

Let's Make Healthy  
Change Happen.



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



ST. JOSEPH'S CARE GROUP

03/15/2017

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

St. Joseph's Care Group (SJCG) is pleased to submit one Quality Improvement Plan (QIP) for 2017-18 for St. Joseph's Hospital, Lakehead Psychiatric Hospital, Bethammi Nursing Home and Hogarth Riverview Manor.

The priorities in this integrated quality improvement plan (QIP) align with our most recent strategic plan which includes directions for the continuation of high quality, sustainable client-centred care services in the areas of addictions & mental health, rehabilitative care & chronic disease management and seniors' health through a lens of quality, safety and risk.

Our QIP 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 2017-18 we will be narrowing our focus to the following priorities, which also align with Health Quality Ontario quality dimensions:

- 1) *Improving Client Experience* to increase client response rate to "Would you recommend the program to others?" Yes, Definitely

## Why is this Important?

This priority aligns with our SJCG Strategic Direction "Here for Our Clients" and will ensure we continue to provide client-centred care that meets the needs of the people we serve.

- 2) *Improving Medication Safety* by increasing our medication reconciliation rates in hospital and reducing antipsychotic medication use without diagnosis of psychosis in long-term care.

## Why is this Important?

Medication Reconciliation is recognized as an important safety initiative by the Canadian Patient Safety Institute as a way to reduce harm due to medication errors. Reducing antipsychotic medication use is a priority in our long-term care homes as antipsychotic medications may cause harmful side effects and contribute to falls.

- 3) *Reducing Physical Restraints in Long-Term Care*

## Why is this Important?

SJCG follows a least-restraint policy. A common myth is that restraint use can prevent injury. Research and evidence is starting to show the exact opposite, and that injury to an individual can increase with use of restraints.

4) *Increase effectiveness of transitions* by improving communication at transitions in care from hospital to community and reducing number of avoidable emergency department (ED) visits for our long-term care residents.

Why is this important?

Effective communication that provides accurate and timely information is important to reduce misunderstanding during a transition in care and potential for readmission to hospital.

By better managing health conditions in long-term care, this may reduce avoidable emergency department visits for seniors and thereby reduce potential for additional stress and anxiety resulting from the ED visit.

5) *Improve access to the right level of care* by reducing alternate level of care days in hospital.

Why is this important?

Ensuring we are providing client-centred care by providing timely access to the most appropriate level of care when hospital service is no longer required.

6) *Timely Access to Stroke and Hip Fracture Rehabilitative Care*

Why is this important?

Reducing length of stay helps our clients return to the community sooner, so they have a better chance of successfully staying in their own home.

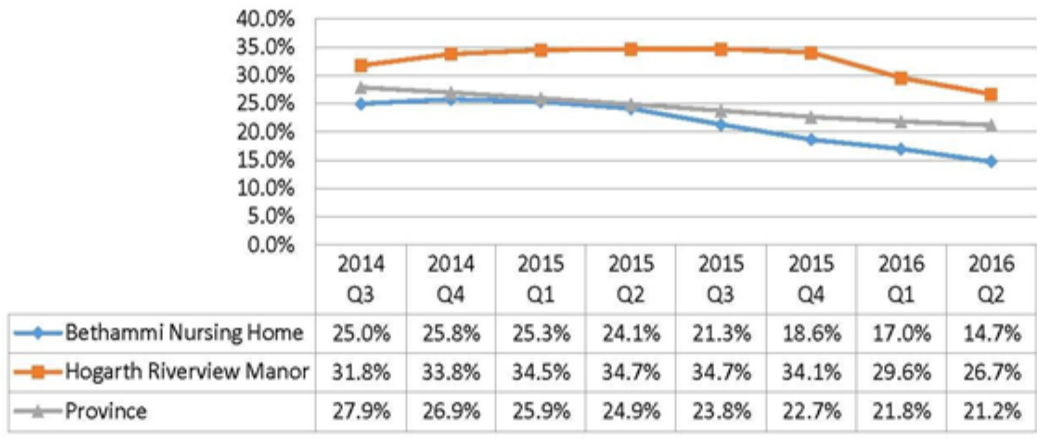
## QI Achievements From the Past Year

In 2016, Bethammi Nursing Home and Hogarth Riverview Manor were successful in reducing the percentage of residents receiving antipsychotic medication without diagnosis of psychosis.

*How did we achieve this?*

Regular physician and pharmacy review of all residents receiving antipsychotic medication without diagnosis of psychosis helped us to achieve this rate reduction.

## Antipsychotic Medication Use Without a Diagnosis of Psychosis



## Population Health

In the North West Local Health Integration Network (LHIN), the above average burden of chronic diseases and musculoskeletal disorders, combined with a widely dispersed population, present a unique challenge to providing equitable access to high quality rehabilitative care. In order to meet this challenge, the North West LHIN committed to ensuring all aspects of rehabilitative care within the region are delivered within an integrated system, including care provided as close to home as possible.

SJCG is working closely with the LHIN and health system partners to help create an integrated model of rehabilitative care for the North West LHIN based on the work of the Rehabilitative Care Alliance (RCA). The RCA is leading the way to ensure each LHIN uses a standard definitions framework to ensure standardized rehabilitative care is offered, ensure regions have assessed their capacity to deliver this care and have a plan to address gaps, use provincial tools to measure system performance and provide support to develop standardized outpatient data to measure outcomes and client satisfaction.

## Equity

One of the goals in SJCG's Strategic Plan 2016-2020 is to improve access to quality services within Northwestern Ontario. We are planning to do this by ensuring programs and services are focused on vulnerable populations and unmet needs.

### Indigenous Health

Almost 20% of the 235,000 people living in Northwestern Ontario (NWO) self-identify as Indigenous, which is the highest Indigenous population within the Local Health Networks in Ontario. Indigenous People throughout Canada experience a disproportionate burden of disease and poor health relative to their non-Indigenous counterparts. The primary health concerns identified by First Nation community members in NWO include substance abuse, mental health issues and chronic diseases.

SJCG will continue to focus our work on these initiatives over the next four (4) years to ensure our environments are culturally safe for all people:

- Build partnerships with Indigenous People
- Establish culturally safe environments
- Increase staff knowledge, competency and confidence
- Ensure recruitment efforts are inclusive and proactive

## Integration and Continuity of Care

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

- 1) Continue 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 premature 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 and implementation of a Care Stream Model, we are working with TBRHSC to update and develop appropriate clinical pathways including hip fracture (update), geriatric rehabilitation (new), chronic obstructive pulmonary disease (COPD) & congestive heart failure (CHF) (update), stroke (update).
- 5) To support transitions in care, SJCG is meeting with TBRHSC to address the timely transfer of clients from TBRHSC to SJCG and developing communication protocols to improve information shared between facilities for clients who are transferred to TBRHSC from SJCG and return to SJCG;
- 6) SJCG is continuing to work closely with community addiction and mental health agencies, hospitals, emergency service providers and social service agencies throughout Northwestern Ontario to support early identification and treatment of mental health and substance use issues, to facilitate access to specialty resources, such as psychiatry and eating disorder services, and to establish smooth transitions between levels of care.

## Access to the Right Level of Care - Addressing ALC Issues

SJCG is working with the North West LHIN and community partners to increase long-term care home capacity within Thunder Bay. A proposal was developed and accepted to keep Bethammi Nursing Home open which provides an additional 112 long-term care beds within Thunder Bay.

To potentially reduce acute care hospital and emergency department admissions for seniors, SJCG is working closely with the North West CCAC to identify clients within the community who will benefit from SJCG Geriatric Assessment & Rehabilitative Care (GARC) and other Seniors' Health programs. As well, SJCG is working with Thunder Bay Regional Health Sciences Centre to develop a Frail Senior Pathway from the emergency department to SJCG GARC to prevent acute care admission.

SJCG is working closely with community partners, including property managers, supportive housing and shelter providers, support service agencies and funders to establish appropriate levels of supportive housing for people living with a mental illness and/or substance use issue. Best practices demonstrate that people who have safe and affordable housing with access to appropriate levels of service improves recovery.

## Engagement of Clinicians, Leadership & Staff

Our QIP was developed by a working group comprised of representatives from senior leadership, 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 the Board Quality Committee.

## Resident, Patient, Client Engagement

SJCG is committed to working with clients and families on initiatives that enhance the quality and safety of care and service. Client and Family input guides the development and implementation of quality improvement initiatives.

Client and Families participate in the planning of QIP 2017-18 and contribute to the development of quality improvement initiatives through focus groups, one-on-one interviews, storytelling and involvement in working groups. Client and family representatives are part of client satisfaction survey planning and were involved in the development of our 2016-2020 Strategic Plan. Community Engagement Councils within our three clinical divisions also provide a forum for clients and families to provide input on issues relating to quality improvement. An online Client and Family Engagement Toolkit has been developed to guide staff in selecting the most appropriate engagement method(s).

# Staff Safety & Workplace Violence

The 2016-2020 Strategic Plan states we are 'here for our people' and will work to advance our vision and continue our mission by providing the tools, skills and supports to keep staff and volunteers safe and well. In keeping with this, we will continue to implement strategies supporting our people and encourage open reporting of incidents in the context of a "just culture", focusing on learning, process improvement and enhanced accountability so that we are able to deliver the best possible care to our clients. Our Principles of Conduct guide us in how we treat each other, our clients, visitors in a respectful, trusting and harmonious environment.

SJCG provides a comprehensive health and safety program promoting a shared commitment and accountability of management and employees to ensure the safety of the work environment, including but not limited to:

- Health and safety programs, policies and procedures;
- Multiple active Joint Occupational Health and Safety committees;
- Quarterly review of health and safety metrics by the leadership team and Board of Directors and review of all lost time incidents by the Leadership Team Quality Committee to support healthy and safe work improvement activities;
- A Wellness Program, including reimbursement for healthy life initiatives.

Training is important and ongoing, for example:

- Incident Investigation and Mental Health First Aid training for leaders;
- Health and safety committee members receive certification training and participate in Forum North; and
- All employees participate in required safety training starting with New Employee Orientation and annually thereafter.

SJCG recognizes the impact of workplace violence and harassment on workers, employers and clients, as well as the challenges of managing violence safely in a complex health care environment. We have a Prevention of Workplace Violence and Harassment program, policies and procedures. Workplace Violence Risk Assessments are conducted on an ongoing basis. Information and training is provided to team members on the prevention of workplace violence. For example, our Bioethicists provide bullying prevention training at the team level as well as corporately; Non Violent Crisis Intervention training is required for a majority of new employees; and Gentle Persuasive Approach is required for many Long Term Care employees. Incidents of workplace violence are tracked and investigated.

# 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 improvement priorities: reduce restraint use, improve medication reconciliation and reduce alternate level of care (ALC) rate.

1. To ensure a process is implemented within our long-term care homes to assess resident restraint use (Process Measure).
2. To improve hospital medication reconciliation on discharge to 70%, measured January to March 2018. (Outcome Measure).
3. To reduce ALC rate to 32%, measured January to March 2018. (Outcome 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 two outcome-based indicators and one process indicator 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, 2018), 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  
Vice President, People, Mission and Values  
Vice President, Infrastructure and Planning and Chief Financial Officer



# Contact Information

Please contact Shelby Poletti, Manager Planning and Performance at [polettis@tbh.net](mailto:polettis@tbh.net) if you have any questions regarding this Quality Improvement Plan.

## Sign-off

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

Board Chair:	Linda Pauluik	<u>original signed by Linda Pauluik</u>
Quality Committee Chair:	Dr. G. Davis	<u>original signed by Dr. Davis</u>
Chief of Staff:	Dr. G. Davis	<u>original signed by Dr. Davis</u>
President & CEO:	Tracy Buckler	<u>original signed by Tracy Buckler</u>