

Let's Make Healthy  
Change Happen.



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



3/28/2019

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

This is an open communication to the Patients and Families in our community who we exist to serve in fulfilling our four strategic goals to:

- 1) *Forge a new path to meet the changing needs of our growing communities*
- 2) *Champion a culture of exemplary care and deliver clinical excellence*
- 3) *Create an environment where the best experiences happen*
- 4) *Own our role to improve the system*

Our intent is to share our Quality Improvement Plan (QIP) in an open and transparent declaration of our pursuit of Quality and Patient Safety. Thank you for taking the time to find and read our QIP. Every year we create a new plan and post it publically which is a part of our commitment to you. At Southlake Regional Health Centre (Southlake), we are committed to continuously improving the quality and safety of the care we deliver to our patients and families and the work environment we provide to our staff, physicians and volunteers. Our QIP is an important element in our commitment to deliver *excellent patient and staff experiences*, and our ability to achieve quality outcomes and create value in healthcare. The QIP is the foundation to prioritize our Quality and Patient Safety efforts. In addition, each program develops program scorecards, whereby QIP elements for which they have an impact are included and monitored on a regular basis. The results of the QIP are fully analyzed and discussed at minimum, quarterly, at all of our Leadership and Board Committees and each of us is held accountable to achieve the QIP outcomes through our personal Management Performance Plan process. In addition to regular reporting, and in order to ensure that all of our staff, physicians and volunteers have access to the most up to date information in real time, we rely on our Business Intelligence System. With this system, our staff has the ability to drill down into each report card element to monitor portfolio or unit-level real time performance against our goals. We post program specific metrics quarterly at each unit huddle board. At Southlake, we embrace our responsibility to ensure that each of us is aware of and actively pursuing our priorities.

Southlake will continue to work with its partners in the Joint Centres for Transformative Health Care Innovation. The Joint Centres is a partnership between seven large community hospitals comprised of Humber River Hospital, Mackenzie Health, Markham Stouffville Hospital, Michael Garron Hospital, North York General Hospital, Southlake Regional Health Centre and St. Joseph's Health Centre. The Joint Centres have done transformative work to build a foundation for collaboration and continues to develop, implement and spread leading practices and innovative solutions to improve care for patients and families. As the Joint Centre hospitals looks forward, they aim to define quality in transitions in care and are committed to driving joint metrics to support this.

We are proud of the work we do, and we know that we can always do better. We would like to invite you to tell us about your experience with us, good or bad. Please share your thoughts on where we can improve and challenge us to do better because your voice is essential to our ongoing journey. One of our values is "*Every Voice Matters*", and therefore, we commit to listen respectfully and take actions accordingly. We thank you for taking the time to help us.

**For the 2019/20 QIP, Southlake has identified 10 indicators that we will maintain and/or improve upon. The following five indicators have been selected as our priority focus for 2019/20:**

## **1. Maintain Our Improvement for the Incidence of Hospital Acquired Pressure Injury**

*(Maintain or improve on our current score of 1.4 percent)*

In 2018/19 we optimized our efforts to proactively monitor and act to eliminate preventable pressure injuries. We developed processes to create daily situational awareness of patient safety concerns and ensure organizational compliance with pressure injury management best practices by using a trigger tool to create accountabilities among the interprofessional team. In 2018/19, Southlake achieved its lowest hospital acquired pressure injury rate in more than 8 years, and decreased progression of pressure injuries by 80%. This demonstrates our commitment to “exemplary care and clinical excellence”. Our goal for this year is to maintain our significant improvement in this area.

## **2. Improve Patient Satisfaction Score related to Discharge from the Hospital (Inpatient Care)**

*(Improve from 55 percent score to 58 percent)*

Ineffective communication of hospital discharge information may have negative implications for future health, function and quality of life of our patients. One of our approaches is to measure the success of appropriate discharge communication with patients from one of the patient experience survey questions: “Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?” (Four point scale). We want to use your feedback to improve the discharge communication we provide when patients are discharged from the hospital. Some of the Corporate Strategies for the upcoming year will be to focus on more real time patient feedback to ensure point of care resolution is provided for patients and family.

## **3. Improve Medication Reconciliation compliance for patients at discharge in all clinical areas**

*(Improve from 62 percent in current implemented areas to 100 percent compliance in all clinical areas)*

When you are discharged from hospital often changes will have been made to your medication that you were taking prior to your admission. It is important that you know what medications you should be taking when you return home and we ensure this by performing medication reconciliation on discharge. We monitor this process by checking the number of patients who had a Best Possible Medication Discharge Plan (BPMDP) created. We rolled out a robust process in multiple clinical areas in the last two years and achieved 62% compliance. In 2019/20, the goal is to identify efficient workflow opportunities for all clinical areas and achieve 100% compliance.

#### 4. Reduce the rate of Patient Falls in Inpatient Areas Resulting in Harm

*(Reduce from a rate of 0.54 to 0.36 per thousand patient days)*

The majority of inpatients are older adults and falls are a major concern that can prolong their hospital stay. Many falls can be prevented by implementing best practice falls prevention guidelines. Falls rate resulting in harm has been steadily increasing over the past year and therefore, we have identified falls as one of the top quality and patient safety priorities in the organization. In a deeper dive of reported falls data, we have also learned that approximately 75% of the falls are unwitnessed (no one around the patient). In 2019/20, Southlake will focus on better identifying high-risk falls patients and developing strategies to better observe these patients.

#### 5. Improve the Compliance of Two Client Identification

*(Improve compliance from 48 percent to 100 percent)*

The failure to identify patients accurately results in errors throughout the patient's healthcare journey. Two-client identification has been determined as an evidence based patient identification method to reduce errors during medication administration, treatments, tests and procedures. This means that with every interaction we will use two pieces of information to ensure we have the right patient (e.g. name and date of birth). In 2019/20, Southlake will develop an improved audit and feedback mechanism and introduce technology to improve the compliance of the two-client identification process.

The additional 5 QIP indicators include:

**Alternate Level of Care (ALC) Days for Placement to Home with Services** (the number of days patients who could go home with supports stay in hospital)

**Time to Inpatient bed** (the time from decision to admit in the Emergency Department until arriving on the inpatient unit)

**Discharge Summaries Sent from Hospital to Community Care Provider within 2 days of discharge** (important for safe transitions)

**Overall Incidents of Workplace Violence**

**Readmission Rate for Mental Health and Addiction**

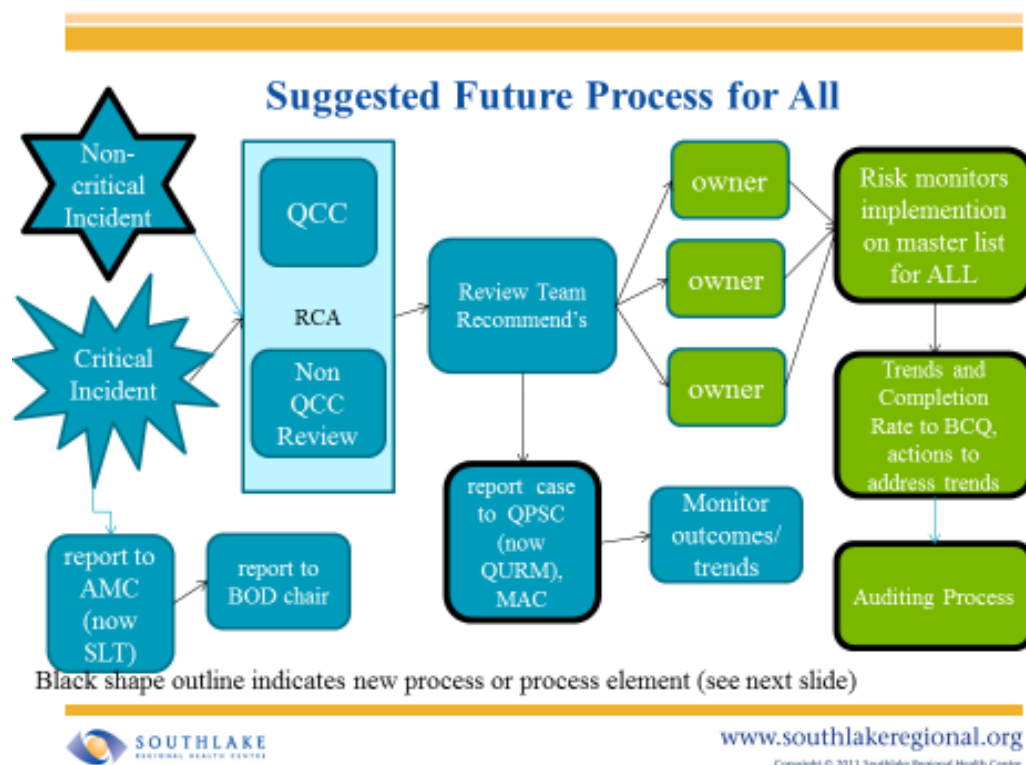
## QI Achievements from the Past Year

At Southlake, we are proud of the evolution of our learning approach to patient safety incidents. Even prior to the inception of the Quality of Care Information Protection Act (QCIPA) in 2004, our approach to reporting, learning and sharing included a focus on critical incidents. Thankfully infrequent, these occurrences were disclosed and reported to the affected patient as well as to our Senior Leadership Team, Medical Advisory Committee and Board of Directors. With QCIPA legislation, we struck a Quality of Care Committee (QCC) which was a body responsible for the review of critical incidents and provided a solid foundation for learning. We did review several cases under the umbrella of QCIPA but we were not satisfied with the restrictions on the sharing of information with you, our patients and with our Southlake family. Our values of transparency, learning and sharing, and our Journey to High

Reliability caused us to cease using QCIPA legislation to keep our reviews confidential. We have not invoked QCIPA since 2013.

Although QCIPA is not used, the QCC was a valuable team with solid processes that we leveraged to evolve our approach to learning from patient safety incidents. In 2013, the process in Figure 1 below was presented to the Board Committee for Quality and adopted. We do however report more than simply trends to BCQ – we also report on root causes, causal factors and recommendations for improvement.

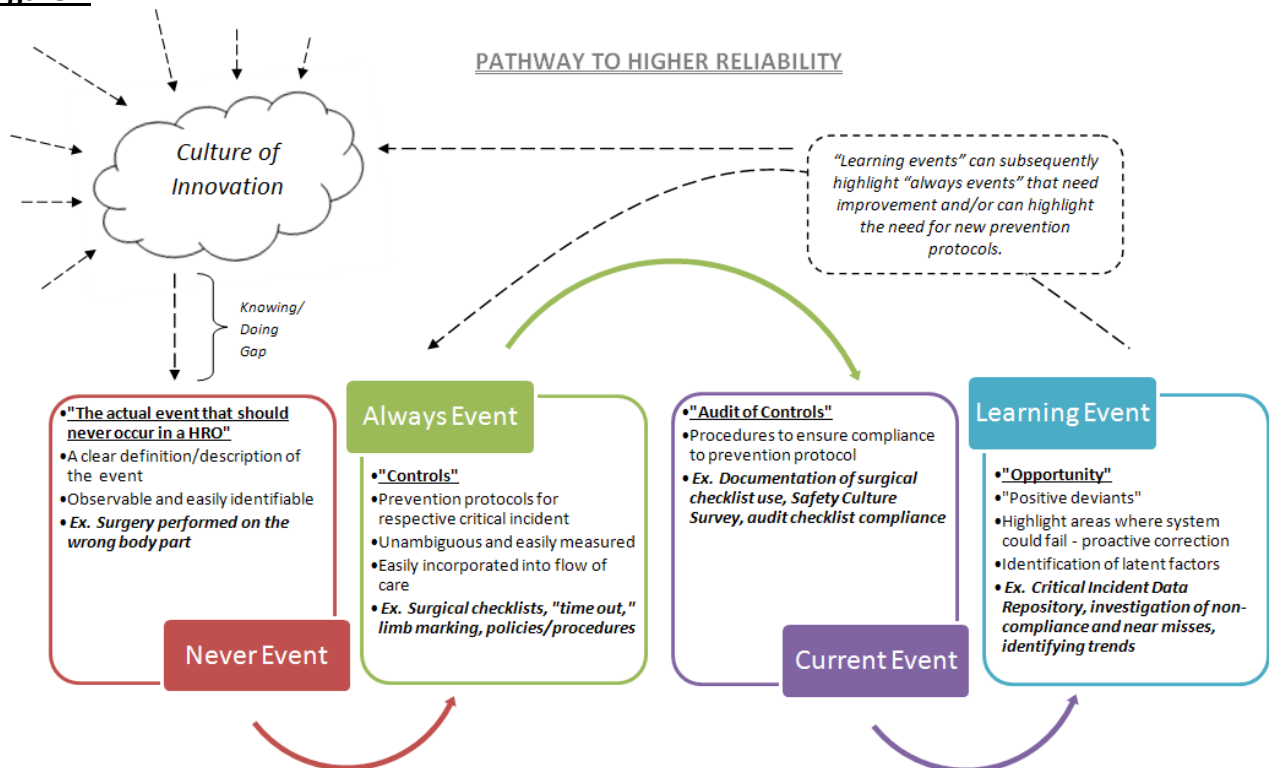
**Figure 1**



With this process, critical near miss incidents as well as critical incidents would be reviewed by the Quality of Care Committee (QCC), and reported throughout the hospital. This is a key turning point as we embrace the High Reliability concepts of Preoccupation with Failure, Reluctance to Simplify, Sensitivity to Operations, Commitment to Resilience, and Deference to Expertise. We know that most incidents occur from challenges in our systems and that the goal of Safe Health Care could be achieved by understanding where these challenges exist and correcting them. Critical near miss incidents are considered learning opportunities since, although no harm was done, issues in our processes are revealed to us and made available for improvement. We also know that simply making a change in one area of the hospital and not translating this change across programs is a lost opportunity as most learnings in one program are of benefit to all. One of the mandates of our QCC is to ensure translation of learnings across the hospital. Through this attention at QCC, we have developed a Safety Alert approach to sharing urgent learnings and thus promoting situational awareness corporately and rapidly.

In 2015, the Canadian Patient Safety Institute (CPSI) published a list of Never Events. At this time, Never Events were added to the QCC process and are now reported on across the hospital. The value of learning from Never Events is of such importance at Southlake that we have developed a Southlake Never Event Elimination Initiative (Figure 2).

**Figure 2**



In this model we have adopted the CPSI list of Never Events and propose "Always Events" or controls that are prevention protocols for the respective Never Event. "Current Events" are the audit of these controls – these are procedures to ensure compliance with the "Always Events". The opportunity for learning from Never Events has been coined "Learning Events" and these highlight proactive correction and identification of latent factors. These "Learning Events" should be shared broadly. At this time, these learnings are communicated within Southlake but we strongly believe in the value of them for safety beyond our walls. Transparency, accountability, transferability and shared learning are embraced at Southlake and have underpinned our drive to achieve High Reliability and to provide excellent patient and staff experiences. We have shared this model with the Joint Centres and it has been utilized in the Reducing Harm from Pressure Injury initiative.

Evidence suggests that lack of reporting, inconsistent practice, lack of accountability and lack of interprofessional team engagement can lead to hospital acquired pressure injuries and harm to patients. In 2018/19 we optimized our efforts to be able to proactively monitor and act on the always events to eliminate preventable pressure injuries. We developed processes to create daily situational awareness of patient safety concerns and ensure organizational compliance with pressure injury



management best practices by using a trigger tool to create accountabilities among the interprofessional team. In 2018/19, Southlake achieved its lowest hospital acquired pressure injury rate at 1.3% in more than 8 years, and decreased progression of pressure injuries by 80%. This demonstrates our commitment to “exemplary care and clinical excellence”.

Furthermore, Southlake embarked in the development of a new strategic plan in 2018/19. Our 2019-2023 Strategic Plan is the result of an unprecedented level of engagement. Between May and November 2018, we had conversations with more than 13,000 people. Southlake is experiencing unprecedented increases in demand for our services. Although brick and mortar is a significant part of the solution to our capacity issues, we are also looking to the future beyond the walls of the hospital. A future where healthcare truly wraps around the patient, with seamless transitions between hospital and home. A digital future where care can be virtual, more responsive to patient needs, and more personalized. We believe that our values (*always with compassion; power of many; serve with purpose; every voice matters; courage to think differently*) will guide us along the way. For more information on the Strategic Plan, please click [here](#).

## Patient/Client/Resident Partnering and Relations

Through our engagement strategy, in the development of our 2019 – 2023 Strategic Plan, we were able to identify your priorities. We spoke to thousands of our staff, physicians, volunteers, patient and family advisors, hospital partners, community partners and community members via town halls, surveys, focus groups, workshops, planning summits, and face-to-face interviews. We also reviewed relevant organizational documents (i.e. Accreditation Canada standards, previous QIPs, Integrated Quality and Patient Safety Plan, and the Risk Management Plan) as part of this process. There were two members of our Corporate Patient and Family Advisory Committee on our Strategic Planning Steering Committee.

As part of the Southlake’s 2019/20 Quality Improvement Plan development process, we have ensured that the QIP goals align to all four of Southlake’s strategic goals created through the engagement process mentioned above:

- 1) *Forge a new path to meet the changing needs of our growing communities*
- 2) *Champion a culture of exemplary care and deliver clinical excellence*
- 3) *Create an environment where the best experiences happen*
- 4) *Own our role to improve the system*

As Southlake embarks on a new Strategic Plan, the QIP will continue be aligned to the strategic goals and quality agenda. Our Board Committee on Quality has been continuously involved with the development of our QIP and, our Patient and Family Advisor members provide continuous patient perspective embedded within the QIP documents. For example, the community members’ and corporate PFAC’s feedback and experience around the capacity challenges have driven us to pursue an aggressive performance target to improve wait time of the Alternate Level of Care (ALC) placement to home with services.

Our longitudinal patient satisfaction surveys and Patient Experience Real Time Surveys provide a valuable source of information as we strive to embed your voice in our improvement efforts. Patient and Family Advisors currently sit on nine Clinical service teams at the program level where goals, objectives and program scorecards are developed. In addition to our Corporate Patient and Family Advisory Committee (Corporate PFAC) we have many other formal organization wide and program specific committees where patients are engaged, by setting goals in collaboration with the health care team.

At Southlake, the Corporate PFAC serves as a forum for patients and families to partner with our staff, physician, and volunteers to provide input and influence on how to improve the patient experience. The Corporate PFAC supports Southlake in honoring its core commitments, strategic goals and objectives “for creating an environment where the best experiences happen”. The Corporate PFAC fosters a culture where our values of serving patients “*always with compassion*” and “*every voice matters*” are recognized in everything we do, and from the patient’s perspective they are cared for. Our drive to achieve our Quality Improvement Plan goals for 2019/20 will be supported by collaboration between dedicated staff, physicians, volunteers and patients/family.

## Workplace Violence Prevention

Southlake's Corporate Workplace Violence Prevention Committee is committed to addressing concerns in relation to the safety of staff, physicians and volunteers; reducing the risk of workplace violence; and creation of a safe environment for everyone who walks through our doors. As a leader in promoting safety in healthcare, awareness and embracing the evolution of safety legislation, this continues to be a significant priority to Southlake, as we strive to establish a culture of safety throughout our Hospital.

There are 5 essential components of a comprehensive workplace violence and prevention program including Governance and Leadership, policies and procedures, training and knowledge transfer, physical environment design, and tools and technology. At Southlake, we have structured our program with attention to all of these components. Our Leadership have articulated a zero tolerance for workplace violence and we have corporate level reporting and monitoring of incidents via our corporate workplace violence scorecard. This is a tool that tracks and trends performance related to workplace violence through reporting at a corporate level. It includes metrics such as the number of incidents, security response time to violence, and severity of incidents.

Our Executive team also engages in regular safety walkabouts and there is a meeting moratorium between 8-10am every morning to enable engagement in a safety dialogue and rounding. This promotes discussion of issues related to safety with staff and allows front-line perspectives to be heard and demonstrates leadership commitment to action.

We have developed alerts for behavioral care (a flagging process), that alerts staff to a care plan that is individualized to the patient and is based on the assessment of violence risk and strategies for managing those risks while providing safe, effective care to the patient. It is important to learn from



the types of incidents we are seeing, which requires a robust incident investigation and analysis strategy. Our staff are very engaged in careful and inclusive incident reporting, investigation and analysis and our Joint Health and Safety Committee (JHSC) is very involved in this work.

We know that training of our staff is of key importance as it imbeds the necessary prevention skills as well as the skills and judgement to prevent, mitigate or deal with incidents of violence. We raise skills and awareness through our annual core curriculum which is completed by 100% of our staff every year. We have also developed a mandatory clinical core curriculum which is completed by 100% of our clinical staff. Many of our staff, and all of our most at-risk staff, have completed Crisis Prevention Intervention (CPI) training. We have also engaged in simulation exercises with staff including York Region EMS and York Regional Police, followed by a debrief, which has been an excellent source of learning.

The design of our physical environment is also an important consideration for safety. We have signage visibly displayed throughout the hospital describing zero tolerance for workplace violence. Whenever there is a change in use of an area and annually across the hospital, an environmental risk assessment is performed. Access to the Emergency Department is also controlled; all patients and visitors must enter through a security controlled entry.

Another key strategy at Southlake is the use of tools and technology to support our Programs. Patients are identified at the time of registration if there is a history of violence and the presence of a care plan. All staff wears a safety pendant that will provide an immediate alert to security identifying the location and staff at risk.

All of the components of our strategy are accessible to all our staff, physicians and volunteers at the one stop virtual location on our intranet. We know that by working together, we can “create an environment where the best experiences happen”.

## Executive Compensation

### **Quality Improvement Plan Part C: The Link to Performance-based Compensation of Our Executives**

The purpose of performance based compensation is to drive accountability for the quality improvement plans.

What is required for ECFAA compliance:

- Compensation must be linked to achievement of quality improvement targets for CEO, COS, CNE and Senior Management reporting directly to the CEO (or person with position equivalent to the CEO)
- Legislation and regulations do not include senior specific requirements regarding the percentage of salary that should be linked, the number of targets, weighting of targets however, the government has the opportunity to mandate a specific percentage at any time

- There should be a clear link between performance-based compensation and the QIP indicators and performance based compensation should be expressed as a percentage of annual salary (vs. dollar amount)
- Senior Management Team who do not report directly to the CEO may also be included in performance-based compensation, although not a requirement for ECFAA

#### **Recommendation for the Executive Compensation Related to the 2019/20 QIP:**

It is recommend that the strategy for 2018/19 Executive Performance-Based allocation be adopted for the 2019/20 fiscal year.

#### **Manner in and extent to which compensation of our executives is tied to achievement of targets**

For Senior Executives and Directors at Southlake:

1. There is total envelope of funds set aside by Finance for Senior Executives and Director Compensation. Total variable pay linked to performance based compensation aligning to requirements in ECFAA plus the Management Performance Plans will vary in percentage
2. Twenty percent of the total variable pay will be linked specifically to achievement of the QIP component of the overall Management Performance Plan
3. Eighty percent of the total variable pay will be linked to achievement of the additional operational objectives aligned to Southlake's strategic goals and identified in each individual's Management Performance Plan
4. The allocation linked to the QIP will be calculated utilizing the following terms:
  - All Corporate Priority QIP indicators will be linked to variable pay
  - Achievement will be based on the percentage complete based on the formula below:

Corporate Priority Indicators	Baseline	Target (2019/20)
Did you receive enough information on discharge	55%	58%
Medication Reconciliation on Discharge	62%	100%
Inpatient Falls Resulting in Harm	0.56	0.34
Two Client Identification Compliance	48%	100%
Pressure Injuries	1.4	1.4
<b>Approach/Formula</b>		
For selected QIP 2019/20 indicators, the score would be calculated based on outcome indicator performance and progress of project milestone completion (includes review of process measures)		

<b>Improve Indicators</b>	
<b>Criteria</b>	<b>Score</b>
If Current Performance: < Baseline + All Activities Not Completed	0
If Current Performance: < Baseline + All Activities Completed	2.5
If Current Performance: $\geq$ Baseline < Target + All Activities Not Completed	2.5
If Current Performance: $\geq$ Baseline < Target + All Activities Completed	5
If Current Performance: $\geq$ Target + All Activities Not Completed	7.5
If Current Performance: $\geq$ Target + All Activities Completed	10
<b>Maintain Indicators</b>	
If Current Performance: < Baseline + All Activities Not Completed	0
If Current Performance: < Baseline + All Activities Completed	2.5
If Current Performance: $\geq$ Baseline/Target + All Activities Not Completed	2.5
If Current Performance: $\geq$ Baseline/Target + All Activities Completed	5

## Sign-off

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

---

Board Chair

---

Quality Committee Chair

---

Chief Executive Officer