

Let's Make Healthy
Change Happen.



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



London Health Sciences Centre

March 29, 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.

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Overview

London Health Sciences Centre (LHSC), one of Canada's largest acute-care teaching hospitals, is dedicated to excellence in patient care, teaching and research. 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.

2018-2019 has been an outstanding year for LHSC with several significant milestones.

In fall 2018, LHSC's new strategic plan Working Together to Shape the Future of Health Strategic Plan 2018 – 2020 was launched.

There are five strategic directions:



Each of these directions has corresponding initiatives that will help LHSC achieve its strategic plan. The plan was also developed through broad consultation with internal and external stakeholders and led by a patient co-chair.






After an extensive consultation with internal and external stakeholders and aligned with the strategic plan, LHSC also introduced its new mission, vision and values:

- Vision: Working together to shape the future of health
- Mission: LHSC is a leading academic health organization committed to collaborating with patients, families and system partners to:
 - Deliver excellent care experiences and outcomes;
 - Educate the health care providers of tomorrow; and
 - Advance new discoveries and innovations that optimize the health and wellbeing of those we serve
- Patients are at the centre of everything we do and we are guided by four values:
 - Compassion: Engaging others with kindness, sensitivity, and respect
 - Teamwork: Working together to serve others
 - Curiosity: Demonstrating a desire to gain knowledge through questioning and exploration
 - Accountability: Adhering to the highest standards of personal, professional and corporate responsibility

LHSC's mission, vision and values will help to set the organization's strategic foundations and by

living our vision, mission, and values, together we will improve care for all those we serve.

Reviewing our achievements along with Quality Improvement Plan (QIP) results over the previous years, and in consultation with stakeholders and Health Quality Ontario's information on annual priorities, the following indicators have been selected for the 2019/20 QIP cycle:

-  Emergency Department wait time for an inpatient bed
-  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

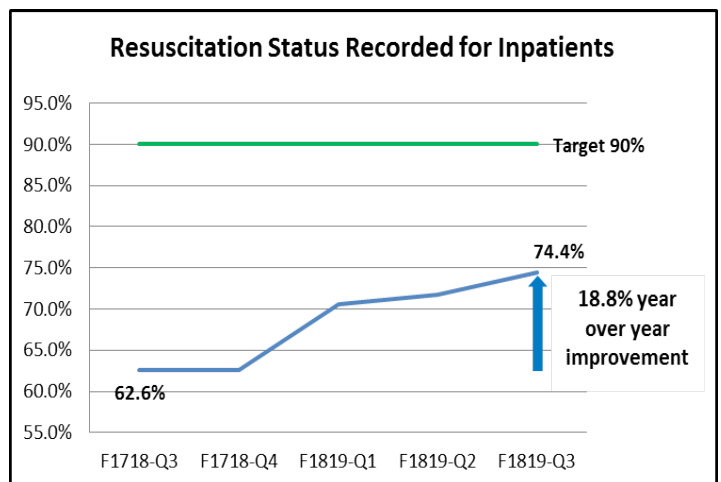
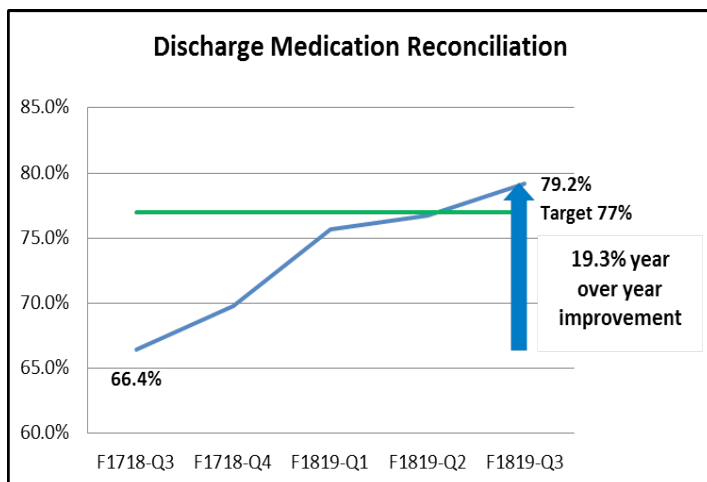
Outside of the mandatory indicators, the voluntarily selected indicators represent LHSC's continued commitment to stay focused on the indicators that patients and families, staff, physicians, partner organizations and the community at large had deemed most important to improve during our extensive 2018/19 public consultation process.

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

In 2018/19 LHSC was focused on building on its past success to set a new standard for quality care and patient experience. This included further advancing our data-driven approach to performance improvement and a corporate wide campaign of awareness and focus on patient-centred care.

Professional Staff Indicators

The physician-administration partnership in performance improvement highlighted in the 2018/19 narrative has continued to yield success as professional staff embraced the opportunity to drive performance towards target on important aspects of care. Easy access to standardized data sets have allowed physician leaders to focus on actions and effectively monitor performance from the department level to the individual clinician level. In the case of discharge summaries available within 48 hours, a regional leader was able to leverage data to heighten awareness and focus education on improvement opportunities. Physician and resident champions were additionally able to utilize the available data to translate performance goals into effective and sustainable processes to deliver results. In the Otolaryngology department this approach led to significant reductions in average discharge-to-dictation and transcription-to-authentication times and resulted in a 180% improvement in discharge summaries available within 48 hours, from 15% in Q1 to 42% in Q3.

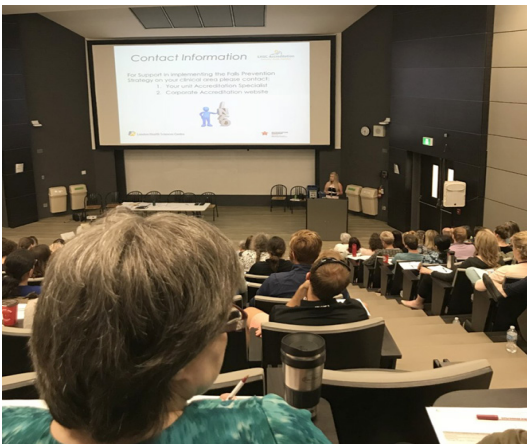


Performance Reporting Tools

LHSC has further evolved along its journey of data-driven performance and knowledge management by locally developing a web-based performance monitoring and reporting tool to provide a platform for two-way dialogue and knowledge sharing among teams. This tool provides a centralized and standardized data repository for all clinical leaders and professional staff to monitor their performance and report their improvement actions on balanced scorecard indicators. The use of this tool and accountability for monitoring and managing performance was supported by LHSC's Executive and Strategic Leadership Committees (ELC and SLC) and the Medical Advisory Committee (MAC). Indicator progress is reported by clinical and physician leaders on a quarterly basis as part of the hospital's regular quality and performance reporting processes.

Accreditation

In November 2018, LHSC underwent its Accreditation Canada survey and we were notified in December that we received Accreditation with Exemplary Standing. Specifically, LHSC scored 100% in our compliance to Required Organizational Practices (ROP) and 99.73% compliance to Accreditation Standards. This represents a significant achievement for a large acute-care teaching hospital and was the result of the hard work and dedication of each and every staff, physician, learner and volunteer



as well as the Board of Directors at LHSC. This accomplishment was built on a foundation of purposeful engagements with staff, tracer activities, and performance reporting regimens which served to pinpoint performance gaps, identify and communicate priorities, and track corrective actions.

LHSC also developed an accreditation specialist model, utilizing knowledge brokers to provide peer-to-peer support, education and mentorship in order to transform behaviour at the front line. They were what we called the “secret sauce” to our success. A second crucial component was the use of decentralized decision making by assigning directors and chair-chiefs to ROP teams who were then charged with the authority to make decisions on how to address gaps within the ROPs without

requiring additional layers of approvals. The 2018/19 QIP was purposefully developed in alignment with Accreditation Canada standards and ROPs to maintain a singular focus on quality of care and healthcare experience for our patients. We are committed to stay vigilant in our efforts to partner for patient safety every day, and ensure patients and families consistently get the care that they need, when and where they need it.



“ This is a testament to our collective ability to achieve and exceed the very highest standards of patient safety and quality....

Our job now is to sustain what we have accomplished and continue to embed the standards and required organizational practices into our day to day work as part of our focus on improvement. ”

- **Dr. Paul Woods, President and CEO**
- **Ms. Ramona Robinson, Chair, LHSC Board of Directors**

Patient Partnering 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, LHSC established a new patient experience advisory council (PEAC) to provide strategic oversight for the patient experience, and patient, family and community engagement. Our patient advisor program has grown to help deliver on our commitment to keep patients at the centre of everything we do. As of the writing of this narrative, patient advisors and patient advisory councils have partnered on 91 local and regional quality improvement initiatives spread over 13 clinical and support areas.

The Neonatal Intensive Care Unit (NICU) in conjunction with their Family and Developmental Care Council (a council of staff and family advisors) implemented the FICare (Family Integrated Care) model into the NICU. FICare is a model that integrates families as partners in the NICU care team, and provides a structure that supports the implementation of patient and family centered care. This program was led and implemented by a Patient Advisor. Preliminary research suggests that FICare decreases parent stress, results in fewer nosocomial infections, improves infant growth and breastfeeding rates, and improves patient safety. In addition, white boards were installed at each bedside with the purpose of facilitating increased communication between the healthcare team and parents to ensure that the needs of the infant are being addressed.

In 2018 the Patient Experience Department developed a Leader Guide in collaboration with family and patient advisors. The goal of the leader guide is to help individual leaders or units to identify where they are currently engaging with patients and families within their program/service, and to see what opportunities exist to increase engagement and collaboration. It outlines the following:

- Patient and Family Engagement Requirements for Accreditation
- Preparing the Team for Patient and Family Engagement
- Recruitment and Engagement of Patient and Family Advisors
- Planning for Engaging Patients and Families on Councils, Committees or Projects
- Post-Engagement Surveys

This leader guide is actively used to ensure that advisor engagement is meaningful. LHSC continues to move towards advisors co-leading quality and safety initiatives.

The selection of the 2019/20 Quality Improvement Plan (QIP) indicators was the result of consultation with patients, families and staff who reinforced that the indicators chosen through the extensive public consultation in 2018 are still the correct indicators for LHSC to focus on, as well as an acknowledgement that there are ongoing opportunities for performance improvement. Patient Advisors were partners in the execution of 2018/19 QIP workplan activities and LHSC intends to grow this patient partnering process in the 2019/20 QIP cycle.

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 focus 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
- Continue with dedicated security guard for our Mental Health unit, as well as implementing procedures for searching patient and visitors for the unit

Work ahead in 2019-20 includes:

- Continue using a standard tool for individual patient risk assessments as part of a hospital wide flagging policy and procedure
- Continue to offer supervisory competency training
- Continued use of a standardized electronic risk assessment tool for workplace violence
- Analyze injury severity levels of workplace violence incidents to help evaluate effectiveness of existing controls

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 2019-2020 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 two compensation based indicators. For the remaining executive staff, 3% of their annual salary will be at risk. Compensation, as it relates to the two indicators, will be awarded as follows:

1. The two indicators below carry an equal weight of 50.0%.
2. For the two compensation based indicators, there are three levels of achievement:
 - Target missed - no compensation awarded for that particular indicator.
 - Approaching target performance (Partial) - prorated compensation will be awarded for that particular indicator equal to the percent towards target achieved.
 - Target met - 100% of compensation awarded for that particular indicator.

Measure			Compensation			
Indicator	Baseline	Target	Missed (fewer than or greater than 10% of Target)	Partial (within 10% of Target)	Met (within 5% of Target)	Weight
Workplace violence incidents (#)	954	886	fewer than 797 or greater than 975	797 to 841 or 931 to 975	842 to 930	50.0%
Indicator	Baseline	Target	Missed (<50%)	Partial (50-99%)	Met (>=100%)	Weight
Medication reconciliation at discharge (%)	79.2%	85.0%	<82.1%	82.1% to 84.9%	>=85.0%	50.0%

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