

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 11, 2025



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. In line with TOH's new Strategic Plan, we are strengthening our commitment to quality, as outlined in one of our four key strategic directions to 'Enrich the Quality of Care for Patients'.

Quality means providing care that is timely, effective, safe, efficient, sustainable, equitable and centered on patients' needs.

Accordingly, this past year we led initiatives to achieve the following goals: improving timely access to care through our Alternate Level of Care (ALC) Strategy, physician-at-triage model and enhanced workflows for patients with sickle-cell disease presenting to the Emergency Department (ED); improving patient experience by expanding the Essential Care Partner Program and leveraging our new corporate patient experience survey data; safeguarding the health and wellness of our staff through programs to prevent workplace violence and musculoskeletal injury; and equipping our leaders with the knowledge, skills and tools to advance a just culture. The initiatives on this year's Quality Improvement Plan (QIP) focus on reducing delays to access emergency, surgical and inpatient care, enhancing patient education resources and processes, growing our workplace violence prevention program, adopting digital tools to enable equitable care and building leader capability to advance cultural safety.

ACCESS AND FLOW

As is the case every year, demand for our hospital services challenged our capacity, resulting in delays to care for our patients. Alleviating this pressure is a very complex problem requiring system-level interventions and innovative approaches. This year, we addressed the long wait times for patients arriving to the hospital by ambulance. These delays not only contribute to suboptimal care and experience for these patients, but also reduce the number of ambulances available for emergencies in the community. That's why this past fall, our ED team implemented process changes to reduce these delays. In doing so, they were able to reduce the bulk of these wait times from around two hours to under half an hour at both the Civic and General campuses, with no level zero events since October. A second challenge the team tackled was the delays to the initial assessment by a physician in the ED, resulting in many patients leaving the ED without being seen by a physician. To address this challenge, the ED team at the General Campus piloted a new approach by stationing an emergency physician full-time at triage between 11 a.m. and 11 p.m., allowing for a rapid medical assessment immediately on patient arrival. With this pilot, wait times to the physician initial assessment decreased from nearly nine hours to six hours, and the percent of patients who left without being seen by the physician dropped from 12 per cent to just eight per cent.

We know that delays to access hospital services continue to be a major concern not only in emergency care but in inpatient and surgical care as well. These challenges are heavily influenced by factors such as significant overcrowding in the ED and insufficient health human resources. We are working closely with our partners to find solutions and improve patient care. Despite these challenges, our upcoming year's QIP will continue to focus on

reducing delays to the initial assessment by an emergency physician, reducing wait times for patients admitted to hospital and optimizing scheduling to increase the number of surgeries we complete this year.

EQUITY AND INDIGENOUS HEALTH

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 our 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. Since its establishment in 2021, we have come to understand more clearly how discrimination against Indigenous Peoples continues to have an impact on the care we provide to our Indigenous patients. We've also learned that our ability to improve health outcomes and address systemic racism in health care is directly tied to how much we know (or don't know) about the people we care for. So, in collaboration with First Peoples Group, we recently launched a Cultural Safety Learning program, developed with input from our Indigenous patients, employees and partners. The Cultural Safety Learning program at TOH will help us to provide respectful and informed care across TOH, to improve health outcomes and to ensure that staff and physicians are equipped to deliver respectful and compassionate care to First Nation, Inuit and Métis patients. Our goal is for our entire leadership team to complete the program this year. Another initiative recently launched is the creation of the Inuit Safe Care Patient Navigator role in the ED at the Civic Campus. This role is designed to ensure that the needs of Inuit patients, both from Nunavut and those living in the Ottawa area, are met. There is much work to be done, and we will continue to pursue every opportunity to advance Indigenous priorities and progress on our path of reconciliation.

PATIENT/CLIENT/RESIDENT EXPERIENCE

At TOH, we are guided by the Patient and Family Engagement Framework, which was developed and adopted nearly a decade ago. This transformative work spurred the evolution of our Patient and Family Engagement Program (PFEP), which continues to expand in co-design with Patient and Family Advisors (PFAs). Our PFEP currently includes around 200 patient and family advisors who serve on over 30 multidisciplinary committees such as Ethics, Quality of Care and MyChart. Additionally, 100 of our PFAs sit on various Patient and Family Advisory Councils (PFACs). Over the last three years, we've expanded from four to 11 PFACs, allowing us to integrate patient perspectives into care processes, enhancing the quality of our care and patient experience. 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. Throughout the hospital, patient experience information is integrated into Quality Improvement (QI) work by collecting custom survey data via TOH's online platforms or accessing the hospital's standardized Patient Experience Survey data. TOH continues to make great strides towards improving the patient experience. Some common concerns we receive from patients are related to access to care. We are currently focused on using innovative solutions to address complex problems and improve access in the areas of surgical care, emergency care, diagnostic imaging and ALC capacity.

PROVIDER EXPERIENCE

This past year, we continued to build on our You First approach to a better work-life balance for staff. You First has been integrated throughout the hospital and has brought about new initiatives to

help improve the work life at TOH, such as the opening of our third wellness centre at the Riverside Campus, the launch of a more comprehensive and personalized Employee and Family Assistance Program, expanded health services on campus and the introduction of convenient 24/7 fresh-food markets at each of our main campuses, all of which stemmed from feedback from staff and physicians. All information and resources related to You First are housed in our internal website, where our people can submit their feedback and new ideas. A major milestone from this past year was launching free access to LinkedIn Learning for all staff and enhancing our Career Pathways Centre. Feedback from our Staff Engagement Survey highlighted learning and career development as key areas where staff wanted more support and engagement. This initiative promotes continuous professional and career development across TOH. Additionally, as part of our QIP initiatives this past year, we enhanced and re-launched our Just Culture Program and rolled out training for all leadership levels – from senior and medical staff leaders to managers, clinical care leaders and supervisors. The Just Culture Program equips our leaders with the knowledge and skills to consistently evaluate and respond to situations fairly and effectively. This program aims to foster fairness, trust, engagement and learning, ensuring a positive workplace experience for everyone. Continued progress on the Equity, Diversity and Inclusion Council's workplan has also enhanced the provider experience by building community and belonging among our people. This upcoming year's Cultural Safety Learning Program will serve to further enhance the provider experience by empowering leaders to advance cultural safety across our organization.

SAFETY

The Ottawa Hospital seeks to live and advance a just culture in which everyone feels safe, encouraged and enabled to discuss and learn from safety issues and incidents. Having a just culture allows us to improve our choices and systems in support of our desired outcomes, while ensuring we protect our values. In a just culture, we are all accountable for the quality of our choices, and our leaders are accountable for both the systems they create and for the fairness and consistency of their response when issues of risk or harm arise. In alignment with Healthcare Excellence Canada's Rethinking Patient Safety report, the concept of harm in a just culture carries a much broader meaning than purely physical harm. Advancing a just culture requires our leaders to address issues related to all forms of harm by using a standardized and effective approach to evaluating and responding to these issues. At TOH we call this the 'Just Culture approach', which consists of a process, methods and tools that support fair and consistent decision-making to reduce risk and prevent harm. Building on the foundational principles, process and methods of the Just Culture approach, TOH also has a formal and standardized process for reporting, investigating, analyzing and learning from patient safety incidents. This coming year, we will develop mechanisms to ensure sustainability of our Just Culture Program and look to enhance our safety tools and processes to maximize learning and continue to improve the safety of all who receive care at TOH.

PALLIATIVE CARE

Delivering high-quality palliative care is a complex undertaking that requires a coordinated, interprofessional and system-wide approach. In line with the Ontario Palliative Care Network (OPCN) health services delivery framework, our current efforts focus on four objectives: timely and reliable identification of patients with palliative care needs, enhancing competencies among providers, improving care coordination and communication within and across different care settings and using technology to support seamless care and provide reliable data. At TOH, our Supportive and Palliative Care (SPC) team consists of nearly 50 interdisciplinary members working across our campuses to support these objectives with the goal of delivering high-quality palliative care across both inpatient and outpatient settings. Our team provides consultation services for our inpatient units (~12,000 encounters per year), delivers care to patients in our four-bed palliative care unit at the General Campus, runs eight outpatient clinics per week focused on patients with cancer diagnoses, and runs several outpatient clinics for patients with other palliative diagnoses within nephrology, hepatology, respirology and – in collaboration with Bruyère – neurology. This year, in response to the learning needs of our staff and providers, our SPC team developed and ran an interprofessional palliative care simulation education day, which focused on the principles of palliative care, palliative assessment, end-of-life care and communication – both with our patients/families as well as with other members of the health-care team. The training was a huge success, and the team is working to host another session this coming fall. Building on this strong foundation, we continue to pursue opportunities to meet the OPCN objectives and advance the quality of palliative care at TOH.

POPULATION HEALTH MANAGEMENT

Both individually and in collaboration with the Ottawa Health Team, TOH pursues every opportunity to support and advance population health. Over the past year, TOH partnered with regional Ontario Health Team Primary Care Networks and other key collaborators to work on a new five-year collaborative primary care strategy. This plan focuses on enhancing access to acute and primary care in the region, improving transitions between acute and primary care, and supporting the vital work of primary care providers in keeping people healthy. Additionally, in collaboration with the Regional Geriatric Program of Eastern Ontario (RGPEO), TOH introduced Dementia Decoded, its acute care dementia strategy. Integrated within TOH's ALC Strategy, this initiative aims to enhance the hospital's dementia care system by adopting a proactive approach which strives to reduce hospital stays, improve patient outcomes through person-centered care and support staff well-being by providing practical tools and education. This innovative initiative stands as one of Canada's first strategies of its kind, offering a comprehensive and multi-faceted approach to dementia care within an acute hospital setting. This strategy is being implemented in two phases over the coming years, with aspirations to extend its reach throughout the greater Ottawa region. Another notable mention this past year has been TOH's collaboration with YouTube Health to develop health information videos, with the aim of providing a trustworthy alternative to the health misinformation online. These videos feature TOH colleagues, and are designed to offer reliable health advice to the community. This year, we will continue to work with other health service organizations to build on existing programs and find innovative ways to support the unique needs of our patient populations.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

The Ottawa Hospital - Civic and General campuses (themes are shared by both campuses)

A. Status update on 1-2 QI priorities from last year's EDRVQP audits.

There were a couple of key items identified as QI priorities arising from last year's audit:

1) Crowding & ED wait times - Resuscitation shifts scheduling patterns: The physician group is continuously revamping our shift schedules to better match patient arrivals and to improve productivity and patient safety throughout a shift.

UPDATE: We have successfully trialed a few variations of overlapping and cascading resuscitation shifts at the Civic Campus ED, including obtaining feedback from physicians, nurses and learners. Based on this information, we have adopted a new, shorter overlapping resuscitation shift model. This model balances the workload demands of the resuscitation area, inter-shift handoff considerations, physician-to-nurse communication, and Physician Initial Assessment (PIA) times. We will continue to monitor the effects of this scheduling model, with consideration of spread to our General Campus.

2) Patients who leave without being seen (LWBS) - Physician-at-triage: This is a new care model at our hospital, to dedicate a physician at triage who can initiate investigations and treatments based on triage nurse assessment, which will hopefully decrease LWBS rates.

UPDATE: We have demonstrated significant improvement in our PIA

times since implementation of our physician-at-triage intervention. LWBS rates were increasing to 12.5% in Q3 of 2023 (with a high of 14.8% in October). The project was trialed from November 2023 to June 2024, with a full launch in July 2024 at the General Campus. It currently consists of a physician at triage between 11 a.m. to 11 p.m. seven days a week. Since its full launch, LWBS rates have decreased from 12.5 per cent in Q3 2023 to 8.3 per cent in Q3 2024, with current rates at eight per cent (~35 per cent relative reduction). Similarly, time to PIA at the 90th percentile has decreased from 8.9 hours in Q3 2023 to 6.3 hours in Q3 2024. Overall, the initiation of this project has led to reduced time to imaging/symptoms management, improved patient safety/satisfaction, increased nursing support/satisfaction and improved physician wellness.

B. Quality issues identified during this year's audit and initiatives planned to address them.

Specific items that have emerged from this year's ED return visit audits include:

1) Suboptimal care for potential Acute Coronary Syndrome (ACS): There were several cases related to delayed diagnosis of potential ACS. This connects to a broader topic of overall care for chest pain patients and those presenting to the ED, making it a suitable target for an improvement initiative. We are undertaking on a formal QI project targeting care of chest pain patients in the ED. Our first objective is to improve the number of chest pain patients receiving an ECG within 10 minutes of ED arrival (P10 ECG times). Subsequent objectives of this project will be to standardize the care for ischemic chest pain patients (in terms of monitoring, ASA, and subsequent

care).

2) Patients who leave without being seen. We continue to see ED crowding and prolonged waiting times as a contributor to some of the return visits (e.g. patients with a significant medical condition who leave prior to being assessed by a physician after long wait times). While this remains a structural problem with the Ontario health-care system, some strides have been made at TOH to improve ED flow and paramedic offload times. We will continue our physician-at-triage initiative as described earlier to help improve this. Additionally, we have introduced a new quality assurance process to systematically review significant results or findings from investigations started at triage when patients leave before a formal physician assessment. Finally, we have developed a new surge protocol and horizontal waiting process to allow patients requiring a stretcher to be assessed more quickly by a physician.

There are many quality issues beyond what's captured in this year's audit, that we are keeping as high priorities. These include:

1) ED crowding. Severe hospital occupancy levels remain the largest contributor to overflowing numbers of admitted patients remaining in the ED. Our ED leadership team continue to advocate daily to highlight this important issue to the broader hospital system and continue to explore innovative ways to help manage growing PIA times (e.g. Physician-at-Triage project, expanding 'horizontal' off-load clinical care areas, maximizing unconventional care spaces, etc.).

2) Quality of care for emergency conditions. While a lot of focus remain on flow metrics (as reflected by the percentage of

mandatory reporting metrics being time targets), it may be even more important to focus on the quality of care we provide in the department. This includes meeting published best practice guidelines for critical medical emergencies such as sepsis care, STEMI care, and stroke care. ED leadership is advocating for a more comprehensive quality dashboard that include these important clinical elements, which would serve as necessary infrastructure for formal QI initiatives. As an example, we have just begun testing changes to improve overall sepsis care in our ED.

3) Patient experience. The steady increase in wait times, especially in our main waiting rooms, remains the largest source of patient dissatisfaction. Meaningful change will only occur when ED crowding is improved and funding for more ED physician hours is increased. In the meantime, our ED Quality and Safety Team is exploring ways to make the waiting experience more tolerable, including innovative ways to provide better communication and explanation of the waiting process to our patients, as well as initiating symptom management in the waiting areas.

EXECUTIVE COMPENSATION

Accountability for the execution of both the annual QIP and the Corporate workplan are delegated to the President and Chief Executive Officer (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

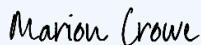
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Board Chair

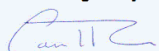
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Board Quality Committee Chair

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Chief Executive Officer

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EDRVQP lead, if applicable