

Let's Make Healthy
Change Happen.



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



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.

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Overview

As a leading rehabilitation and complex continuing care (CCC) hospital in Ontario, West Park Healthcare Centre (Centre) is committed to enhancing lives, inspiring hope and encouraging independence through caring relationships, leading practices, specialized services, and partnerships. Our vision is to provide exemplary care inspired by innovation and exceptional performance driven by quality and safety.

Our priorities support Ontario's Patients First: Action Plan for Healthcare including the commitment to put people and patients at the centre of the system by focusing on putting patients' needs first. Furthermore, our priorities support the TC-LHIN Strategic Plan to transform the system to address the needs of highly complex patients with the greatest needs.

Our QIP aligns with our strategic priorities which are to lead in caring for patients with the greatest needs, to create an integrated health campus for the future, and to enhance our financial capacity to thrive.

This year, 2017/18 marks a significant milestone in our campus development activities requiring significant engagement of staff and patients to select a proponent to design, build, finance and manage our new hospital.

In developing our QIP, we balance our focus on meeting the current needs of our patients and families while carefully planning our campus redevelopment which will bring about advances in technology and infrastructure and ensure the greatest care, comfort, dignity and hope for our patients. Our quality improvement plans over the next several years will focus on making sustainable improvements to prepare our staff and patients for a new physical space and changes in workflow and model of care.

QI Achievements from the Past Year

In 2016-17, we were successful in achieving targets / corridors for the majority of our indicators.

We continued with our goal to achieve optimal functional outcomes by increasing intensity of rehabilitation and reducing length of stay for patients recovering from a stroke. Our efforts resulted in the highest average therapy amongst our peers for the second year. Moreover, throughout 2016, the Centre prepared for and achieved Stroke Distinction through Accreditation Canada. The program recognizes health organizations that demonstrate clinical excellence and outstanding commitment to leadership in stroke care.

We supported better access to care for much needed geriatric services and for patients with a stroke who cannot tolerate high intensity rehabilitation. The Centre also helped to improve transition and coordination of patients to the community for patients on long-term ventilation.

In 2017-18 we will continue to work on two areas which fell short of our targets:

- improving safety by increasing the proportion of patients that have their medications reconciled upon discharge; and
- improving the timeliness of the distribution of discharge summaries to primary care provider.

Moreover our focus will be on strengthening partnerships between patients and staff to improve patient experience; providing support for patients with chronic conditions to live in the community and improving functional status in fewer days in hospital.

Integration & Continuity of Care

West Park strives to integrate our services and ensure continuity of care. Through campus development, we hope to significantly expand our programs and services to achieve our vision for an integrated campus of care.

During the capital planning process for the new hospital, West Park partnered with a number of health service providers to enhance continuity of care. Planning in conjunction with Humber River Hospital, the Ontario Renal Network (ORN) including the TC LHIN and Central LHIN ORN Regional Directors and colleagues from St. Michael's Hospital resulted in approval for a new satellite dialysis program at West Park. Support from the Regional Geriatric Program and TC LHIN resulted in approval for dedicated space for a Geriatric Day Hospital in the new build. Concurrently our Non-Hospital Development on campus also presents significant opportunities to engage in dialogue and partnership with other healthcare and community providers.

West Park continues to lead the TC LHIN Long Term Ventilation ("LTV") Strategy including the implementation of a comprehensive plan for the ongoing care of individuals with LTV needs within the TC LHIN. As part of the strategy, West Park and the Toronto Central CCAC work collaboratively to "pull" patients out of the ICU to alternate settings. The Centre also assists the Toronto Central CCAC and Tobias House in providing enhanced community support to individuals with long term ventilation needs. Additionally, West Park partners with the Ontario Telemedicine Network to leveraging technology to connect with patients and their caregivers in the community. The Transitional Home Ventilation ("THV") service funded by the Central LHIN is also integral to the overall program delivery of the LTV Strategy supporting up to 4 in-patient transitions beds that help move patients to a more appropriate level of care. Together the TC LHIN Strategy and the Central LHIN Transitional Home Ventilation Service support a decrease in acute care ALC days for this sub-population.

Another patient population that has benefited from improved integration and continuity of care are patients with hip fractures. Guidelines from the Quality Based Procedures (QBP) handbook recommend that patients with hip fractures begin rehabilitation no later than six days following surgery. The GTA Rehab Network invited West Park Healthcare Centre to co-lead a quality improvement initiative to decrease the time it takes to transition patients from acute care to inpatient rehabilitation. This initiative provides useful learnings to guide other cross-sector change and spread initiatives. This is a good example of integration and continuity of care to improve patient flow and outcomes from a system perspective.

Equity

West Park recognizes equity as a key dimension of quality care and is committed to improving access and quality care for all patients. We rely heavily on language translation services to ensure that our patients and families are able to engage fully in their care.

The Centre has begun to use health equity data captured through TC LHIN's health equity initiative to better understand the outcomes and needs of our patient population. This information will support program development; for example educational resource requirements based on patient language.

Alternate Level of Care (ALC)

The Centre is committed to ensuring patients are in the right place at the right time. West Park has had a low ALC rate over several years and continues to work to ensure patients are safely transitioned when they are no longer in need of the level of care we provide. Nonetheless, the Centre is undertaking several

strategies to further reduce ALCs; for example, enhancing partnerships with home and community care service providers to identify expanded options for discharge, reducing ALC days and improving patient flow.

Engagement of Leadership, Clinicians and Staff

Our success results from the combined efforts of staff across the organization including frontline clinicians, managers, senior leaders and the Board. Regular review and assessment of our performance combined with collaboration in the development of targets and strategies for improvement supports successful achievement of our goals. Additionally, we recognize competing priorities and constant change within the healthcare system. We consider the health and wellness of our staff and ensure balance such that they are able to meaningfully contribute to quality improvement and remain compassionate and competent in their care.

Patient Engagement

The feedback and perspectives of our patient and families are fundamental to the development of our improvement priorities. We seek feedback in various ways including through annual surveying and our patient relations processes. We engage the Patient and Family Advisory Council to understand their needs and contribute to improvement. However, in recognition of the need for greater partnership with our patients and families, this year we are developing a comprehensive patient engagement strategy. This will ensure that we listen to and meet the needs of patients and families and involve them actively on various levels, such as partnership in their direct care, organizational design/governance, and policy making.

Staff Safety and Workplace Violence

Staff safety is a priority. Prevention of workplace violence is an element of the Human Resources Strategy as well as the Occupational Health, Safety and Wellness plan. Psychological health is a key consideration. The Centre's prevention of workplace violence plans include training to prevent and address workplace violence, regular review of policies and safety incidents and workplace violence risk assessments.

Performance Based Compensation

The Centre holds its executives accountable to the achievement of quality improvement targets. Achieving targets is linked to 5% of base salary within the acceptable performance variance as set out below for our Chief Executive Officer, Chief of Staff, Chief Nursing Executive, VP Development, VP Programs, and VP Corporate Services and CFO and 1% of base salary for our VP Strategy and CIO.

Indicator	Target	Corridor
Fractured hip length of stay efficiency ratio	1.41	-0.10
Percent patients rating the 'staff domain' positively	70%	-3%
Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion to the total number of patients discharged	95%	-5%
Percent of discharge summaries sent to primary care practitioner within 2 business days	79%	-3%
Percent outpatients in respiratory day hospital that received a discharge bundle	66%	-6%

Terms:

Achievement of all targets would result in 100% payout; partial achievement of targets will result in partial payout, as determined by the Board of Directors.

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

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

Board Chair -----

Quality Committee Chair -----

Chief Executive Officer -----