

Let's Make Healthy  
Change Happen.



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



ST. JOSEPH'S CARE GROUP

**March 5, 2020**

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.

## 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, and Seniors' Health. SJCG is the regional lead in Rehabilitative Care, Palliative Care, Seniors' Care and more recently, Rapid Access to Addiction Medicine (RAAM).

SJCG is pleased to submit one Quality Improvement Plan (QIP) for 2020-21 for our hospital and long-term care homes: St. Joseph's Hospital, Bethammi Nursing Home and Hogarth Riverview Manor.

For 2020-21 SJCG will focus on the following improvement themes: timely and effective transitions in care, safe and effective care and service excellence. These quality improvement themes align with our 2020-2023 Strategic Goals to provide quality and safe care, engage clients and families in care planning and improve transitions in care.

### TIMELY AND EFFECTIVE TRANSITIONS

To facilitate system flow and increase timely access to services we will focus on:

- Sustaining improvements in reducing acute care wait time for rehabilitative care at St. Joseph's Hospital
- Continuing to reduce alternate level of care days (ALC) in hospital
- Sustaining improvements in reducing potentially avoidable emergency department visits from long-term care

### SAFE AND EFFECTIVE CARE

To provide quality and safe care, we will concentrate on the following:

- Improving medication reconciliation on discharge from hospital
- Enhancing workplace safety to reduce the number of workplace violence incidents
- Improving our process in documenting palliative care needs in hospital and long-term care

### SERVICE EXCELLENCE

To improve communication so clients and their families feel heard and supported as partners in their care we will focus on:

- Continuing to improve response to **Always** on our client satisfaction survey question "How often did staff listen carefully to you?"

## Describe your organization's greatest QI achievement from the past year

### 1) Rehabilitative Care – Patient Oriented Discharge Summary (PODS)

The most notable achievement in Rehabilitative Care was the implementation of PODS throughout complex care and physical rehabilitation.

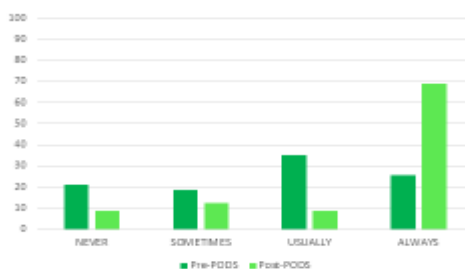
The attention and approach to change management was exceptional and delivered very positive results. The project team engaged staff, regional partners and most importantly three client and family partners who together researched and redesigned PODS from acute care for post- acute care.

The planning, engagement and communication strategy created momentum and readiness for the Geriatric Assessment and Rehabilitative Care inter-professional team to conduct a 10-week trial resulting in refinement of the tool, better coordination of the team's completion of the tool and some great results. Client satisfaction rate is high overall and relates to improvements in understanding medication, involvement in discharge planning (25% to 68%) and reduced emergency department visits once home (10% to 5%). Post-discharge phone call feedback from clients and family indicate satisfaction with discharge processes, family conferences and the written PODS. The roll-out to other teams was completed on schedule with similar results.

Adopting best practices and making widespread change quickly are keys to making transformational change and therefore, important to share when it is done right. The SJCG project lead presented the project implementation and results at the annual SJCG Centre for Applied Research "Showcase" event. At this event, partners from Lakehead University and Thunder Bay Research Institute discussed the opportunity for partnerships and novel digital applications.

### POST-DISCHARGE FEEDBACK RESULTS

During my hospital stay, how often did staff involve me and my family



	Pre- PODS (n=43)	Post-PODS (n=103)
Never	20.9%	8.7%
Sometimes	18.6%	12.6%
Usually	34.9%	8.7%
Always	25.6%	68.9%

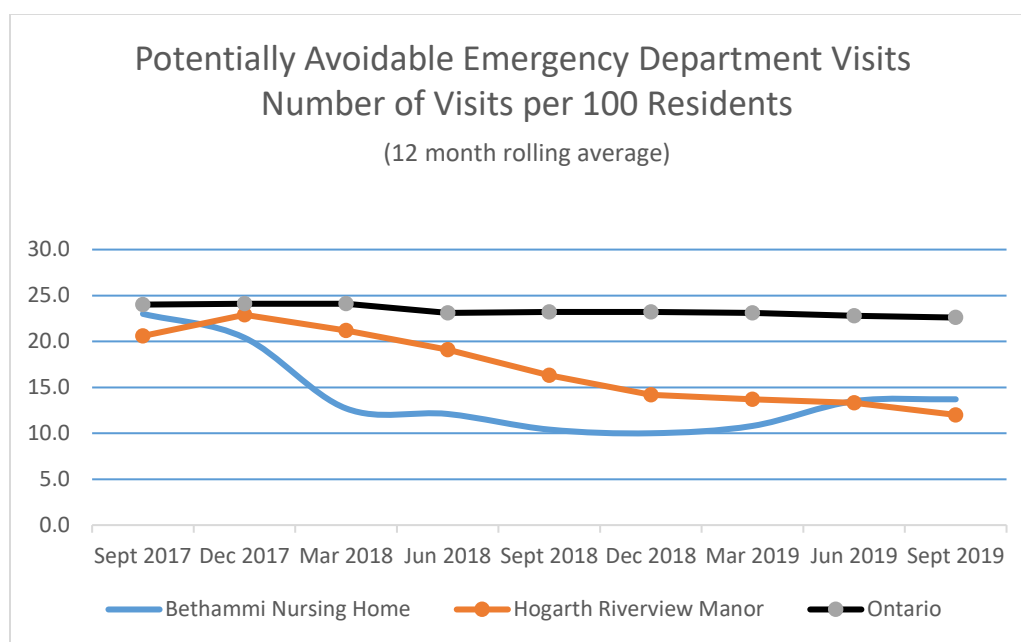
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## 2) Seniors' Health – Reducing Avoidable Emergency Department Visits

SJCG two long-term care Homes, Bethammi Nursing Home and Hogarth Riverview Manor, have been successful in reducing the number of potentially avoidable emergency department visits over several quarters.

September 2019 results for both Homes are well below the Ontario average number of visits. The success of both Homes has been due to engagement of medical staff, availability of the nurse practitioner service through the nurse-led outreach program and enhanced skill training for nursing staff to better manage ambulatory care sensitive conditions in each Home. Also essential was providing education to residents and families related to the healthcare conditions that can be safely managed within the Homes.

The following graph shows actual performance over time:



## 3) Addictions & Mental Health – Enhancing Timely Access to Services

Over the past year, Addictions & Mental Health has worked in collaboration with community partners on several quality improvement initiatives all designed to enhance timely access to evidence based services and supports for individuals and families most in need.

Following the successful launch of the Rapid Access to Addiction Medicine (RAAM) clinics in 2018, we received enhanced funding to increase access through the addition of another clinic on the Fort William First Nations territory and to serve as the Regional Lead for RAAM within the Northwest Region.

In October 2019, we celebrated the opening of the Lodge on Dawson, a 30 bed facility that offers transitional housing and health care for individuals who are living with chronic homelessness and concurrent health issues that include substance use and mental health concerns. St. Joseph's Foundation purchased and renovated a perfectly appointed hotel, situated on a beautiful, peaceful 25 acre lot just outside of the City of Thunder Bay. Capital funding for the new facility was provided by the Ministry of Housing through the Thunder Bay District Social Services Administration Board. Programs and services on site are provided by Alpha Court Addiction and Mental Health Services, Dilico Anishinabek Family Care and St. Joseph's Care Group. This new facility closes a significant gap in the continuum of care, which provides a safe place to live with on- site access to services designed to restore clients' health and well-being and provide support for setting personal goals and plans for their future.

#### **4) Walking with Humility**

In 2019, SJCG released the report, "Wiidosem Dabasendizowin: Walking With Humility" A Plan to Develop Relationships and Practices with Indigenous Peoples. In the report, Tracy Buckler, President & CEO, notes that, "At St. Joseph's Care Group, we recognize that the history and treatment of Indigenous people in Canada, including government policy and residential schools, is directly correlated to the current health status of Indigenous Peoples." In response to this, the report, written by Paul Francis Jr, Director of Indigenous Relations, focuses on the Truth and Reconciliation Commission Health Care Calls to Action that SJCG can address in partnership with Indigenous people.

### **Collaboration and Integration**

#### **Addictions & Mental Health System Design Events**

Throughout the year, SJCG was actively engaged in system planning through a series of System Design Events resulting in innovative solutions, demonstration projects and new funding opportunities. In collaboration with community partners and key stakeholders including clients and family members, SJCG participated in three separate Design Events each with a specific focus on pressure points across addiction and mental health service system throughout the Northwest Region.

The first event focused on inpatient mental health and access to specialized psychiatric services. This design event resulted in a pilot project to bring virtual specialized assessments and psychiatric consultation services to regional hospitals to provide care closer to home and reduce the need for unnecessary transfers. The second event included First Responders with a specific focus on Emergency Departments and community based crisis services. The third event looked at a full range of outpatient programs and introduced an integrated model of care that could serve to improve transitions in care, reduce inefficiencies and identify gaps in service delivery throughout the vast geography of Northwestern Ontario. A region-wide Addiction and Mental Health Task Force has been established to support project implementation and evaluation of various quality improvement initiatives.

## **Rehabilitative Care Transitions in Care**

SJCG engaged our acute care partners in system flow improvements to work collaboratively on improving acute care wait time for rehabilitative care. Following a pilot project in the winter of 2018-19, funds were received to implement an Assessment Bed model of care within the Geriatric Assessment Rehabilitative Care unit to improve access to rehabilitative care and reduce alternative level care (ALC) days for frail seniors.

The enhanced care model operated for 9 of 12 months in 2019/20 and reduced acute care average wait time for geriatric assessment from 3 to 1 days and resulted in zero ALC days reported within this service. Together, frontline teams were engaged in a Design Event resulting in process improvements related to a client's transition from acute to post-acute care. Process improvements included better identification of clients ready for rehabilitation, earlier transfer times and improved communication for handover of care. These system flow initiatives served to strengthen partner relationships and engage frontline staff in problem solving which provide frail seniors better opportunity to avoid functional decline and return home with optimal function.

## **Rehabilitative Care Integrated Palliative Care**

SJCG has provided leadership for the Regional Palliative Care Program (RPCP) which built coalitions and facilitated the development of an integrated palliative clinical care model of care resulting in a funded program. The Northwest Community Health Centre was identified as the lead organization and in collaboration with Home and Community Care is working to implement the Integrated Palliative Clinical Care Program (IPCCP) for the Northwest. The SJCG RPCP Manager continues to support the governance structure, facilitate dialogue between partners and ensure the voice of regional communities is heard to aid in the IPCCP implementation.

## **Client and Family Partnering and Relations**

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

Incorporating Client & Family Partners as part of our organizational planning and strategic initiatives is something that is progressively becoming the fabric of our culture. Client & Family Partners are already a part of our divisional Community Engagement Councils, Accessibility Committee, divisional Quality, Safety, Risk Committees, and participate in job interview panels (60 to-date). SJCG's Board of Directors has now recruited a Client & Family Partner for the Board Quality Committee. SJCG's Client & Family Council is an advisor for SJCG's quality and strategic initiatives, and have been actively engaged in refreshing our Strategic Plan 2020-2023.

Some examples of quality improvement initiatives during this past year that included Client & Family Partners:

- Designing and implementing Patient-Oriented Discharge Summaries (PODS)
- Implementing an Active Offer of French Language Services at St. Joseph's Hospital
- Implementing Hospice Diversion Pilot Project where hospice clients can return directly to hospice care avoiding the emergency department
- Re-designing bedside whiteboards in Rehabilitative Care to function as a daily communication tool between staff, clients and families that promotes listening, understanding and client centred care principles. The whiteboards convey key information related to clients' individual needs, the care team members, care goals and clients and families messages to communicate with team members.

## Workplace Violence Prevention

At SJCG, workplace violence prevention is a priority. Improving workplace safety includes actions to provide tools, skills and support to keep staff and volunteers safe and well.

SJCG recognizes the impact of workplace violence and harassment on staff 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.

Incidents of workplace violence are tracked, investigated and reported to the Board of Directors through a quarterly Quality, Safety, and Risk Report. Proactive workplace violence risk assessments are ongoing with the goal of reducing workplace violence incidents.

## Virtual Care

SJCG is leading a number of virtual care activities including the following:

- North West eConsult - enabling Primary Care Providers to receive specialist support for their clients over a secure, private platform
- Delivery of virtual wound and speech language pathology services for the North West Region
- Pilot project for provision of psychiatric services to the Kenora District Assertive Community Treatment Team (ACTT) through a combination of Ontario Telemedicine Network (OTN) sessions, on-call phone, text and periodic on-site visits.

## Executive 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.

Indicator	Percentage of Pay at Risk
Increase percentage of medication reconciliation completed on discharge to 85%	1%
Increase percentage response to the client satisfaction question "How often did staff listen carefully to you? Always	1%
Achieve 90 <sup>th</sup> percentile acute care wait of 3 days for a rehabilitative care bed at St. Joseph's Hospital (floors 2, 3, 5)	1%

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

Upon annual review (March 31, 2021), 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). The Board solely determines the compensation for the President & CEO.

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

President & CEO  
Chief of Staff  
Vice President, Rehabilitative Care  
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

## Sign-off

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

Board Chair:	Bishop Fred Colli	<u>original signed by Bishop Fred Colli</u>
Board Quality Committee Chair:	Naomi Abotossaway	<u>original signed by Naomi Abotossaway</u>
Chief of Staff:	Dr. Geoff Davis	<u>original signed by Dr. Geoff Davis</u>
President & CEO:	Tracy Buckler	<u>original signed by Tracy Buckler</u>