

Let's Make Healthy
Change Happen.



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



April 1, 2019

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Overview

It has been a momentous 12 months for us at Scarborough Health Network (SHN). A year ago when we released our 2018-2019 Quality Improvement Plan (QIP), we had just begun an extensive engagement process to create our first strategic plan and find our permanent new name and brand. It's not often that an organization is tasked with developing so many fundamental parts of its identity at once. However, thanks to the support of so many – both within and outside our hospital walls – we have been able to make great strides in our journey to define and shape the future of health care for our community.

Through interviews and focus groups, community forums, surveys, town halls, and team activities, we directly spoke with nearly 1,000 individuals and received written feedback from many more in order to learn what's important to them when it comes to their community hospital.

We heard that we need to be bold, show pride in our organization, promote our services, and advocate for the needs of our community. As well, we heard that patients and families want to feel listened to and respected throughout their care journey. They also told us that they need better tools to be empowered and take control of their own health. This includes having the right information and knowledge to access care closer to home.

This invaluable feedback led us to develop an inspiring new strategic plan, which we proudly launched at our Annual General Meeting in June 2018. Then on November 22, 2018 – just shy of the December 1, 2016, merger of our three hospitals and eight satellite sites – we celebrated another milestone and moved from our interim name, Scarborough and Rouge Hospital, to our new visual identity: Scarborough Health Network. Our new name and brand was also the result of months of planning and engagement with the Scarborough community, hospital staff, and physicians.



Setting a new standard for exceptional quality and patient safety is one of our four ambitious strategic directions. We believe that providing care just isn't our job, it's our privilege. We are honoured to serve one of Canada's most diverse communities and we want to deliver the very highest quality treatment and care in an environment where patients not only feel physically safe, but also mentally and culturally safe. Our 2019-2020 QIP will be an important tool that will guide us to chart a new course for care in Scarborough – designing state-of-the-art infrastructure, equipping our staff and physicians with the latest technology, and creating a better way for our patients to access world-class treatment.

Our 2019-2020 QIP Indicators

QIPs help us to address the issues that challenge a quality patient experience. Health Quality Ontario (HQO), the provincial advisor on quality in health care, has six dimensions of quality for which it has identified 11 key issues facing health care:

- Effective: effective transitions, coordinating care, population health
- Patient-centred: palliative care, person experience
- Efficient: access to the right level of care
- Safe: safe care, medication safety, workplace safety
- Timely: timely access to care/services
- Equitable: equity

These provincially-identified issues closely match the priorities that SHN has set, and serve as a framework for the development of our 2019-2020 QIP.

The following table lists the eight priority indicators that have been selected for our 2019-2020 QIP. This set of indicators will help to measure how effectively we are addressing our key quality issues and moving ahead with our quality improvement agenda. The table also shows how our indicators link to HQO's quality dimensions.

Scarborough Health Network 2019-2020 QIP Indicators

Quality Dimension	SHN 2019-2020 QIP Indicator
Efficient	Number of inpatients receiving care in unconventional spaces
Timely	Time to inpatient bed
Patient-centred	Patient experience: Did you receive enough information when you left the hospital? (medical and surgical inpatients)
Safe	Number of workplace violence incidents reported by hospital workers
Safe	Reduction in rate of patient safety incidents with moderate harm or higher (including inpatients and day surgery patients)
Effective	Early identification: Documented assessment of needs for palliative care patients
Effective	% Medication reconciliation at discharge
Effective	Readmission within 30 days for mental health and addiction

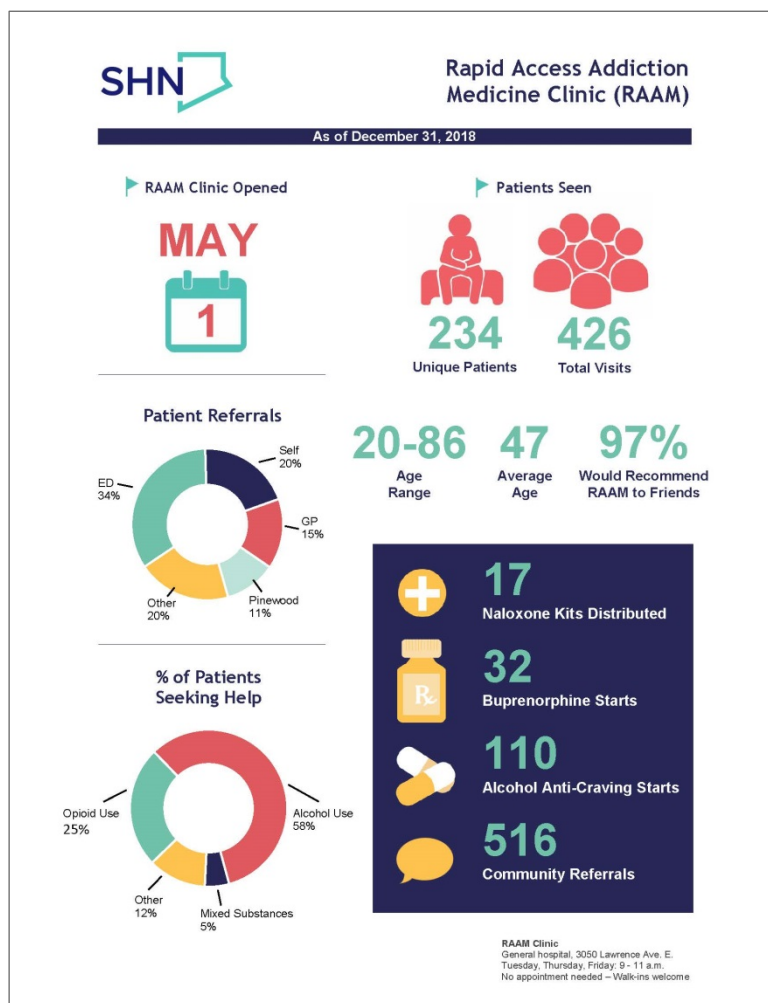
Describe your organization's greatest QI achievement from the past year

We were proud to provide even greater support for those who may be struggling with substance use in our community with the opening of a Rapid Access Addiction Medicine (RAAM) Clinic at our General hospital. RAAM Clinics offer immediate treatment of alcohol, opioid, or other drug-related addictions, and care is available on a walk-in basis without an appointment or physician referral.

The multidisciplinary team at our RAAM Clinic – which includes physicians, a dedicated registered nurse, and specialized addiction counsellors – is experienced in treating people who are struggling with substance use and understand the barriers associated with getting help. But, most importantly, the RAAM Clinic provides a safe space where care is delivered with a client-centred, trauma-informed approach, without judgment, in a healing environment. Individuals are encouraged to visit the RAAM Clinic even if they are not sure if they have a substance use problem, or are simply not ready to stop using alcohol or drugs.

RAAM Clinics are part of the Ontario government's Strategy to Prevent Opioid Addiction and Overdose and the model has proven results. By giving patients immediate access to care, their health outcomes are much better. As well, RAAM Clinics lessen the burden on the health care system by reducing emergency department visits and engaging patients in both short- and long-term care.

Since its launch in May 2018, our RAAM Clinic has already shown itself to be an important resource that is allowing us to transform the health experience of patients who seek care as evidenced by the adjacent infographic.



Patient/client/resident partnering and relations

Person- and Family-Centred Care (PFCC) has continued to be a central philosophy for us throughout all of our planning work. We are committed to including patients and family members in thinking through and implementing how we change and improve on our delivery of care. This year's QIP builds on a thoughtful engagement process we undertook with our patients and families in 2018-2019.

Based on reports by national quality bodies and analysis of what we have heard from our own patients and family members, we know that communication between patients and their health-care team is a critical component of high-quality care and improved patient satisfaction. As such, our engagement with patients and families was centered on obtaining a better understanding of the communication issues that may affect quality of care at three key points when patients are at the hospital:

1. Access/entry – When patients first arrive at the hospital, or a program/department within the hospital, to access care
2. Treatment – When care is being delivered to a patient, including procedures, tests, consultations, and patient support services
3. Discharge/transfer – When a patient is getting ready to leave the hospital or move to another care setting

We engaged our Patient Family Advisors (PFAs) — a group of nearly 60 individuals who help us to continually define and deliver the very best quality care experience — in coming up with a list of ideas they had for improving communication. First, we invited them to participate in an online survey in which nearly 60 per cent of the hospital's PFAs responded. This was followed up with a more in-depth PFA focus group discussion. Together, our PFAs landed on over 20 ideas, which were then shortlisted to 9 ideas for areas where there were opportunities for us to improve with respect to access, treatment, and discharge.

This shortlist was brought forward to our QIP lead teams, who were responsible for developing the work plan for achieving the targets set for each of our selected quality indicators. The lead teams were committed to incorporating the input from our PFAs and worked together with frontline staff at huddles and meetings to look at how best to build it into our 2018-19 QIP.

In total, of the 30 change initiatives developed in our 2018-2019 QIP, more than 50 per cent address the issue of communication. This reflects the culmination of meaningful engagement throughout the development of our QIP, and a successful partnership to advance the voice of our patients.

Our 2019-2020 QIP will build on the foundations established and focus on the continued implementation of these change ideas. The 2020-2021 QIP will then take a closer look at sustaining and evaluating the success of this work.

Examples of Change Ideas Based on PFA Input

Quality Dimension	Change Ideas
Safe care	<p>Build a culture of safety based on High Reliability Organization best practices that support prevention versus reaction to incidents.</p> <p>Enhance medication reconciliation communication and education for physicians, staff and patients.</p>
Efficient	<p>Optimize all physical capacity within the Emergency Department for care of patients.</p>
Timely	<p>Enhance timely patient flow and placement across SHN hospitals.</p> <p>Implement processes to support diversion of non-acute admissions.</p>
Patient-Centred	<p>Enhance communication with patients and families to help navigate hospital processes, address patient expectations and improve patient experience.</p> <p>Spread and sustain distribution of Patient and Family Guidebook to patients at time of admission.</p>
Effective	<p>Implement a standardized identification and assessment tool/framework to determine palliative care needs.</p> <p>Improve availability of information and resources for patients upon discharge from all mental health units.</p>
Our People	<p>Develop a process for assessing patients for acting out/violent behaviours and a methodology for identifying risk to the care team and others.</p> <p>Establish a hospital/police services Liaison Committee to enable collaboration on high risk situations in the Emergency Departments and Mental Health Units.</p>

Health Equity Rounds

Another way SHN is engaging our patients and families from diverse backgrounds is through the launch of Health Equity Rounds. Over 50 participants attended the first session in January 2019, including SHN physicians, staff, Patient Family Advisors and community partners. The session focused on how income affects health and why income equity matters. It offered resources, tools and practical strategies for taking action to improve the care of our patients.

PFA Stamp of Approval

In order to develop more of a visual identity for our PFAs, a “stamp of approval” has been created that can be added to relevant reports and materials to demonstrate a partnership between the hospital’s health care professionals/teams and the PFAs. PFAs were involved in co-designing the 2019-2020 QIP and have provided it with this new designation.

Patient Declaration of Values

SHN is committed to improving lives through exceptional care — and to deliver on this mission, we are in the process of creating a Patient Declaration of Values (PDOV) that affirms we have listened to our patients, family members and community.

With a team of trusted health care providers by their side, we engaged our Patient and Family Advisory Council, Youth Advisory Council and Community Advisory Council to inform our PDOV by participating in a world café event where we listened, observed and empathized to truly understand what our community expects from SHN. The PDOV will take our organizational values and give them meaning from a patient/family perspective. Through our new PDOV, we hope to strengthen our commitment to achieving our strategic plan.

Workplace Violence Prevention

Creating a safe, healthy, and professional work environment is an integral part of achieving our vision to become *Canada's leading community teaching health network*. This includes reducing the risks and incidents of workplace violence and harassment. We've taken a number of steps to build on the success of the many initiatives we've put in place.

In 2018, we established a Workplace Violence Prevention Steering Committee to advise on and monitor the efficacy of education, processes, policies, and procedures that have been implemented to safeguard employees, physicians, patients, visitors, students, contractors, and volunteers from workplace violence and harassment.

Five working groups have since been created that report into the steering committee. These include:

1. Integrated Incident Management
2. Policies, Programs, Measures, Procedures
3. Training
4. Response Team
5. Physical Plan and Structural

A variety of other strategies have also been put in place, including:

- Daily meetings with Workplace Health and Safety to review all employee events
- A new Workplace Violence, Harassment and Domestic Violence Intranet page
- A review of workplace violence incidents with unit managers and members of Workplace Violence Prevention Steering Committee
- Automatic notification to workplace health and safety, spiritual and religious care, and the emergency preparedness team for additional review and support
- Installment of new and replacement of existing cameras in many inpatient areas and public spaces, as well as staff duress alarm and access control improvements
- Increased security guard presence in the emergency departments during the night shift

Nonviolent Crisis Intervention (CPI) training

CPI training is available on site for staff working in high-risk areas, including mental health, the emergency department, nursing resource teams, and the security team. This course provides participants with a basic understanding of crisis interventions methods, with the emphasis on early intervention and non-physical methods for preventing or managing disruptive behavior. The course also covers how to use disengagement skills to avoid injury if behavior becomes physical.

Gentle Persuasive Approach (GPA) training

GPA training is also available on site for staff working with patients with dementia. GPA is an evidence-based training program that helps care providers deliver person-centred, compassionate care to individuals with dementia. The training is interactive and practical and allows staff to effectively and appropriately respond to responsive behaviors in the workplace using respectful self-protection and gentle redirection techniques in situations of risk.

Code Silver

In June 2017, the hospital adopted a new emergency code – Code Silver – to be activated in response to an active attacker in the hospital. There have been two joint exercises to date with the Toronto Police Services and a third exercise is currently planned for May 2019. SHN was the first Toronto hospital to participate in these types of exercises with the police.

Internal Code Silver Drills have also been designed to test the staff's ability to secure their areas and themselves. All three of our emergency departments have participated in these drills. There is a plan to have both the Critical Care program and the Women's and Children's Health program to also participate. Toronto Police have adapted this internal drill into their own education and have recommended that other organizations both inside and outside of the health care sector adopt this technique.

In February 2019, a Hospital/Police Liaison Committee will be established to identify strategies to best serve the needs of SHN employees, professional staff, volunteers, patients and visitors. Members in this group include senior leadership, physician leads, professional practice, mental health, emergency, workplace health and safety, as well as other internal SHN stakeholders and Toronto Police Services.

Executive Compensation

The Quality Improvement Plan (QIP) executive compensation framework is designed to link the achievement of performance targets established under the annual QIP to executive compensation as an at-risk component, in accordance with the Excellent Care for All Act, 2010 (ECFAA). ECFAA requires that the executive compensation framework be outlined in the QIP.

The executives who will participate in the QIP executive compensation program for 2019/20 are:

1. Chief of Staff
2. Executive Vice President & Chief Administrative Officer
3. Executive Vice President, Medical & Clinical Programs
4. Executive Vice President, Clinical Programs
5. Vice President, Clinical Programs & Chief Nursing Executive
6. Vice President, People & Transformation
7. Executive Director, Communications & Public Affairs

The calculation model for executive compensation in 2019/20 is summarized below:

QIP Indicators	3 indicators identified as high priority: <ul style="list-style-type: none"> • Patient experience: 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? • Rate of patient safety incidents with moderate harm or higher • Readmission within 30 days for mental health and addiction
Non-QIP Indicators	1 indicator identified as high priority: <ul style="list-style-type: none"> • Total Margin
% Performance Pay	1.5% of base salary to be paid out by July 31 st 2020
Calculation Model	<ul style="list-style-type: none"> • Maximum score is 400 points • Total of 400 points weighted equally for each of the 4 performance indicators (maximum 100 points per indicator) <ul style="list-style-type: none"> • Improvement that is at the 90th percentile of target or better: 100 points • Improvement that is between current performance and 90th percentile: Pro-rated • No improvement in performance: 0 points

Contact Information

If you would like to learn more about the activities described in the Scarborough Health Network 2019-2020 QIP, please contact us at communications@shn.ca

Continued engagement to shape the future of care

With the launch of our strategic plan and visual identity bringing us together as a truly integrated health network, our priority is now to ensure that all of our health care services remain strong and accessible for years to come.

This includes our ongoing commitment to our Best Practice Spotlight Organization (BPSO) designation, which SHN achieved in April 2018. BPSOs are health care and academic organizations selected by the Registered Nurses' Association of Ontario (RNAO) to implement and evaluate its internationally acclaimed best practice guidelines (BPGs). Some of the eight BPGs that SHN implemented at our Birchmount and General hospitals include: Person- and Family-Centred Care, Caregiving Strategies for Older Adults with Delirium, Dementia and Depression, Preventing and Managing Violence in the Workplace, and Strategies to Support Self-Management in Chronic Conditions. Our focus will now be on sustaining practice changes and spreading the initiative to our Centenary hospital. Efforts are underway to implement two additional BPGs: Preventing Falls and Reducing Injury from Falls, and Assessment and Management of Pressure Injuries.

Additionally, this past fall, we began embarking on a clinical services review to examine how we can maximize the benefits of our programs and services. As we move forward with our clinical services planning of all our programs and services over the next 18 months, we will continue to look to the unique experiences, insights, and perspectives of our patients, staff, physicians, volunteers, partners, and community, in order to find new ways to be bold and innovative in how we deliver care.

In tandem with our clinical services planning, we have also continued to move forward with master planning to understand the sort of facilities our community needs now and 20 years from now. Although master planning is a longer-term process, the input of our many stakeholders has and will continue to be equally important to guide us every step of the way.

It is only through listening to the voices of this great community that we will be able to build on this once-in-a-generation time for health care in Scarborough and create a system that will become a model throughout Ontario and across Canada.

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	Maureen Adamson, Board Chair
Board Quality Committee Chair	Karen Webb, Quality Committee Chair
Chief Executive Officer	Elizabeth Buller, President & CEO