

Let's Make Healthy
Change Happen.



SCARBOROUGH AND ROUGE HOSPITAL

2018-2019 Quality Improvement Plan Narrative



April 1, 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.

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Overview

Scarborough and Rouge Hospital's (SRH) 2018-2019 Quality Improvement Plan (QIP) is just as much about the destination we are striving to reach when it comes to delivering a quality care experience, as it is about the journey our hospital, our patients and families, and our community have taken in the last year. Our 2018-2019 QIP is the story of how we are growing together to strengthen health care for residents in Scarborough and the surrounding communities.

A year ago, when we released our 2017-2018 QIP, we were just four months into a merger between our Birchmount and General sites and our Centenary site. Our QIP was an important first step in our improvement journey as a new organization. QIPs are built on a set of indicators that measure how well we are moving ahead with improving the quality of care patients receive and their experience at our hospital — and our 2017-2018 QIP included indicators that brought together the quality initiatives of our three hospital sites. Targets were set that were meaningful and achievable for our newly-merged organization, and our action plan of change ideas was built on many of the activities that teams were working on.

Over the last 14 months, SRH has focused on bringing our staff, health professionals, and volunteers together with shared structures, practices, and processes to provide care as one hospital. We have been doing this by building teams, establishing strong systems, enhancing the patient experience, and collaborating with our community — all of which can truly be seen in the positive change we have made in our quality improvement journey.

Building on the momentum of this milestone year, an important focus for us has been to ensure that we are including patients and family members in thinking through and implementing how we change and improve on our delivery of care. Indeed, for the development of our 2018-2019 QIP, we have been committed to involving patients and families. In particular, they have been a part of helping us to look more closely at the important issue of *communication* in the delivery of care

As we move forward with SRH's 2018-2019 QIP, we are excited for the ongoing collaboration of our health care teams, patients and families, as well as community and health care partners. Our overall approach to quality will continue to be founded on the philosophy that we all have a role to play, and getting to our destination is that much more successful when we take the journey together.

Key Drivers of our 2018-19 QIP

The development of the 2018-19 QIP was built around a number of key strategic considerations and planning components. These drivers have uniquely shaped our QIP and helped to make sure we are taking the right steps for our hospital and community towards better quality care.

Addressing key quality issues

QIPs help us to address the issues that challenge a quality patient experience. Health Quality Ontario (HQP), 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 SRH has set, and serve as a framework for the development of SRH's 2018-2019 QIP.

Including the patient voice — with a focus on communication

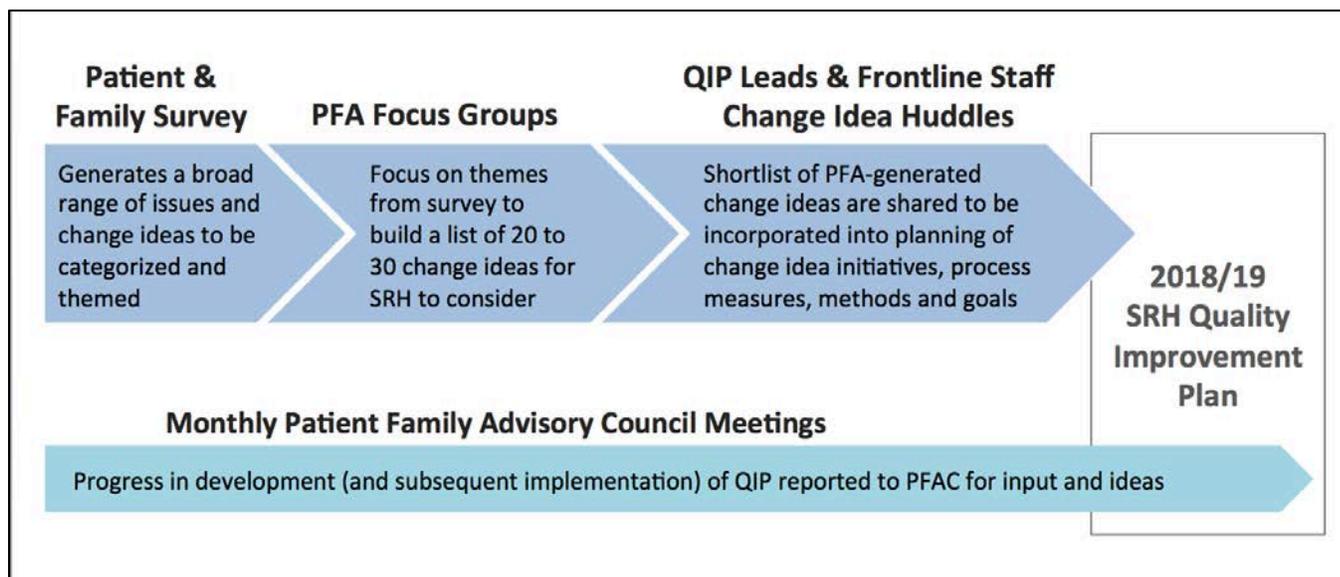
Based on reports by national quality bodies and analysis of what we have heard from our own patients and family members, we know that communication between patients and their health-care team is a critical component of high-quality care and improved patient satisfaction. That's why the focus of our engagement with patients and families for the development of this year's QIP 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; and
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 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 team leads, who were responsible for developing the work plan for achieving the targets set for each of our selected quality indicators. The team leads were committed to incorporating the input from our PFAs, and worked together with frontline staff at quality improvement huddles and meetings to look at how best to incorporate into our 2018-19 QIP. In total, of the 30 change initiatives that make up this year's plan, 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.

Flow of engagement with PFAs in developing SRH's 2018-19 QIP



Continuing to harmonize and standardize

SRH's continued journey in growing together is reflected in our 2018-19 QIP. Our efforts in building shared structures and processes are part of the work outlined in our change plans. More than this, we will be looking at how teams can come together across all three sites to implement shared initiatives and ensure a consistent approach to the quality of care delivered at our hospital.

For example, our organization is recognized as a Best Practice Spotlight Organization (BPSO) candidate by the Registered Nurses' Association of Ontario (RNAO) – a concrete reflection of our hospital's commitment to be a leader in providing the best health care for our community. SRH is poised to be officially designated as a BPSO in April 2018, upon successful completion of a three-year candidacy. BPSOs are health care and academic organizations selected by RNAO to implement and evaluate its internationally acclaimed best practice guidelines (BPGs). Throughout its BPSO candidacy, SRH implemented eight evidence-BPGs at the Birchmount and General sites that positively impact the health and well-being of its patients, including:

- Patient and Family Centred Care
- Assessment and Management of Pain
- Developing and Sustaining Interprofessional Health Care
- Caregiving Strategies for Older Adults with Delirium, Dementia and Depression
- Preventing and Managing Violence in the Workplace
- Strategies to Support Self-Management in Chronic Conditions
- Breastfeeding
- Assessment and Care of Adults at Risk for Suicidal Ideation and Behavior

SRH will be the first hospital in the Central East Local Health Integration Network to acquire BPSO status. This recognition exemplifies the strengths and best practices in place at SRH and our commitment to keeping patients first in all that we do. Once designated in April, the focus of the BPSO work will be on sustaining practice changes at Birchmount and General sites and spreading the initiative to the Centenary site.

Strengthening the integration of care with the community

Our 2018-19 QIP is also built around a commitment to working more closely with other health partners and service providers who care for patients before and after coming to the hospital. We recognize that SRH can play a role within the larger network of health care, particularly across Scarborough. When QIP lead teams met to develop their change plans, this was a key focus for them. Many of our quality improvement initiatives look to create and strengthen connections with these partners so that we can better serve patients beyond their emergency and clinic visits and hospitalizations. Read about further examples in the section on Collaboration and Integration.

Our 2018-19 QIP Indicators

The following table lists the 10 priority indicators that have been selected for our 2018-19 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 and Rouge Hospital 2018-2019 QIP Issues and Indicators

Quality Dimension	Proposed SRH 2018/19 QIP Indicator
Safe care	% Hand hygiene compliance before patient contact
Safe care	Inpatient falls rate per 1,000 patient days (moderate/severe harm)
Safe care	% Medication reconciliation at discharge
Timely and Effective	90th percentile emergency department length of stay for complex patients
Timely and Effective	Readmission for mental health and addiction
Timely and Effective	30-day readmission rate to own facility – Chronic Obstructive Pulmonary Disease (COPD)
Timely and Effective	% Patient satisfaction: 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? (medical and surgical inpatients)
Patient Centred	% of patient complaints that are closed within 60 days
Patient Centred	% Patient satisfaction in the ED: Would you recommend the ED?
Our People	Overall incidence of workplace violence

Our 2018-19 QIP includes 30 change initiatives, of which more than 50 per cent address the issue of communication. Some examples of the change ideas that SRH will be implementing to address key quality dimensions and our indicators are described in the table below.

Examples of Change Ideas

Quality Dimension	Change Ideas
Safe care	<p>Continue to develop and implement unit specific falls prevention and injury reduction strategies through engaging and involving patients and families in review of current status of falls and effectiveness of approaches.</p> <p>Strengthen use of the Hand Hygiene Accountability Framework to increase transparency and accountability for hand hygiene performance at all levels of the organization.</p>
Timely and Effective	<p>Spread standardized COPD education on self-management and resources to improve outcomes for individuals living with a chronic illness.</p> <p>Spread the implementation of post-discharge follow-up phone calls for patients at-risk of readmission.</p>
Patient Centred	<p>Enhance communication with patients and families to help navigate hospital processes, address patient expectations and improve patient experience.</p> <p>Ensure that communication boards to document patient goals are in all patient rooms across SRH.</p> <p>Enhance and spread a system to gather real-time feedback from Emergency Department patients.</p>
Our People	<p>Implement an evidence based risk assessment tool to identify patients at risk for acting out behaviours.</p> <p>Implement a patient identification process that increases care provider awareness of potential risks for responsive and/or acting out behaviours and supports enacting mitigation strategies that will ensure a safe environment for staff, patients and families</p>

QI Achievements from the Past Year

There have been a number of successes and achievements that have emerged as we have moved along our quality improvement journey at SRH. Some of these are highlighted below.

Improving the quality of patients' stay in hospital

When patients come to the hospital for treatment, there are risks that they face that can negatively impact their stay in the hospital and their condition — including falls, getting bed sores, or getting an infection. Over the last year, we have worked to turn these risks into opportunities for quality improvement. Some of our achievements include:

- **Falls Prevention:** Falls prevention remains a high priority for our newly-merged organization. It is a testament to our focus on delivering high quality care in a safe environment. A new corporate Falls Prevention Committee has been established to help support the implementation of best practices to reduce falls, prevent

injuries, and monitor our data for important trends we can address. The Committee includes a PFA and reports to our corporate Quality of Care Committee. As well, falls is a key indicator on both our QIP and Quality and Safety Scorecard. Since the committee started meeting in the summer of 2017, the total number of falls and falls resulting in moderate or severe injury has been reduced. In addition, two Medicine units have begun piloting new regular rounding routines that are already showing improvements in falls prevention, a significant reduction in patient call bells, and increased patient satisfaction

- **Pressure Ulcers:** In March of 2016, three Medicine units began using a new handheld device called a Sub-epidermal moisture (SEM) Scanner that helps to detect bedsores before they are visible at the skin. SRH was the first hospital in Canada to adopt the technology. In this initial pilot program at one of our sites, which included over 200 patients, bedsores were reduced by over 90 per cent. The use of the SEM Scanner has been expanded to another two Medicine units this past January.
- **Hand Hygiene:** As a way to improve the hand hygiene auditing experience and compliance at our sites, SRH has introduced the “SpeedyAudit” software application (app). In addition to hand hygiene compliance rates, SpeedyAudit allows users to capture a variety of other data, such as the use of isolation precautions and personal protective equipment. As well, staff can pull their own hand hygiene reports, view how many audits they have entered for the month, and track their unit’s hand hygiene compliance over time. Since being rolled out across SRH, more than 85 per cent of clinical units and departments are now using the SpeedyAudit app and the hospital has begun to see some positive results. For instance, our Regional Cardiac Care Centre and Chemotherapy Clinic collected well over 100 audits each in November 2017 and have been true champions of the SpeedyAudit system.

Improving the rate of patients returning to the hospital

Beyond treating patients for the illness or condition that brought them to hospital, an important part of the care we provide at SRH is supporting patients so that they are less likely to have to come back to the hospital — or what is known as a *readmission*. A key highlight for us has been:

- **30-day readmission for Congestive Heart Failure (CHF):** A regional, collaborative, and multidisciplinary approach has allowed us to reduce readmission rates for patients with CHF by 25 per cent. We have implemented the use of order sets, care pathways, and standardized educational material. Face-to-face education and communication has resulted in all admitted CHF patients having this material included in their medical record, as well as a 20 per cent increase in referrals and education sessions attended at the SRH Regional Cardiac Rehabilitation secondary prevention program.

In addition, a process to implement focused, follow-up discharge calls to patients who were admitted or had an updated diagnosis of CHF, COPD, pneumonia, hip fracture, and hip or knee replacement has been established. The phone call includes questions on the patient’s condition, how they are transitioning into the community, and their experience as a patient. Advice and referrals are provided based on the patient’s responses. Each patient is offered the opportunity to have a follow-up call with a leader to further discuss compliments and/or improvement suggestions. At the end of the call another follow-up call is offered in about three to four days, which is typically requested by almost all patients.

PFA receives honours

We were honoured that one of our PFAs is a member of the Central East LHIN Patient and Family Advisory Council and a recipient of the annual Human Touch Awards presented by Cancer Care Ontario and the Ontario Renal Network. This showcases the incredible work taking place across SRH each day by committed, dedicated and compassionate PFAs. Two other PFAs are members of the Central East LHIN Sub-region Planning Tables for Scarborough.

Resident, Patient, Client Engagement and Relations

Our sites have long been recognized for their leadership in embracing a culture of Patient and Family Centred Care. And we continue to work with our patients and their families to plan, deliver, evaluate, and improve the services they receive.

Expanding the breadth and scope of our PFA team

We are proud to have expanded our pool of PFAs to nearly 60 individuals who bring lived experiences and valued insights to five program level councils and seven corporate committees at SRH. PFAs have also actively participated as key stakeholders in the development of clinical program environmental scans for several programs, including, palliative care, medicine, mental health, and cardiac rehabilitation. Sixty-six percent of our clinical programs have a PFA. Over the next three years, our PFAs will have a focus on assisting the organization to achieve and sustain Accreditation Canada and BPSO standards. This fiscal year we welcomed a PFA to our Quality of Care Committee. This role was supported by education to the committee on how to work effectively with a PFA. In addition, our PFA received an orientation and is offered pre and post-meeting debriefs with a member of our senior team.

A new Patient and Family Advisory Council

We have launched a Patient and Family Advisory Council (PFAC) that is open to all our PFAs. The PFAC is a collective partnership between patients, families, staff, and physicians to improve quality of care and enhance the patient experience. It acts in an advisory role to the leadership team to ensure the patient and family voice is integrated in the planning, delivery, and evaluation of service. Scarborough is a diverse community where gestures of inclusion help to build trust. Rather than limit membership on the PFAC as some hospitals have done, SRH has chosen to make the PFAC accessible to all interested PFAs and challenge ourselves to find innovative ways to engage and facilitate large groups. For example, we often use breakout groups and with the help of our Foundation, we will soon be acquiring Audience Polling technology for use in our PFAC meetings.

Our new PFAC was instrumental in the development of this year's QIP, participating in surveys and focus groups to identify key areas where there are opportunities for us to improve on communication in the delivery of care with respect to access, treatment, and discharge. The PFAC will continue to be engaged and provide input in the rollout of our plan, as the QIP is standing item on their meeting agenda.

A new Community Advisory Council

SRH has recently established a Community Advisory Council (CAC) for our new organization. The CAC will provide advice and feedback to the Hospital's Board of Directors on its directions, policies, services and emerging issues as they relate to the community. The Council will enable community members the opportunity to offer their input and perspectives on hospital initiatives related to improving their care experience. Community advisory bodies are now considered a best practice in Canadian hospitals. By providing hospital decision-makers with ready access to diverse community voices, community advisory bodies support the principles of collaboration, engagement, transparency, accountability and partnership. The advice provided often helps to enhance the patient experience.

In order to optimize the effectiveness of community advisory bodies, it is important to pay special attention to the composition and characteristics of the members. Recruitment of SRH's first Community Advisory Council was an opportunity to build trust in our community. The process had to be robust, evidence-based and transparent. Every step in the recruitment process was linked to a best practice reference such as *Health Quality Ontario's publication, "Recruiting for Diversity"*

Several methods were used to create awareness of the CAC opportunity amongst the general public including: advertising, social media, newsletters, outreach, internal postings and word-of-mouth. The opportunity to submit an expression of interest was widely advertised in ethno-specific and mainstream media. The selection panel included two community members (one from each of our LHIN sub-regions), a subset of board members and a management representative. The recruitment campaign yielded a total of 46 applicants, 21 short-list interviews and the selection of a 12-member Council.

The CAC is part of the hospital's community engagement strategy, extending the hospital's communications network into the community. It is an important means of ensuring that the hospital remains engaged with and accountable and transparent to the communities it serves.

A more streamlined feedback process

A new corporate policy for patient complaints and compliments was launched this year. It places the emphasis on resolution at point of care, and has clear expectations of timeliness and accountability, and principles of health equity. We have revamped our systems to align with provincially recommended patient relations indicators and definitions in anticipation of, patient relations indicators (volume, acknowledgement, and closure timelines, as well as actions taken to resolve complaints) being publicly reported.

Improving patient satisfaction survey feedback

Patient satisfaction surveys are one of many tools we use to collect feedback from our patients throughout the year. Each year, thousands of patients discharged from our emergency departments, inpatient units and day surgery receive an NRC Health patient satisfaction survey. To enhance our understanding of patient responses, our Quality Committee of the Board requested an analysis of patient satisfaction results that delves deeper than the standard indicator reporting required by HQO.

We focused on three important patient satisfaction questions:

1. Would you recommend this ED to family and friends?
2. Would you recommend this hospital to family and friends? and
3. 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?

The patient satisfaction indicators generated from these questions and defined by HQO are calculated using 'top box' answers only. This means that only the most positive response option is considered. For example, for the first two questions, patients may respond with 'definitely yes', 'probably yes', 'probably no' and 'definitely no'. Only the response of 'definitely yes' is used for the indicator. Our findings indicate that while half of the patients that complete our surveys choose 'definitely yes', the vast majority of patients are actually positively inclined to recommend our hospital. Close to 90 per cent of our patients would definitely or probably recommend our ED and our hospital to family or friends. In terms of the third question, 73 per cent of our patients felt they received complete or quite a bit of information at discharge about what to do if they were worried about their condition or treatment after leaving the hospital. These detailed results are very informative and we will be seeking opportunities to build awareness of the full scope of our patient satisfaction data as we continue our commitment to improve the patient experience.

Collaboration and Integration

Building teams and collaborating with our community have been two key areas in our hospital's growth journey this past year. Our goal has been to work with our many partners to design a system that will improve the health of everyone in our community and not just the patients being treated within our walls.

We continue to engage with local health system partners on a variety of issues. We have a number of successful partnerships with health service providers within the Central East LHIN, including Central East Home and Community Care, Carefirst Seniors and Community Services Association, the Ontario Telemedicine Network, and Toronto Public Health. We are also a partner in the Scarborough Diabetes Network alongside Taibu Community Health Centre, Scarborough Centre for Healthy Communities, and Carefirst. In addition, we partner with Taibu Community Health Centre on the delivery of services to individuals with sickle cell anemia. Furthermore, we have continued our collaboration with twelve community agencies as part of our Global Community Resource Centre patient navigation centre.

We also have continued with a number of activities to improve integration and coordination of care, including:

- Using Resource Matching and Referral software solution to improve coordination and access to complex continuing care beds, rehabilitation beds, and palliative care beds.

- Home and Community Care staff working on-site, joining in daily “bullet rounds” on various units, and helping to support patients in their timely discharge.
- The use of Connecting GTA (cGTA) – a hub for electronic health information – by physicians and staff to access patients’ data from other acute care hospitals, community support services, and long-term care and primary care providers.
- The Central East LHIN Clinical Information System (CIS) Initiative. SRH is one of seven acute care hospitals partnering together on this regional initiative to procure and implement a shared CIS that will advance quality patient care for the communities we serve.
- The Provincial Digital Quality Based Procedure (QBP) Order Set Program. SRH is participating in the first wave of this Ministry sponsored initiative that uses technology to transform QBPs to useable electronic order sets. This change improves quality and patient safety by ensuring that all order sets in use are aligned with the most current best practice and includes a mechanism to trigger regular updates of order sets based on changes in practice and order set use.
- The Central East LHIN Sub- Region Planning Tables. Representatives from SRH have been selected to participate in Scarborough Sub-region Planning Tables to foster joint accountability for innovative, integrated system redesign to address health and service gaps, advance quality, and improve patient experience and outcomes.

Internally, our teams continue to move forward with numerous initiatives aimed towards advancing integration of SRH processes and best practices, including:

- Co –designing our services and programs with patient and family advisors.
- Building a culture of quality and patient safety and prevention.
- Standardizing policies and processes to reduce clinical practice variation.
- Embedding Lean Thinking into our daily operations.
- Creating corporate and program level scorecards to enable an aligned and consistent approach to tracking and reporting on quality of care metrics.
- Building our capacity through professional development opportunities, and
- Adopting a values based engagement and recognition program for our people.

And, we are especially proud of the collaborative spirit that has allowed us to advance the Bridletowne Neighbourhood Centre (BNC). A unique partnership between the YMCA of Greater Toronto, the United Way of Toronto and York Region, and SRH, the BNC will bring together community services and health care providers to promote self-management of healthy living and disease prevention to foster a healthy community where people can live, work, learn, and play. In August 2017, Minister of Health and Long-Term Care, Dr. Eric Hoskins, committed to expanding dialysis services within our Chronic Kidney Disease program as part of the BNC. The lease terms for the Bridletowne Neighbourhood Centre were unanimously approved by Toronto City Council’s Executive Committee on October 24, and subsequently approved by City Council on November 7.

Engagement of Clinicians, Leadership and Staff

Our success is clearly fueled by our people – the staff, physicians, and volunteers who deliver outstanding Patient and Family Centred Care each and every day. Over these last fourteen months, we have learned and shared among our three sites to define and standardize our policies and processes and to continue to build upon best practices to drive positive change.

In order to develop an understanding of the level of engagement in our workplace and to help us move forward as one organization, we conducted our first hospital-wide culture and engagement survey of staff, physicians, and volunteers in June 2017. More than 52 per cent of SRH employees and close to 28 per cent of professional staff completed the survey. The results of this survey were received in early September and show an overall positive trend. The overall engagement scores of employees, physicians, and volunteers are 67.1 per cent, 61.7 per cent, and 81.6 per cent, respectively, which are very close to what was previously achieved at each of our organizations, and in some cases higher than the peer database average for this survey. The culture index scores

were also relatively comparable across all three sites. These results have been shared more broadly across the organization and a timeline is in place to develop action plans at the departmental and corporate levels.

In addition, a new, consolidated Quality of Care Committee has been launched and various quality committees across all three SRH sites continue to involve hundreds of staff, leaders, and physicians in rich quality discussions and collaborative problem-solving to improve the patient experience.

Staff engagement was also an important part of the development of this QIP. Frontline staff who know what works best on their respective units were involved as part of teams working with QIP leads on the change plans to identify strategies to successfully implement them.

Population Health and Equity Considerations

We are proud to serve one of the most diverse communities in Canada. However, we also know that our community’s demographics present some unique challenges and opportunities to address health literacy, equity, and access for our patients and their families. The table below highlights just some of the key statistics and trends we know about our population:

<p>Population growth in key demographics</p>	<ul style="list-style-type: none"> • Scarborough accounts for approximately 40 per cent of the population in the Central East LHIN, but only 1.1 per cent of the LHIN’s geography. • Scarborough’s population is expected to increase by 10 per cent in the next 15 years. • Population projections into 2041 show relative growth among those 65 years of age and older is predicted to account for the largest proportion of demographic growth.
<p>Important cultural diversity and socioeconomic factors</p>	<ul style="list-style-type: none"> • Compared to the Central East LHIN overall, Scarborough North and Scarborough South sub-regions have a higher percentage of residents with no high school education, lower income, a greater number of visible minorities and immigrant populations, and are headed by more lone parent families. Scarborough North also has a high percentage of residents that do not speak either English or French. • According to the 2014 Canadian Community Health Survey (CCHS), the health indicator of life satisfaction – satisfied or very satisfied has decreased in the Central East LHIN from 92.8 per cent in 2012 to 87.9 per cent in 2014. Additionally, the indicator, perceived health – very good or excellent has also dropped from 61 per cent in 2012 to 59 percent in 2014.
<p>Many high priority neighbourhoods</p>	<ul style="list-style-type: none"> • The Central East LHIN has seven sub-regions and two of them are in Scarborough: Scarborough North and Scarborough South. There are 24 neighbourhoods within these sub-regions, as defined by the City of Toronto. • The City of Toronto has identified 31 of its neighbourhoods as “Neighbourhood Improvement Areas” where residents often have a number of social risk factors that can play a negative role in their health, including a lack of access to affordable housing, steady employment, and enough food to eat. One quarter of the Neighbourhood Improvement Areas are located in Scarborough, with the majority in Scarborough South.
<p>Where Scarborough residents seek care</p>	<ul style="list-style-type: none"> • Residents of Scarborough (which is the <i>primary catchment area</i> for SRH) have several hospital options within driving distance. The capture rate, or percentage of Scarborough residents that visited SRH, for acute inpatient services is approximately 59 per cent; for ED patients is 68 per cent; and for day surgery visits is 60 per cent. • Residents in Scarborough North have some of the lowest utilization of hospital services in Ontario.

What these statistics tell us is that SRH needs to continue to find and improve on strategies to address socioeconomic challenges, ethnic diversity, language barriers and accessibility of services in our community. This is an important part of our quality improvement journey that will truly require working with many different stakeholders. We have to build these strategies and solutions with our community and health partners.

Through our work with the Central East LHIN, internally with our PFAs, and our newly established Community Advisory Council, we are examining and addressing the barriers residents may be facing in accessing hospital services. Another example of work we are doing is our initiative to collect additional patient demographic data in patient registration for us to better understand our patient population, identify health inequities and access barriers, and improve patient health outcomes and experiences. The initiative was launched in September 2016, and is now expanded to pre-admitting and emergency departments, as well as at mental health satellite sites. This is an important initiative, and will be expanded to all three SRH sites as part of the ongoing integration

process. Related to this, SRH also collected additional demographic information as part of our 2017 Culture and Workforce Engagement Survey to determine whether staff, physicians, and volunteers reflect the diverse population that we serve.

SRH also provides a number of initiatives to support our staff in delivering care to a diverse and vulnerable population, including equity training on serving a global population, leadership development on leading a diverse workforce, and an Accessibility and Inclusion Committee.

Access to the Right Level of Care - Addressing ALC

Alternative level of care (ALC) refers to beds occupied by patients who are no longer acutely ill, or no longer require the intensity of resources or services provided in the acute care setting, but require transfer to a facility for long term care, rehabilitation, palliative care, or to another appropriate non-acute care setting. While waiting for this transfer, they are unable to be discharged home, and thus continue to occupy an acute care bed. This situation is very challenging and presents significant capacity issues for SRH and other hospitals in the province.

With population projections showing that Scarborough will have significant growth in seniors over the age of 65 who account for the majority of ALC patients, this is a particular area of focus for our hospital.

Strategies in place at SRH to reduce the rate of ALC patients include preventing unnecessary ED visits, promoting alternatives to inpatient admissions when possible (such as to ambulatory clinics and our Geriatric Assessment and Intervention Network (GAIN) clinics), and enabling acute care patients to mobilize and become active earlier in their recovery so that they are more likely to return to previous levels of independence. Additional strategies have also been implemented that have focused on improving daily patient flow processes using Lean approaches, bed reconfiguration, and improved patient and family educational opportunities.

SRH has a Patient Flow department and a corporate Patient Flow Steering Committee. From a system perspective, we are working collaboratively with our partners in long-term care and in Home and Community Care at the Central East LHIN to minimize transfers from long-term care facilities to the hospital and to optimize communication at discharge so that patients are less likely to require readmission. SRH also uses the Resources Matching and Referral system to support post-acute admissions, standardization of referral forms, and improve patient flow.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

Opioids are regulated under Federal Narcotic Controlled Regulations, which govern the prescribing, dispensing, administration, and possession of narcotics. Within SRH, the Drugs and Therapeutics Committee (DTC) and the Medical Advisory Committee (MAC) provide oversight for narcotic use. As well, health care professionals are held accountable by their regulatory college for adherence to regulations and standards of practice.

The hospital also has a number other safeguards in place related to the prescribing, dispensing, administration and possession of narcotics. These include:

- Regular reviews of existing medication policies to determine if revisions are required.
- Conducting regular audits of narcotic inventory records, including wastage and administration.
- Validating opioid prescriptions, including methadone, for appropriateness and adherence to guidelines.
- Completing medication reconciliation on admission, transfer and discharge to ensure patients continue on appropriate medications throughout the continuum of care.
- A controlled substance register logbook for outpatient settings.

- A screening tool and use of opioid contracts for patients with repeat visits.
- Access to real-time prescription monitoring system at the point-of-care for health care professionals who prescribe or dispense opioids in community settings. Prescription histories are checked when opioids are prescribed and dispensed to avoid duplicated prescriptions, potentially harmful medication interactions, and diversion.

SRH recently surveyed our physician group in order to obtain a better understanding of the narcotic prescriptions that are given to patients upon discharge. A thematic analysis of the survey responses revealed that the narcotic prescribing practices are supported by current evidence and guidelines. Plans are underway to develop a strategy for sharing the results of the survey with the physicians. Additionally, the physician group will be engaged over the course of the next year to create an action plan to address opportunities for improvement identified through the survey.

The hospital has adopted the Registered Nurses' Association of Ontario (RNAO) best practice guidelines for pain management and electronic pain assessment screen scores are audited to ensure adherence for completion.

As well, the full list of Nurse Practitioners (NPs) and their license numbers are provided to the hospital's pharmacy. NPs are also required to complete a mandatory Controlled Drug and Substances Course approved by the College of Nurses of Ontario (CNO). The education covers competencies related to safe prescribing and managing patients who are treated with control substances. In addition, NPs review their patient's medications with them and discuss de-prescribing as appropriate to best meet their care needs. NPs work collaboratively with physicians to conduct pre-screening for controlled substance use during clinic and pre-operative visits, and discuss the appropriate controlled substances to prescribe for patients upon discharge.

Opioid Use Disorder (OUD) is serious and complex. Prevention and treatment of OUD quite often requires multiple strategies and interventions. Through a coordinated and collaborative regional approach, SRH will be one of three hospitals in the LHIN to implement a new Rapid Access Addiction Medicine (RAAM) clinic providing quick access to medication assisted therapy for individuals requiring treatment for OUDs and Alcohol Use Disorders (AUDs). RAAM, which is intended to be a short-term service, will work closely with other addiction treatment services linking patients to addiction specialists who can support longer term counselling and individualized treatment plans.

Workplace Violence Prevention

SRH is committed to creating a safe, healthy, and professional work environment, which includes reducing the risks and incidents of workplace violence and harassment. The workplace violence prevention policy was one of the first new harmonized policies created following the merger of the organizations.

In June 2017, the hospital adopted a new emergency code – Code Silver – to be activated in response to an active attacker in the hospital. Throughout the month of June, SRH conducted 'active shooter' emergency preparedness training sessions in partnership with Toronto Police Services. In December 2017, an innovative Workplace Violence Lean process improvement event was held that included over 40 staff and physicians. During this activity, the group focused on current state of the SRH Workplace Violence Prevention Program, strategies in place to support staff and patients, as well as identifying opportunities for improvement.

SRH has developed a Workplace Violence Prevention 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 including:

- Corporate and departmental risk assessments.
- Electronic incident reporting systems.
- Accessible information on workplace violence and harassment.
- Workplace violence training for staff including, crisis prevention intervention and Gentle Persuasive Approach training for staff in high-risk areas. This training has proven to reduce both the number and severity of violent events in hospitals across North America.

- A variety of physical safety features such as alarms, panic buttons, parking lot lighting, security cameras, and 24/7 security presence.
- Patient assessment tools.
- Code White emergency preparedness procedures and regular drills – designed to prepare staff for what to do when responding to an individual who is displaying threatening and/or violent behavior towards themselves or others within the hospital.
- Debriefs after violent incidents and every Code White event.

Patients and families also help to ensure that both their loved ones and staff are treated in a fair, safe, and respectful manner. Family members are encouraged to work with staff in reducing incidents of violence, such as by providing information about specific triggers.

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 our QIP. The purpose of performance based compensation related to ECFAA is to drive accountability for the delivery of QIPs, enhance transparency and motivate executives. 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 executives who will participate in the QIP executive compensation program for 2018/19 are:

1. Chief Executive Officer
2. Chief of Staff
3. Vice President, Corporate Services & Chief Financial Officer
4. Vice President, Human Resources & Volunteer Services
5. Vice President, Performance, Strategy & Innovation
6. Vice President, Capital Planning & Facilities Operations
7. Vice President, Patient Services & CNE
8. Vice President, Patient Services
9. Vice President, Patient Services
10. Executive Director, Communications & Government Relations

The calculation model for executive compensation in 2018/19 is summarized below:

# of Indicators	<p>Include 5 QIP performance indicators:</p> <ul style="list-style-type: none"> • % Hand hygiene compliance before patient contact • % Medication reconciliation at discharge • 90th percentile emergency department length of stay for complex patients • 30-day readmission rate to own facility – Chronic Obstructive Pulmonary Disease (COPD) • % Patient satisfaction: Did you receive enough information when you left the hospital? (medical and surgical inpatients)
% Performance Pay	1.5% of base salary to be paid out by June 30, 2019.
Calculation Model	<p>Maximum score is 500 points Total of 100 points weighted equally for each of the 5 performance indicators :</p> <p>Achievement of QIP target = 100 points Within 10% of QIP target = 50 points Non-achievement of QIP target by more than 10% = 0 points</p>

Contact Information

If you would like to learn more about the activities described in the Scarborough and Rouge Hospital 2018-2019 QIP, please contact us at communications@tsh.to

Other — Corporate Planning Initiatives

In addition to the QIP and our routine annual planning cycles, SRH has also recently launched a number of new planning streams that will fundamentally set the course for who our hospital will become and how we will provide care to our community. These planning streams include:

- 1) Developing a new three-year Strategic Plan with our Mission, Vision and Values, and Strategic Directions
- 2) Coming up with a new hospital name and brand
- 3) Building a long-term master plan for hospital facilities and infrastructure

Just like our QIP, the successful completion of these planning initiatives depends on understanding the needs of those we serve, and so we have been engaging hospital and community stakeholders in many different ways. What we have heard through this engagement has been important in validating that “yes”, the 2018-19 QIP we have developed does put us on the right track for providing the quality patient experience that stakeholders envision for our hospital. Just as importantly, what we have heard and learned through our work on the QIP is helping to inform this new planning process.

Sign-off

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

Maureen Adamson, Chair, Board of Directors
Valerie Carter, Chair, Quality Committee
Elizabeth Buller, President and Chief Executive Officer