforce Planning structure to guide our decisions regarding recruiting and retention initiatives.

SAFETY

The Ottawa Hospital supports a Just Culture where everyone feels safe, encouraged and enabled to discuss and learn from patient safety incidents (PSIs) and near misses. As part of a Just Culture, we are all accountable for the quality of our decisions and processes, and we seek to openly evaluate and improve these wherever possible. The Ottawa Hospital has a formal and standardized process for reporting, investigating, analyzing and communicating safety incidents (including near misses) involving patients and visitors. It is the responsibility and expectation of all TOH staff, physicians and residents to report any PSI or near miss in our electronic incident reporting system, the Safety Learning System. Leaders review all reported PSIs and are equipped with the knowledge and skills to address risks, improve safety and communicate this information to their care teams, patients and families. Any incident deemed serious or critical is thoroughly investigated by the hospital's Quality and Patient Safety team in collaboration with care teams, senior leaders and other subject matter experts. Lessons learned, along with actions to correct and prevent similar incidents from reoccurring, are determined through this process. Any actions requiring system-level improvements are collaboratively planned, implemented and evaluated using rigorous QI methods to ensure continuous learning and improvement of outcomes for patients. The interdisciplinary review team shares learnings, actions and outcomes resulting from these incidents with patients, families and care teams through several communication channels. This year, we will continue to evaluate and enhance these safety processes to maximize our learning and ensure the safety of all who receive care at TOH.

POPULATION HEALTH APPROACH

Both individually and collaboratively as part of the Ottawa Health Team (OHT), TOH pursues every opportunity to support and advance population health. This past year, appreciating the immense gap in primary care capacity within the surrounding area, and recognizing that this gap affects equity-deserving populations (refugees, newcomers, 2SLGBTQIA+ and more) already facing disproportionately poorer health outcomes, TOH worked with the OHT to develop the Ottawa Unattached Patient Strategy – to reform outdated policies, restructure health care models and revitalize the system.

Another significant challenge being tackled by the OHT is that of pre-empting Alternate Level of Care stays by promoting a Home First approach. Home First is a provincial initiative based on a philosophy that prioritizes returning home following a hospital stay by leveraging all possible resources to support clients in successfully making and sustaining this transition. In order to support hospital providers in increasing their familiarity and knowledge of community support services that could contribute to this successful transition from hospital to home, a Community Support Services (CSS) Advisor position was developed to provide support, education and coaching within the ED setting. Integrating a CSS Advisor position within the hospital discharge team strengthens the bridge between hospital and community care, enhancing the coordinated approach to care and increasing collaboration between hospital and community partners.

Other issues at the forefront of the ongoing OHT work include mental health and substance use, early cancer screening, leveraging data for QI, digital health and information management, the appropriate collection and use of sociodemographic data, and

development of a patient navigation monitoring framework to enable measurement of the impact of all these initiatives.

EXECUTIVE COMPENSATION

Accountability for the execution of both the annual QIP and the Corporate workplan 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 determines the performance pay component for the hospital executives, including the Chief of Staff.

CONTACT INFORMATION/DESIGNATED LEAD

For more information related to TOH's QIP, please contact 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 on





Board Quality Committee Chair



Chief Executive Officer

Other leadership as appropriate
