

Let's Make Healthy
Change Happen.



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



London Health Sciences Centre

March 28, 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.

ontario.ca/excellentcare

Overview

London Health Sciences Centre (LHSC) continues to be on a path of embracing health-care transformation and remains committed to providing the safe, high quality, and compassionate care that our patients deserve. As one of Canada's largest acute care teaching hospitals, we strive to lead the way in establishing innovative and enduring partnerships to build a sustainable health-care system within our region and across the province for services of which we are an integral partner.

Part of our success is building a culture that engages the direct and indirect feedback of patients and families in all aspects of patient care and organizational operations, and we continue to grow our capacity to do so.

In 2017/18 we have advanced towards our objective of creating a standardized approach to quality and safety, as well as the consistency of care and the patient experience delivered across our organization. We have met our target for medication reconciliation on admission, and will continue to put in place tools and practices that help us to remain a safe place to receive care.

In the 2018/19 QIP cycle, LHSC put patient engagement at the forefront of the development of the plan. Patient and family advisory councils helped us build a survey to understand where our patients, families, and our community wanted to see our focus. In those results we saw that patients and families wanted to make sure their transition to home was a seamless one, and that they didn't have to wait long for emergency care. With that in mind, and considering our patient relations feedback, critical incidents, and our staff & physician surveys, the following indicators have been selected for 2018/19:

-  Emergency Department wait time for complex patients
-  Medication reconciliation at discharge
-  Discharge summaries available to primary care providers within 48 hours of patient discharge
-  Patient satisfaction with the information provided at discharge
-  Workplace violence incidents

2018 will be an exciting year as LHSC undergoes its Accreditation Canada survey in November. In developing this QIP there is strong alignment with the Accreditation Canada standards and required organizational practices.



Additionally, LHSC will launch its new strategic plan in Spring 2018. Developed with over 1,000 stakeholders, and spearheaded by a patient co-chair, the plan will reinforce the direction we are taking in quality, performance, safety, and our commitment to patients and families, staff, physicians, and our community.

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

In 2017/18 LHSC had several significant quality improvement achievements, including the introduction of physician indicators to drive quality improvement, reaching our target in medication reconciliation on admission, and furthering our work on surgical safety and quality improvement.

Physician Indicators

Through consensus engagement, highlighting the physician-administration partnership model, LHSC selected five specific quality indicators that focused on physicians' contribution to quality and safety. The indicators were incorporated into the hospital's existing performance reporting framework (balanced scorecard), and with the support of the Joint Medical Advisory Committee, were rolled out across all clinical programs. Providing physicians with individual information about their contribution to quality and patient safety has been a significant lever in driving performance towards target on important aspects of care such as medication reconciliation, discharge summaries within 48 hours of discharge, and recording patient's resuscitation status within 24 hours of admission.

“Engaging physicians in the monitoring and reporting framework as partners in performance accountability and solution development is an important step in the evolution of hospital leadership, and strengthens our shared goals of improving patient safety and quality of patient care. Once physician leaders and physicians understood the “Why”, and we provided the “What” (the data), they became engaged in the “How”.”

- Dr. Andrea Lum, Chair, Medical Advisory Committee & Director, Quality of Medical Care

Medication Reconciliation

Medication reconciliation on admission is an important aspect of patient safety, preventing thousands of adverse events every year. Through the use of plan-do-check-act cycles of improvement, LHSC achieved its target of 85% of patients being admitted having a medication reconciliation completed. We learned that while education is an important component of behaviour change, it was by implementing new processes that we achieved success. We also learned the importance of regular access to reports to know how we were doing, so that leaders could support their teams in their improvement strategies.

National Surgical Quality Improvement Program

LHSC has joined the Canadian collaborative of the National Surgical Quality Improvement Program (NSQIP). The Canadian and Ontario version of this internationally recognized program is designed to measure and improve the quality of surgical care. The program provides valuable internal detailed hospital reports to participating hospitals, as well as allowing peer-to-peer comparison of hospital

performance. The NSQIP program measures a number of important indicators, such as how often patients die related to surgery, complications related to surgery, how long patients are on ventilators, infections patients acquire in hospital, unplanned readmissions to hospital, and having to go back to the operating room because of complications. Every 6 months, in January and July, LHSC receives performance reports that allow us to compare ourselves to other hospitals. In 2018, LHSC's NSQIP program is expanding from the University Hospital campus to include Victoria Hospital - adult, pediatric, and trauma surgery.

As a NSQIP hospital LHSC is also a member of the Ontario Surgical Quality Improvement Network (ON-SQIN) - a community of thirty-one hospitals that enables learning from each other's experiences, strategies, challenges and triumphs and a comparison of results. In 2018 LHSC will contribute to the Surgical Quality Improvement Network's Health Quality Ontario provincial campaign - *Committed to Better: Reducing Infections after Surgery*. LHSC will continue work on improving surgical site and urinary tract infection rates, two of the campaigns key quality initiatives.

Progress on improving our surgical site infection rates includes increasing the timely administration of antibiotics before surgery, improving surgical preparation practices, and optimizing patient and operating room temperatures. LHSC surgical quality improvement for surgical site infection rates also included improvement on patient handover, use of the Surgical Patient Safety Checklist, and interdisciplinary team coordination. Urinary tract infection priority work includes decreasing unnecessary catheterizations, improving catheterization procedures, and decreasing duration of catheterization. Results are reported to Health Quality Ontario in LHSC's Surgical Quality Improvement Plan (SQIP).

Patient Engagement and Relations

LHSC has been advancing patient-centred care by growing an environment where patients and families can take more direct and active roles in influencing their health-care system. Both the Patient Engagement Framework released by Health Quality Ontario in 2016, and the 2016 updates to Accreditation Canada standards provided valuable direction on how to successfully build partnerships and collaborate with patients and families.

In the past year, we have been developing strategies to build capacity for increased patient and family engagement including:

- Co-creating a refreshed Patient Declaration of Values document with patients, families, and the local and regional community to produce a statement which wholly reflects how patients and families, present and future, expect to be treated when they enter our doors
- Physician and staff education to communicate the corporate vision for patient experience
- Engaging Patient and Family Advisors as active participants in medical simulation education



The patient and family Storytelling Program has also been leveraged to embed stories of patient and family experiences with the health-care system into performance reporting and QIP reporting processes.

The 2018/19 Quality Improvement Plan (QIP) development cycle started with an extensive consultation process to determine not only where our opportunities for improvement exist, but which indicators are most important to patients and families, and the community we serve. In addition to involving patients and families in the selection process, LHSC expanded its consultative process to seek input from partner organizations as well as the community of London, to ensure that the priorities and indicators selected were aligned to organizational, regional, and local opportunities for improvement.

We also took steps to ensure the engagement process was inclusive and mindful of health equity considerations. The prospective indicators were also shared with the Joint Medical Advisory Committee (JMAC) and the Joint Health and Safety Committee in order to gain their perspectives and feedback.



The image shows a survey poster for the London Health Sciences Centre. The poster has a yellow header with the LHSC logo and the text 'What is important to YOU about London Health Sciences Centre?'. Below this, it says 'Help LHSC choose our quality improvement priorities'. A central photograph shows a woman and a man looking at a tablet together. A red box at the bottom left says 'Take the survey!'. Below that, it states 'The survey will take 5-10 minutes to complete and your responses are anonymous.' and 'You can take the survey via the following:'. Two numbered steps are listed: '1. Scan the barcode to the right on your mobile device' and '2. Online at www.LHSC.on.ca. Click on "Take the Survey"'. A QR code is positioned to the right of the steps.

A survey, presented with options to complete via paper, or electronic platforms was used as part of our engagement strategy. It was shared on internal and external LHSC websites, social media, and in face-to-face interactions. In addition, we connected with a cross section of community groups to solicit feedback from their staff, clients, and client families. At the close of our engagement process over 1,300 interactions had been documented, providing clear feedback on where our priorities should lie, and a rich library of commentary detailing our community's experiences with their health-care system.

LHSC has a number of well-established Patient & Family Advisory Councils that are active at the program level (for example, in cancer care and children's care), however in the year ahead, we will develop resources to build additional capacity for engagement across programs and services, and establish a Patient Experience Advisory council that will provide strategic oversight for the patient experience, and patient, family and community engagement. The purpose of the LHSC wide advisory council will be to ensure that patient and family voices inform a system-level integration model of co-design with patients and families as advisors, coaches, educators and research partners.

Collaboration and Integration

The results of our QIP engagement survey were clear – patients and families wanted to be assured when they left the hospital that they were prepared for their transition. LHSC works with a variety of partners to improve methods of communication and transparency of information in support of effective transitions in patient care, including discharge home, to long term care, rehabilitation, or any other setting.

One way that LHSC is helping with patient transitions is through its partnerships with primary care. LHSC and the Thames Valley Family Health Teams (TVFHT) are collaborating on a pilot project to provide TVFHT with a twice-weekly list of discharged patients. The team-specific information shared from LHSC is used by each TVFHT team's resource clinician to triage and identify follow up for patients. This information sharing initiative supports the hospital indicator "Percent discharge summaries sent from hospital to community care provider within 48 hours of discharge" and the Primary Care indicator "7-day post discharge follow up". As a primary care provider, TVFHT has a goal of increasing its rate of patient follow-up within one week of hospital discharge. It is anticipated that increased rates of follow-up will help to identify concerns earlier, potentially avoiding hospital readmission.

Another example of collaboration is the use of the Patient Oriented Discharge Summary (PODS). LHSC is currently developing and refining this summary in collaboration with the University Health Network's OpenLab, and hospitals all across Canada. We know that providing patients with clear, easily understood discharge instructions, including knowing who to call if they have questions eases the anxiety and distress of not knowing what to do when they return home. This initiative is designed to improve the patient-centredness of the discharge process as well as the quality and consistency of information given to the patient at the time of discharge. The PODS (a simple piece of paper) contains 5 important pieces of information in a simple format which is to be communicated verbally and given to patients at discharge in order to help them manage their health after leaving the hospital:

1. Signs and symptoms to watch out for
2. Medication instructions
3. Upcoming appointments
4. Routine and lifestyle changes
5. Telephone numbers and information to have handy

The PODS standardizes the information patients and their caregivers receive when they leave the hospital, and serves as a tool for a structured and consistent conversation with patients, ensuring they receive the most critical information in an easily understood format.

Finally, LHSC has partnered with South West Health Links to ensure coordinated care plans are in place for patients with complex needs. Coordinated care planning is the process of bringing an individual and their supports together with multiple providers to understand the goals of the individual and develop a care plan which best supports those goals. This process is facilitated by Health Links across Ontario. LHSC is working with South West Health Links to develop a flag in the electronic patient record to indicate that a patient has a Coordinated Care Plan (CCP). The flag will reduce the likelihood of duplicate referrals, and more importantly, will signal the opportunity for hospital staff to access the CCP to learn what is most important to the patient, be aware of who is connected with the patient on their care team, and honour the care plan and wishes that have been established with the patient.

Engagement of Clinicians, Leadership & Staff

The QIP is one part of an LHSC system-wide effort to advance data-driven awareness, education, transparency, and accountability for performance across all hospital programs using a balanced scorecard (BSC) framework. Every hospital portfolio, clinical and non-clinical, report quarterly on their contribution to the 50 indicators deemed critical to performance across the 6 dimensions of health-care quality. QIP indicators are highlighted within the balanced scorecard in order to maintain awareness, transparency, and focus on performance for all clinicians, leadership, staff, and physicians. Through this BSC framework, clinicians, leadership and staff are aware of and have direct impact on the improvement plan.

New in 2017/18, LHSC introduced physician specific indicators which highlight physician driven activities and accountability for performance. Physician leaders now work more closely with their clinical leader partners to understand issues and drive performance. In Q3, physicians were incorporated into the reporting framework and have embraced the opportunity to speak to the current state of the physician indicators, and what they are doing to improve performance and quality of care. For the workplace violence indicator, the LHSC Joint Health and Safety Committee provided input into the target set, as well as the key planned improvement methods to achieve the target.

Staff, physicians, students, and volunteers also took part in the development of our QIP engagement survey, helping to shape the selection process for our five QIP indicators.

Population Health and Equity Considerations

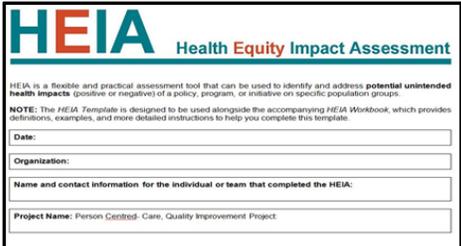
Health equity is increasingly being recognized as a foundational component of a high quality health-care system, and as such is becoming an area of focus for health-care organizations across the province. LHSC is committed to incorporating a health equity lens into the work we do. Below are several examples of how we are making equity part of our focus.

Syrian Refugees

The Women's Ambulatory Care (WAC) team, in collaboration with Middlesex-London Health Unit (MLHU), created a program to support the obstetrical care needs of the Syrian refugee population. The MLHU arranges for prenatal classes for families to attend at the MLHU. The families come to WAC for a nurse-facilitated, interpreter supported classroom session on "Having a baby at LHSC" which includes a review of relevant information from admission through to discharge, as well as a tour of the birthing and post-partum units. During the WAC session LHSC and MLHU provide a babysitter supervised area so that children can attend. With limited access to child care or other supports in the community, this unique information delivery structure allows the patients to attend and benefit from the full prenatal program.

Health Equity Impact Assessment Tool

The South West Regional Cancer Program (SWRCP) is using the Ministry of Health and Long-Term Care's Health Equity Impact Assessment Tool (HEIA) to identify potential unintended health impacts (positive or negative) of policies, programs, or initiatives on specific population groups. The results of the assessment are then used to identify and assess mitigating strategies to address negative impacts and amplify the positive impacts on the identified populations. Based on the assessment results of 5



The image shows a template for the Health Equity Impact Assessment (HEIA) form. It includes a title 'HEIA Health Equity Impact Assessment' and a brief description of the tool. Below the description, there is a 'NOTE' section and several input fields for 'Date', 'Organization', 'Name and contact information for the individual or team that completed the HEIA', and 'Project Name'. The 'Project Name' field is pre-filled with 'Person Centred-Care, Quality Improvement Project'.

HEIA Health Equity Impact Assessment

HEIA is a flexible and practical assessment tool that can be used to identify and address potential unintended health impacts (positive or negative) of a policy, program, or initiative on specific population groups.

NOTE: The HEIA Template is designed to be used alongside the accompanying HEIA Workbook, which provides definitions, examples, and more detailed instructions to help you complete this template.

Date: _____

Organization: _____

Name and contact information for the individual or team that completed the HEIA: _____

Project Name: Person Centred-Care, Quality Improvement Project

projects, SWRCP created a “Lessons Learned” document that identifies common themes in terms of determinants of health and negative impact, and is working on a regional strategy to ensure equity is considered in all future projects.

Partnership with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC)

The South West Regional Renal Program partners with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) to provide joint education events at the SOAHAC offices at the Oneida location. These educational events bring together staff of the Community Health Centres from five regional Indigenous communities along with Renal Program staff to learn about dialysis treatment modalities and the lived experience of Indigenous patients and their family members. The South West Regional Renal Program also worked with SOAHAC and some of our Indigenous patients and staff to design a First Nations Resource Room in the Kidney Care Centre when it was opened 5 years ago. This Resource Room continues to be a haven and spiritual retreat for our Indigenous patients and their family members.

Social Determinants of Health Profile

In 2018, LHSC will support a project, in collaboration with Western University Master of Public Health Program, that aims to enhance the organization’s capacity to understand, identify, and address inequities in our target population’s health-care access and experiences. This will be accomplished by developing a profile of the social determinants of health (SDOH) of LHSC’s patients and the broader community we serve, including building an approach for the routine collection of LHSC patient data pertaining to the SDOH. This work will support the organization’s ongoing monitoring of progress towards our health equity goals and will inform our equity-related quality improvement initiatives.

Access to the Right Level of Care - Addressing ALC



ALC or "alternate level of care" describes a patient who is occupying a bed in a facility and does not require the intensity of resources or services provided in that care setting. This means that patients who are well enough to be discharged are having challenges accessing care at their next destination (such as long term care home, or rehabilitative care) and are staying in hospital longer than necessary. High ALC days is an issue that affects the whole health-care system, including the emergency department. Reducing the length of stay for patients no longer requiring acute care is an important aspect of providing high quality care at LHSC. When patients stay longer than necessary, their risk of harm increases (for example hospital-acquired infections and increased risk of delirium).

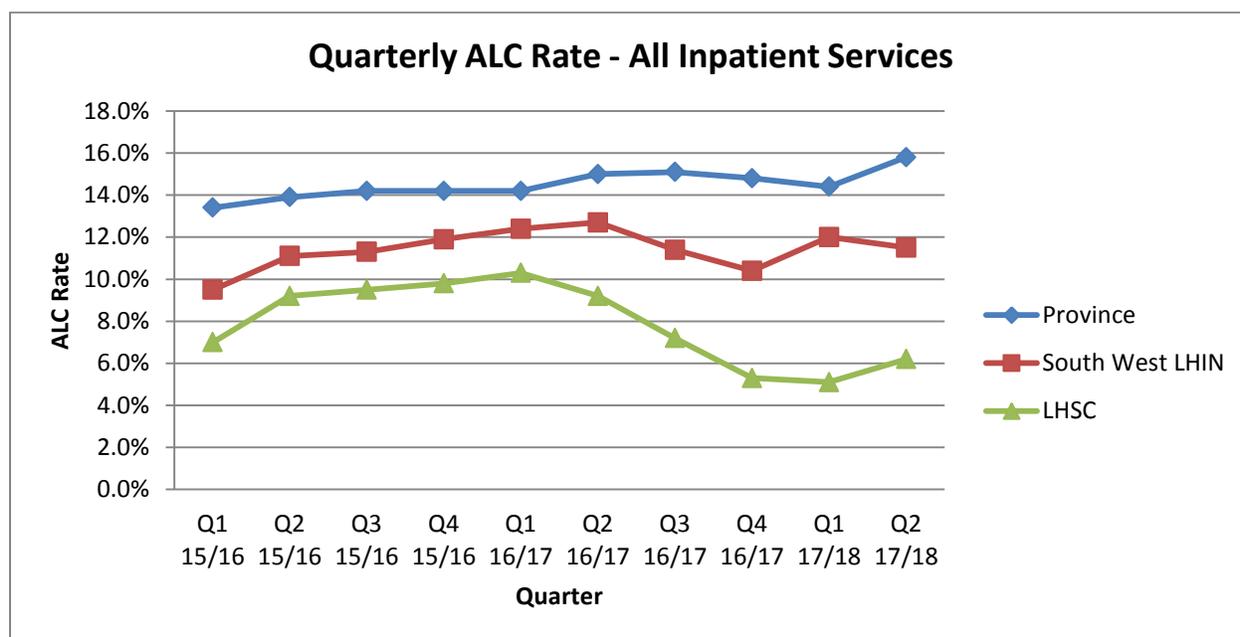
ALC patients who occupy hospital beds while awaiting discharge or transfer to another care environment are not in the ideal place for their care needs, and as a consequence limit access to acute care services by new patients with acute care needs. In collaboration with Home Care South West LHIN (HCSWLHIN), LHSC has actively engaged in a refresh of their Home First program.

One of the ways that we support the right level of care at the right time is through using the Home First philosophy. This philosophy supports the belief that patients should return to their home in the community once they are medically stable following their acute stay. Home First is about making sure that patients receive the appropriate care in the appropriate setting.

The goals of the Home First refresh are:

- Zero patients waiting for long-term care home placement
- The Home First philosophy so strong it is part of our culture
- Equitable treatment
- Purposeful transparency
- Shared accountability
- Learning from the lessons/success
- Discharge planning beginning upon admission

While embracing the Home First philosophy, LHSC shifted the corporate ALC rate making a significant reduction between Q1 and Q4 2016/17, and maintaining a reduced rate of 6.2% through to Q3 2017/18.



Source: New ALC Rate Report, Cancer Care Ontario, December 2017

The Home First refresh focuses on three critical behaviours for physicians, staff, patients and families:

- Working collaboratively as one team with one voice
- Focusing on discharge home
- Building processes around the patient

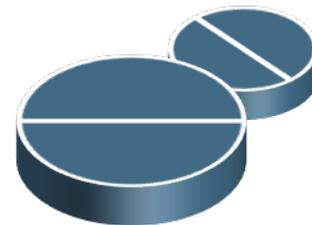
The change in thinking led to assessing a patient's discharge plan right from the time of admission – making sure we identify complex discharges early. There was also a change in the process to designate a patient "ALC" which includes input from a multi-disciplinary team and a focus on open lines of communication with patients and their families.

LHSC's success in reducing the number of ALC days has been shared and implemented across all of the South West LHIN hospitals as an initiative through the Chief Nursing Executives Leadership Forum.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

As Ontario continues to see a rise in opioid-related illness and deaths, LHSC has launched an opioid stewardship working group to address the challenges of opioid prescribing and pain treatment. This group of clinical leaders and physicians is committed to addressing several issues including:

- Reviewing opioid prescribing processes for the treatment of pain and how to address opioid use disorder.
- Revising hospital processes to follow best practices related to pain management and limiting the quantity of opioids prescribed.
- Educating physicians on best practices for prescribing opioids
- Educating patients on pain management and the uses of non-opioid based medicines.



This committee is also looking at future opportunities to educate staff on caring for patients (e.g. appropriate prescribing, minimizing health-care worker exposure to illicit drugs).

LHSC has also partnered with community organizations to better understand the People Who Inject Drugs (PWID) client population and how to work together to identify patients who are clients of community programs with an aim of better managing client transitions between organizations. In December 2017 we hosted a community event, leveraging community expertise to educate staff, physicians and residents, and promote open dialog and learning from all perspectives. Specific areas of collaboration included:

- How can LHSC and partner organizations be supportive during their hospital stay?
- What are the resources available to the PWID population at LHSC and in the community?
- How can LHSC and community partners better link to optimize care?
- How can LHSC better understand their care needs?
- How can LHSC help the PWID population to better understand us?

This collaborative work has been supported by the development of new care streams and care plans to better support safe and effective care while this patient population interacts with the LHSC care continuum.

Workplace Violence Prevention



Keeping our staff, physicians, and other workers safe is an important part of what we do each and every day. This goal is part of our people category in our strategic plan. Some of the steps we take to reduce incidents of harm and violence include:

- Extensive mandatory training for all staff
- Transparent reporting of incidents and trends
- Diligent investigation of adverse events to identify root cause(s) and corrective action(s)
- Actively involving our leaders and the Joint Health & Safety Committee in ensuring a safe workplace
- Conducting risk assessments and ongoing workplace inspections to mitigate or eliminate hazards

Work ahead in 2018-19 includes:

- Implementing a standard tool for individual patient risk assessments as part of a new hospital wide flagging policy and procedure
- Introduction of updated supervisory competency training
- Adoption of standardized electronic risk assessment tool for workplace violence
- Adding a dedicated security guard for our Mental Health unit, as well as implementing procedures for searching patient and visitors for the unit

Performance Based Compensation

ECFAA requires that the compensation of the CEO and executives reporting to the CEO be linked to the achievement of performance improvement targets laid out in your QIP. The purpose of performance based compensation related to ECFAA is to drive leadership alignment, accountability and transparency in the delivery of QIP objectives. ECFAA mandates that hospital QIPs must include information about the manner in and extent to which executive compensation is linked to achievement of QIP targets.

The proposed compensation plan for the 2017-2018 QIP is for 10% of the CEO's annual salary to be directly based on the organization's ability to meet or exceed the targets as outlined on the three compensation based indicators. For the remaining executive staff, 3% of their annual salary will be at risk. Compensation, as it relates to the three indicators, will be awarded as follows:

1. The three indicators below carry an equal weight of 33.3%.
2. For the three compensation based indicators, there are three levels of achievement:
 - Less than 50% of target achieved - no compensation awarded for that particular indicator.
 - Midpoint between current and target, to approaching target performance - prorated compensation will be awarded for that particular indicator equal to the percent towards target achieved.
 - Equal to or greater than 100% of target achieved - 100% of compensation awarded for that particular indicator.

Measure			Compensation			
Indicator	Baseline	Target	Missed (<50%)	Partial (50-99%)	Met (>=100%)	Weight
Workplace violence incidents (#)	844	886	<865	865 to 885	>=886	33.3%
Medication reconciliation at discharge (%)	66.4%	77.0%	<71.7%	71.70% to 76.99%	>=77.00%	33.3%
Discharge summaries completed in 48 hours of discharge (%)	31.8%	50.0%	<40.9%	40.90% to 49.99%	>=50.00%	33.3%

Contact Information

Tammy Quigley
Director, Quality & Performance
Tammy.Quigley@lhsc.on.ca
519-685-8500, ext. 75135

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

Ms. Ramona Robinson
Board Chair

Mr. Lawrence McBride
Quality Committee Chair

Dr. Paul Woods
Chief Executive Officer