

Let's Make Healthy
Change Happen.



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



ST. JOSEPH'S CARE GROUP

03/28/2016

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

St. Joseph's Care Group (SJCG) is pleased to submit one Quality Improvement Plan (QIP) for 2016-17 which includes our hospital sites, St. Joseph's Hospital and Lakehead Psychiatric Hospital and our long-term care home sites, Bethammi Nursing Home and Hogarth Riverview Manor.

The priorities in this integrated quality improvement plan (QIP) align with our vision as a leader in client-centred care, with quality and safety as basic principles we incorporate into our daily work.

Our QIP also aligns with provincial priorities and planning processes related to Service Accountability Agreements (SAA) Planning, Health System Funding Reform (HSFR) and Accreditation Canada Required Organizational Practices (ROPs).

For 2016-17 we will be focusing on the following priorities, which also align with Health Quality Ontario quality dimensions:

- 1) Improving client experience
- 2) Ensuring safe client care with focus on medication safety, reducing hospital acquired infections, falls injury prevention, reducing incidence of worsening pressure ulcers and minimizing restraint use
- 3) Improving effectiveness within long-term care related to anti-psychotic medication use and emergency department visits; and within hospital ensuring smooth transitions to seniors' supportive housing and reducing rehabilitation length of stay for stroke and hip fracture care
- 4) Increasing efficiency to improve financial health and reduce unnecessary time spent in hospital (alternate level of care)

QI Achievements From the Past Year

1. Medication Reconciliation on Admission

SJCG significantly improved completion rates for medication reconciliation on admission to hospital (increased to 94% from 86% previous year). A new process involving evening supervisor follow-up and support was implemented. The Medication Reconciliation team provided additional support to clinical areas to discuss and problem-solve concerns and barriers to medication reconciliation completion. The assigned pharmacy Medication Reconciliation Lead also visits each unit each day (100%) to offer support and education. Additional training sessions were offered to nurses in the fall of 2015 and Medication Reconciliation is discussed at New Employee Orientation. A Medication Reconciliation Celebration held at both hospital sites in the fall assisted in reaching nurses, raising awareness and addressing concerns.

2. Reducing Length of Stay for Hip Fracture Rehabilitation

To improve access to our inpatient rehabilitation services, we successfully reduced our rehabilitation length of stay for hip fracture from 37.5 days to our target of 28 days. Reducing length of stay helps our clients return to their community home more quickly, so they have a better chance of successfully staying in that setting. As well, it allows us to admit people sooner after their fracture, so they can participate in active rehabilitation more quickly, resulting in a more efficient and effective recovery.

Integration & Continuity of Care

SJCG works closely with multiple health system and community partners to improve integration and quality of care:

- 1) Continuing to work closely with North West CCAC, North West LHIN and Thunder Bay Regional Health Sciences Centre (TBRHSC) to develop solutions so clients can access the most appropriate care setting, thereby reducing alternate level of care rate;
- 2) SJCG is also working closely with North West CCAC, Primary Care and TBRHSC to ensure individuals age 65 and over are identified and referred to our Assess and Restore program to reduce functional decline and prevent early admission to long-term care;
- 3) As a member of the City of Thunder Bay and the District of Thunder Bay Health Links Steering Committees, SJCG is working collaboratively to support development of coordinated care plans for individuals with complex health care needs;
- 4) To ensure appropriate referral for post-acute rehabilitation care, we are working with TBRHSC to develop a hip fracture clinical pathway

Engagement of Leadership, Clinicians and Staff

Our QIP was developed by a working group comprised of representatives from our senior leadership team, clinical management, client & family council, collaborative practice and planning & performance. The working group reviewed data for priority indicators (where applicable) as recommended by Health Quality Ontario, as well as our own internal priority indicators. Once priority indicators were finalized, input related to change ideas was sought from our professional practice leads and clinical teams.

When implementing our quality improvement plans, an executive sponsor and project lead are identified for each improvement area to provide leadership support to the projects. Clinical teams are engaged in planning and testing change ideas with quality improvement support from our collaborative practice and planning & performance areas. Our QIP indicators are reported monthly on our scorecard which is reviewed by senior leadership, management team and our Board Quality Committee .

Client & Family Engagement

SJCG is committed to working with Client and Family Partners (CFPs) on projects and initiatives that enhance the quality and safety of care and service. Our Client and Family Council was engaged in development of this year's QIP:

"St. Joseph's Care Group has a strong commitment to client and family engagement. We are delighted to be involved in developing this year's Quality Improvement Plan. By sharing our insights and ideas for quality improvement efforts, we can help ensure the plan focuses directly on the needs of the clients".



Along with engagement of our Client and Family Council with developing our QIP, client and family representatives are part of client satisfaction survey planning and development of our upcoming 2016-2020 Strategic Plan. Additional engagement activities include sharing client and family experience stories with our Board of Directors, and a Client and Family Partner program that provide opportunities for clients and families to participate in decision-making in operational and strategic planning and delivery.

Performance Based Compensation

Our executive team's compensation includes 3% of base pay at risk based on the following indicators approved by the Board of Directors. These indicators have been chosen to reflect the highest priorities to improve access to stroke rehabilitation services, reduce unnecessary time in hospital and improve client satisfaction.

1. To decrease Stroke Length of Stay (LOS), implement LOS targets and ensure a process is in place to monitor each client's LOS and implement a case review when LOS exceeds the target (Process Measure).
2. Reduce Percentage of ALC Days Rate from 39% to 22%, measured from January to March 2017, providing Bethammi Nursing Home remains open or 33% if Bethammi Nursing Home closes (Outcome Measure).
3. Implement Client Compliments and Concerns reporting system by March 31, 2017 (Process Measure).

The performance measures tied to the executive team's compensation will be directly linked to outcomes that are within the executive team's control or influence. The one outcome-based indicator and two process indicators will be team-based, and not individually measured at this time.

Each of the three indicators will be associated with 1% of each executive team member's pay. Upon annual review (March 31, 2017), the Board and the President/CEO will determine whether the goal has been met, and whether the full 3% of at risk salary (or a portion thereof) will be paid out to each member of the executive team (including the Chief of Staff).

Members of the executive team included in the at-risk compensation plan are:

- President & CEO (Board solely determines compensation)
- Chief of Staff
- Vice President, Rehabilitative Care and Chronic Disease Management
- Vice President, Addictions and Mental Health
- Vice President, Seniors' Health and Chief Nursing Executive
- Vice President, People, Mission and Values
- Vice President, Infrastructure and Planning and Chief Financial Officer

Other

SJCG is committed to meeting priorities and targets outlined in our QIP. We have identified a few challenges and risks to meeting our targets:

- 1) The recent expansion of our long-term care home, Hogarth Riverview Manor, from 96 beds to 544 beds, presents unique challenges and opportunities. Strong leadership and support from across our organization will assist us in meeting our priorities.
- 2) Many of our clients have complex medical conditions and increased frailty which pose a risk to meeting our falls with injury reduction targets. Additional support from client safety, professional practice and clinical education will help support our goal.
- 3) Significantly reducing alternate level of care days will be dependent upon continued operation of Bethammi Nursing Home.

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan:

Board Chair:	Linda Pauluik	Original Signed by Linda Pauluik
Quality Committee Chair:	Dr. G. Davis	Original Signed by Dr. G. Davis
Chief of Staff:	Dr. G. Davis	Original Signed by Dr. G. Davis
President & CEO:	Tracy Buckler	Original Signed by Tracy Buckler