

Let's Make Healthy
Change Happen.



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



ST. JOSEPH'S CARE GROUP

03/19/2018

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) combines tradition and innovation in responding to the unmet needs of the people of Northwestern Ontario since 1884. We are here for our clients, offering a broad range of programs and services in Addictions & Mental Health, Rehabilitative Care & Chronic Disease Management, and Seniors' Health across multiple sites in the City of Thunder Bay.

The past few years have been one of our largest periods of growth since the Sisters of St. Joseph of Sault Ste. Marie first opened St. Joseph's Hospital in 1884. Our construction projects are certainly the most visible of our changes with the completion of Sister Leila Greco Apartments (2013), the Hogarth Riverview Manor Expansion (2016), and the new Mental Health East Wing of St. Joseph's Hospital (set to open in 2018).

More importantly are our evolving models of client-centred care. We are continuing to advance a self-management approach to care, and we are involving our clients more closely in their own care decisions to achieve the health outcomes that are important to them. To bring care closer to the people we serve, we are using technology to help overcome challenges with accessing healthcare services due to our vast service area.

SJCG is pleased to submit one Quality Improvement Plan (QIP) for 2018-19 for St. Joseph's Hospital and our two Long-Term Care Homes, Bethammi Nursing Home and Hogarth Riverview Manor.

The priorities in this integrated quality improvement plan (QIP) align with our four strategic directions: *Here for Our Clients*, *Here for Our Partners*, *Here for Our People* and *Here for Our Future* through a lens of quality, safety and risk.

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 2018-19 we will be focused on the following improvement priorities:

"Here for our Clients"

Effective Transitions

- Ensure that clients being discharged from St. Joseph's Hospital receive enough information
- Reduce potentially avoidable emergency department visits from Bethammi Nursing Home and Hogarth Riverview Manor

Client Experience

- Improve rating of overall quality of care at Bethammi Nursing Home, Hogarth Riverview Manor, complex continuing care, physical rehabilitation and addictions and mental health services

Safe Care

- Reduce restraint use in Bethammi Nursing Home and Hogarth Riverview Manor
- Reduce use of antipsychotic medication in Bethammi Nursing Home and Hogarth Riverview Manor
- Increase percentage of clients at St. Joseph's Hospital receiving a Best Possible Medication Discharge Plan

“Here for our Partners”

Timely

- Decrease wait time to access physical rehabilitative care at St. Joseph’s Hospital for clients waiting in acute care
- Decrease number of days to fill a bed in Bethammi Nursing Home and Hogarth Riverview Manor

“Here for our Future”

Access to right level of care

- Work with our partners to transition clients from St. Joseph’s Hospital to most appropriate care setting to reduce time waiting in hospital (alternate level of care) once hospital care is complete

“Here for our People”

- Workplace violence prevention

Describe your organization's greatest QI achievements from the past year

Accreditation with Exemplary Standing Achieved

For the second time in a row, St. Joseph's Care Group was awarded Exemplary Standing - the highest award a Canadian healthcare provider can receive from Accreditation Canada. As our commitment to quality and safety, everyone at St. Joseph's Care Group is involved in accreditation from direct care staff and volunteers through to our Board of Directors.

North West Regional Palliative Care Program Leadership Award

St. Joseph’s Care Group’s North West Regional Palliative Care Program received the North West LHIN Leadership Award for its Exceptional Approach to Stakeholder Engagement. Since 2015, the Regional Palliative Care Program (RPCP) has been creating an integrated system of palliative care. The RPCP has prioritized engagement with First Nations communities and the organizations that support them in delivering care to their people. The RPCP aims to respond to the needs of not only the individual but their family, friends, and caregivers and includes a full continuum of care available from initial diagnosis to the period of bereavement. The RPCP identified local champions to lead community palliative care programs in all five LHIN Sub-regions, signed formal partnership agreements with community palliative care teams in 9 Local Health Hubs across the region, and established a community of practice for local palliative care champions.

Day Program Pilot at Hogarth Riverview Manor

A pilot day program was started at Hogarth Riverview Manor to provide outdoor recreational activities for residents requiring one-on-one supervision. Over the 4-month pilot period, resident behaviours improved significantly. For example residents who were waking up at night with responsive behaviours were sleeping soundly through the night. The program was a success from the perspective of the residents and their families, the staff, and was positively commented on by the Ministry of Health and Long-Term Care.

Resident, Patient, Client Engagement and Relations

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 Family Partners participated in the development of the 2018-19 QIP as members of the planning working groups and contribute to the development of quality improvement initiatives through participation in working groups, focus groups, one-on-one interviews, and storytelling.

SJCG's Community Engagement Councils 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).

Collaboration and Integration

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

1. Continue to work closely with the 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 Home and Community Care, Primary Care and TBRHSC to ensure individuals age 65+ are identified and referred to our Assess and Restore program to reduce functional decline and prevent premature admission to long-term care;
3. SJCG has participated in the Health Links Steering Committees in the City of Thunder Bay and throughout the North West region. The work of the Health Links Steering Committees will be merged into the five sub-region planning tables recently established in Northwestern Ontario. SJCG has senior team member representatives at each sub-region table.
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 Addictions & Mental Health staff are engaging with regional partners to jointly establish processes to build community capacity and networks to access more appropriate levels of specialty care such as psychiatry. Examples of new processes include e-consultation and Extension for Community Healthcare Outcomes (ECHO) programs.

Engagement of Clinicians, Leadership & Staff

Our QIP was developed by a working group comprised of representatives from senior leadership, clinical management, client & family partners, 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 council.

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 Quality, Safety, Risk scorecard which is reviewed by senior leadership, management team and the Board Quality Committee.

Population Health and Equity Considerations

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 provincial 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. Best practice standards for Hip and Knee replacement and Hip Fracture have been rolled out across the LHIN by SJCG's Regional Rehabilitative Care lead. A self-assessment and plan for improvement has been created.

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 Integration 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

This work aligns with the Truth and Reconciliation Commission's Calls to Action.

For clients at St. Joseph's Hospital who are members of Treaty 9, we have established a partnership with Dilico Anishinabek Family Care program to support discharge planning. A Dilico staff discharge planner participates in the hospital discharge planning process to ensure there is a smooth transition for clients returning home. It has also been an opportunity to ensure clients know about specialized outpatient services at the hospital and support access to these services.

Access to the Right Level of Care - Addressing ALC

To potentially reduce acute care hospital and emergency department admissions for seniors, SJCG is working closely with Home and Community Care to identify clients who will benefit from SJCG Geriatric Assessment & Rehabilitative Care (GARC) and other Seniors' Health programs. A rapid access Geriatric Assessment Clinic has been added to the existing clinic at SJCG to provide expedited access to clients who are deemed well enough to go home from the emergency department. As well, SJCG worked 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 and reduces emergency health care requirements.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

St. Joseph's Care Group currently provides extensive direct clinical services for people living with substance use issues, including opioid misuse. Services include chronic pain management, withdrawal management services and outpatient and residential care. A Rapid Access Addiction Medicine (RAAM) Clinic was recently established with community partners with a focus on connecting clients to primary care at the time of identification.

SJCG received funding from the District of Thunder Bay Social Services Administration Board/Ministry of Housing to establish support and clinical services for people who are experiencing chronic homelessness and living with substance misuse and mental health illness. SJCG is waiting for approval from the Ministry of Housing to establish a 30-bed supportive housing facility to provide treatment and stabilization for people with substance misuse issues.

Workplace Violence Prevention

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. SJCG has an established Prevention of Workplace Violence and Harassment program.

SJCG Strategic Direction, "Here for Our People" includes actions to provide tools, skills and support to keep staff and volunteers safe and well.

Incidents of workplace violence are tracked, investigated and reported to the Board through a quarterly Quality, Safety, and Risk Report.

Performance Based Compensation

Our executive team's compensation includes 4% 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.

Measure	Percentage of Pay at Risk
1. To reduce percentage of residents who are physically restrained at Hogarth Riverview Manor, measured at March 31, 2019 (Outcome Measure).	1%
2. To establish a process for code white evaluation by March 31, 2019 (Process Measure).	2%
3. To reduce ALC rate to 32%, measured January to March 2019. (Outcome Measure).	1%

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.

Upon annual review (March 31, 2019), the Board and the President/CEO will determine whether the goal has been met, and whether the full 4% 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 if you have any questions regarding this Quality Improvement Plan.

Other

SJCG mental health inpatient services will be relocating from Lakehead Psychiatric Hospital to St. Joseph's Hospital in early 2018. Reference to St. Joseph's Hospital includes mental health inpatient services, where applicable.

Sign-off

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

Board Chair: Maureen Brophy original signed by Maureen Brophy

Quality Committee Chair: Naomi Abotossaway original signed by Naomi Abotossaway

Chief of Staff: Dr. G. Davis original signed by Dr. Davis

President & CEO: Tracy Buckler original signed by Tracy Buckler