

Let's Make Healthy
Change Happen.



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



London Health Sciences Centre

6/24/2020

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.

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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 is continuing to embrace health-care transformation and remains committed to providing the safe, high quality, and compassionate care that our patients deserve.

In 2019/2020 LHSC continued to focus on continuous improvement in providing exceptional quality and safety, building upon our Accreditation with Exemplary Standing received from Accreditation Canada. We are dedicated to stay vigilant in our efforts to be “*Accreditation Everyone. Ready. Everyday.*” and ensure patients and families consistently get the care that they need, when and where they need it.

In 2018, LHSC launched our 2018-2020 Strategic Plan: Working Together to Shape the Future of Health that demonstrates our commitment to provide safe and quality care for our patients and families. This plan, guided by LHSC’s new mission, vision and values, ensures patients are at the centre of everything we do. The strategic plan provided guidance for the implementation of a new, multi-year improvement initiative.

In spring 2019, LHSC launched the Continuous Improvement of Care (CIC) initiative to improve patient care by developing our people to solve problems and improve performance. CIC is the next step in the journey of continuous improvement.

As part of the CIC initiative LHSC’s senior leadership has been undergoing training to help define True North (a small set of measures that give us a clear picture of our organizational well-being over time) and provide LHSC with an overarching set of organizational goals for teams to focus improvement efforts.

Reviewing our achievements along with QIP results over the previous years and in consultation with stakeholders and Health Quality Ontario’s information on annual priorities, for the 2020/2021 QIP cycle, the following indicators have been selected:

- Length of Wait in ED at 90th percentile (Mandatory Indicator)
- Overall Incidents of Workplace Violence (Mandatory Indicator)
- Discharge Summaries Available to Primary Care Providers within 48 Hours of Patient Discharge
- Never Events and Falls with Significant Injury (NEW)
- People Wellness (NEW)

LHSC’s True North

True North measures are the guide posts for the organization with areas setting their own meaningful and relevant metric to help LHSC meet the True North target. True North measures and this year’s QIP align.

LHSC’s True North provide an overarching set of organizational goals for teams to focus improvement efforts.



Describe Your Organization's Greatest QI Achievement from the Past Year

The Continuous Improvement of Care (CIC) initiative is an evidence-based framework that is enabling LHSC to design, perform and continuously improve the health-care services we provide. CIC is comprised of four components (Daily Management System, Executive Management System, Continuous Improvement Team & Capability Building, and Improvement Initiatives):



The four components of the Continuous Improvement of Care (CIC) initiative.

Executive Management System is defining 'True North' (a small set of measures that give us a clear picture of our organizational well-being over time) and providing LHSC an overarching set of organizational goals for teams to focus improvement efforts.

The Daily Management System provides the structures, processes, standards and opportunities to engage and empower staff and physicians in daily problem solving and making improvements connecting their work to True North (LHSC's overarching organizational goals).

Continuous Improvement Team & Capability Building is an internal team designing and building the resources to sustain the transformation and empower staff.

The Improvement Initiatives will provide a standard approach to large projects using a data driven process that ensures solutions are sustainable.

The first and second waves of the Daily Management System were completed fiscal year 19/20 in the following units: Sub-Acute Medical Unit, Clinical Neurological Sciences, Epilepsy, Surgery, Cardiac and Children's Hospital at LHSC.

Benefits have already been realized in these units including empowerment and engagement of staff and physicians, and an improved patient experience. Staff and physicians are the drivers of this change to improve their daily practices and the experience of patients and families.

Work will continue until all areas of the organization have been engaged and supported on this journey. It is expected to take three to five years to complete the roll out of the Daily Management System across the organization.



Sub-Acute Medicine Unit (SAMU) team members at Victoria Hospital engaged in daily huddle.

Collaboration and Integration

LHSC continues to work collaboratively with 66 community partners to develop the Western Ontario Health Team (WOHT). The WOHT has been built on the principles of Population Health Management with a focus on the quadruple aim.

| | | |
|----------------------|---|---|
| Quadruple Aim | Better Patient Outcomes |  |
| | Better Patient & Caregiver Experiences | |
| | Better Provider Experiences | |
| | Lower Overall Cost | |

The team has extensive experience in population health management, system design and coordinated care. Local projects like the Connecting Care to Home Integrated Funding Model, Best Care for COPD, Telehomecare, and HealthLinks have brought together numerous organizations with shared accountability for better care.

WOHT also includes extensive population health expertise through partnerships with our community and Western University. A Population Health Coalition has been formed to bring patient representatives together with experts in a variety of areas including health equity, health economics, Indigenous and Francophone health, and social determinants of health.



In year 1, WOHT will focus on adults with a primary diagnosis of advanced Chronic Obstructive Pulmonary Disease and/or Congestive Heart Failure, who are in need of system-level care coordination or navigation; with special emphasis on patients who are at risk of institutionalization as the priority population. The patient population was selected as the result of an in-depth population selection process. The process for population selection was based in the principles of change management, population health management, and value-based healthcare.

Western Ontario Health seeks to promote simplicity in everything we do. Our patients and their caregivers should have all of their information available to them in a simple and easy to use manner, should know what to expect and what is expected of them, and should know what to do if something goes wrong. By providing improved system navigation and care coordination, we anticipate that patients will feel more connected and better supported, which will translate into better experiences with the healthcare system and better outcomes.

As an integrated team, there is a deep responsibility to identify service gaps from a patient, family, and caregiver perspective and to shift resources and approaches to care to meet local needs. WOHT believes strongly in equity, and will commit to reducing unnecessary and avoidable differences in health outcomes that are unfair and unjust.

Patient/Client/Resident Partnering and Relations

During the past year, LHSC Patient Experience Office focused on two corporate Strategic Initiatives – Patient Engagement and Health Equity – to advance patient experience across the organization. The Patient Experience Team continues to embed a strong culture of patient and family engagement by supporting teams and programs in establishing evidence informed methods to consistently and authentically engage patients at all levels of the continuum of engagement across all areas of the organization.

The Patient Experience Advisory Council (PEAC) was established this past year. This Council consists of Patient and Family Partners, staff and senior leaders from across the organization and the CEO. Reporting to the Board and the Executive Leadership Team, the Council provides leadership and strategic advice on strengthening and expanding patient engagement at LHSC.

Storytelling Program

The Storytelling Program continues to be an important strategy to advance patient experience and engagement within LHSC. Through this program, Patient and Family Partners share their personal stories as a means to offer valuable insights on what matters most to them and to highlight opportunities for improving care delivery. Patient and Family Storytellers participate in three successive workshops that focus on helping them to write their stories and receive constructive feedback from their peers on the sharing of these stories. Patients and families shared their lived experiences through storytelling at 50 educational sessions, refresher days, conferences and orientations during the past year.

Patient Experience Week



Kirk Patterson, Patient and Family Advisor and Alicia Cooper, Patient Relations Specialist welcoming staff, patients and families as they arrive at LHSC.

Patient Experience Week (April 23-27, 2019) is an opportunity to recognize and thank staff, physicians, patients and families for their dedication to improving patient experience at London Health Sciences Centre (LHSC).

The first Inaugural LHSC Patient Experience Awards were held during Patient Experience Week in 2019/2020. These awards highlighted individuals who demonstrated a strong commitment to patient partnerships and advancing patient experience.

Patient Relations

The Patient Relations Office underwent structural realignment with the Office of Patient Experience in 2019. This change was designed to strengthen collaboration between the two departments to produce more meaningful data that can be used to improve quality of care with the guidance of Patient and Family Partners. The Patient Relations Office facilitates the resolution of more than 1,000 complaints per year.

Patient & Family Partners



181 participated in initiatives throughout the organization



47 members of quality committees and corporate councils



2 appointments to Board level committees

LHSC Board of Directors approved the appointment of a Patient Partner to the Finance Committee of the Board to ensure the patient voice is included in executive-level discussions and decision-making.

Workplace Violence Prevention



Working together to make health care **SAFE CARE** for everyone

Keeping our staff and physicians 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 and one of our True North metrics. 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)
- Conducting risk assessments and ongoing workplace inspections to mitigate or eliminate hazards

In 2019/2020 we focused on making health care safe care for everyone by implementing the following actions:

- **Joint Health & Safety Committee (JHSC) New Sub-Committee:** The JHSC created a new special workplace violence sub-committee. The subcommittee is focused on psychological safety, harassment, and revising processes related to bullying and civility.
- **New Workplace Violence Lead:** A new educator position was added to the Occupational Health & Safety Services team. This educator is the lead on workplace violence for the organization. In this position the educator delivers workplace violence training and also spends time on the floor to support staff and physicians.
- **New Bi-Monthly Newsletter:** *Interventions on the Frontline* is a new bi-monthly newsletter that includes principles, techniques, and articles related to various aspects of non-violent crisis intervention, as well as provides a refresher on a physical disengagement skill.
- **Accessibility of Screamers:** Screamers are easy to use and carry, and require minimal training. They were made easily available to staff that frequently enter populated areas of concern.



Looking ahead to 2020-2021 we will continue to:

- use a standard tool for individual patient risk assessments as part of a hospital wide flagging policy and procedure
- use a standardized electronic risk assessment tool for workplace violence
- analyze injury severity levels of workplace violence incidents to help evaluate effectiveness of existing controls

There are two new initiatives we are working on in 2020/2021 to keep our staff and physicians safe and at work doing what they do best. These initiatives include a change in format and content of the violence prevention training program that will emphasize de-escalation skills and safe intervention. LHSC is also exploring the implementation of a different panic alarm system.

Virtual Care

Western Ontario Health Team

The Western Ontario Health team will focus on incorporating virtual care into all workflows and ensure it is considered an option for care delivery whenever possible. The goal is to improve residents/patients access to specialists, hospital services and primary care providers; as well as community services to address timeliness of care needs and best utilize time spent on direct patient care. Virtual care seeks to increase face to face contact for patients and their physician and care team to support them and their caregivers in their home or community setting whenever these could be delivered virtually.

The Western Ontario Health team model builds upon existing provider systems and provincial assets to scale and expand virtual offerings. Patient information will transition to and from the circle of care by utilizing provincially approved systems and networks capable of supporting virtual care needs.



Virtual care can enhance:

- patient and caregiver experience
- identifying the most appropriate avenue for patient care
- ease of navigation/transition to different care settings/teams

Access Made Easy with MyChart Patient Portal

In June 2019, MyChart™ patient portal was launched for Adult patients in the London Regional Cancer Program at London Health Sciences Centre and the Breast Care Program at St. Joseph's Health Care London. MyChart is a secure online service that provides access to medical records from various participating hospitals and home and community care services.



Marinette Laureano, MyChart early adopter and Patient and Family Partner with the London Regional Cancer Program, reviews sign up information with patient Martha Pook.

Marinette Laureano, Patient and Family Partner with the London Regional Cancer Program, was one of MyChart's early adopters.

"As a patient, MyChart is empowering and gives me back a sense of control," she says. "The ability to consolidate my health record allows me to practice self-care, and the ability to access my health records wherever I am provides me with a sense of security."

MyChart is an important milestone in our health system's shift to a more digital mindset in the patient experience journey.

Using MyChart can help patients be better informed and engaged in their care. It also enables them to enter their own data such as allergies, medications, immunizations, and mood. Patients can grant access to health-care providers, family or other caregivers through the portal to share this information.

Executive 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 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 |
| ED wait for an Inpatient Bed (Hours) | 21.7 hours | 17.0 hours | >18.1 hours | 18.1 hours to 17.1 hours | <=17.0 hours | 33.3% |
| Indicator | Baseline | Target | Missed (<50%) | Partial (50-99%) | Met (>=100%) | Weight |
| People Wellness – self-perception of stress and self-perception of support | Stress 38% Support 65% | 38% 65% | >=55% <=50% | 54.9% to 37.9% 50.1% to 64.9% | <=38% >=65% | 33.3% |
| Indicator | Baseline | Target | Missed (<50%) | Partial (50-99%) | Met (>=100%) | Weight |
| Discharge summaries available to primary care providers within 48 hours of patient discharge | 52.1% | 65% | <=57.5% | 57.6% to 64.9% | >=65% | 33.3% |

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Sign-off

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

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