Let's Make Healthy Change Happen.

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

Providence Care

3/29/2017

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.

Overview

This narrative introduces the work planned by the teams at Providence Care Hospital, the Long-Term Care Home (Providence Manor), and Providence Care's Community Programs for the 2017-18 Quality Improvement Plans. This work reflects Providence Care's commitment to quality for the patients, clients, residents, families, and volunteers we serve and work with (hereinafter referred to as stakeholders for the purposed of this document)

The narrative portion of the 2017/18 QIP acknowledges the three priorities set across the organization for the upcoming year:

- deliver high quality, efficient, effective care;
- work with the community to provide seamless accessible care;
- be "new hospital ready"

Delivery of High Quality, Efficient, Effective Care
Providence Care is committed to enhancing quality of life by meeting the physical, emotional, social and spiritual needs of each person. This translates into our commitment to (a) ensure safe care for stakeholders; (b) achieve sustained quality outcomes for stakeholders; (c) show respect, dignity and compassion to stakeholders and each other in all we do; (d) demonstrate effective stewardship in the responsible management of all resources entrusted to our care.

Work with the Community
Providence Care continues to work closely with our community and the Southeast LHIN to ensure that programs and services are aligned with the strategic directions of the LHIN and with the three multi-sectoral accountability agreements by which we are funded - HSAA, MSAA, and LSAA. We have been engaged in ensuring that Providence Care programs and services match the funding requirements imbedded in the Health Funding Reform Model.

"New Hospital Ready"
The Operational Readiness Project has been tasked with getting us "new hospital ready" for April 2017. Once in the new building, our focus will shift to sustaining the positives from the transition for stakeholders and capturing lessons learned so we can adapt to the new environment.

The redevelopment of Providence Manor will become an operational priority for 2017-18 for the organization. In 2017-18, Providence Manor will focus on addressing the repeat Ministry of Health and Long-Term Care order concerning general condition of the Home.

All of these activities place Providence Care in a continuous state of change and will require flexibility and grounding in our values of Respect, Dignity, Compassion and Stewardship to navigate the changes facing the organization throughout 2017/18.

QI Achievements from the Past Year

Transitions in Palliative Care (EXTRA Project)
The aim of this project is to improve stakeholder and provider experiences during a patient's transition from receiving disease-modifying therapy at the Cancer Centre, to receiving community-based palliative care. This project demonstrates the potential for system-level change through a collaborative, multi-organization and multi-sectoral approach with joint efforts by primary care, hospital, and community services. It shows how partnering with stakeholders early in quality improvement initiatives enables faster and more efficient change.

Electronic Client Record (eCR) in the Community
An investment from the LHIN sparked transformational change across many of our Community Programs and will provide the infrastructure for continued clinical and service delivery improvements. This system replaced our old paper-based methods that did not support the delivery of clinical care in the community, the collection of data or the reporting of information. The reports that teams will be able to generate from the new electronic client record will give clinicians and managers access to information that had previously been unavailable. This information will provide an opportunity for the Community Programs of Providence Care to integrate Quality Improvement into their teams.

The Access to Care and Transitions Office
Recognizing the importance of maintaining stakeholder access to specialized care beds, as well as the importance of access to care and safe and efficient transitions for operational sustainability, Providence Care has identified access to care, transitions, and resource utilization as one of three operational priorities. The Access to Care and Transitions Office was established to continue focused attention on key patient-flow deliverables. Achievements to-date include the development of a descriptive Access to Care and Transition Model, current state flow mapping, a detailed review of current processes, work plan growth and monitoring, bed utilization planning, and data collection standardization to support achievement of target indicators.

Electronic Medication Administration Record (eMAR) for Providence Manor
Providence Manor successfully introduced an electronic Medication Administration Record (eMAR) this year. In 2017/18, Providence Manor will be continuing to move forward on a 17-month 'going digital' project to bring Providence Manor to new home ready.

Population Health

Providence Care continues to be actively involved in the region with Health Links. The Southeast LHIN has seven Health Links that are encouraging greater collaboration and coordination between a stakeholder's healthcare providers, as well as the development of personalized care plans. We continue to pursue these opportunities to support the planning and transition of Health Links clients, including recent opportunities for our Community Programs to explore how they can utilize Health Links with the goal of improved population health.

Equity

Providence Care's Seniors Mental Health Outreach Team in the Hastings and Prince Edward County region has begun work using a quality improvement approach to improve equity for their stakeholders. Serving people from over a region of approximately 6,600 square kilometers poses many challenges, the fact that the Seniors Mental Health Outreach office is located in Belleville, in the southern aspect of the region, makes providing equitable services to all clients even more difficult. The first step for the team was to look at how they assigned the different zones of this large region amongst the case managers.

Through small tests of change, the team was able to revise the allocation of these zones to improve the flow of services and dedicate more support to the northern areas, which previously had longer waiting times and limited access to specialized outreach services compared to clients located closer to the office. This work is ongoing, and with the introduction of the new electronic client record across Providence Care's Community Programs, the Seniors Mental Health Outreach team will be able to collect data that shows the team how equitable the services are they are providing according to geography, and potentially other equitable variables.

Integration and Continuity of Care

As a leading health care provider of specialized aging, mental health, rehabilitative care, long-term care, community and home care programs, Providence Care manages transitions and integrates care to a broad range of medically complex stakeholders. Well-planned care results in high rates of stakeholder satisfaction and low re-admission rates relative to peer specialty hospitals. Providence Care consults with local peer providers focusing on effective transitions and collaboration with Primary Health Care Services, external partners, and the development of initiatives to improve integration and continuity. Examples include:

QBP and Emerging Practice Collaborations

Our collaboration continues with Kingston General Hospital to align with emerging practice recommendations and Quality Based Procedure (QBP) guidelines. We aim to provide earlier access to inpatient rehabilitation services for both stroke patients/clients and hip fracture patients/clients.

Attendant Care Outreach Program's IDEAS Project

Continued collaboration with Kingston General Hospital using a quality improvement approach supported through the IDEAS Program. This work is aimed at improving the transition and continuity of care for Providence Care's Attendant Care Outreach Program clients when they are admitted into acute care. This work is ongoing, as the Attendant Care Outreach Team is focusing on optimizing the new processes, sustaining improvements, and then spreading the potential change ideas and lessons learned to other Providence Care Community Programs and external healthcare organizations with similar services and challenges.

Addictions and Mental Health Redesign Partnerships

Providence Care is engaged with partners in the Addictions and Mental Health Sector to implement the Addictions and Mental Health Redesign. Engagement happens at the level of the CEO and Board Chair through participation in the Strategic Alliance, and participation at sub-regional Addictions and Mental Health Coalitions by mental health leaders at various levels of the organization.

Regional Systems of Integrated Care
Providence Care is collaborating with the additional six hospital organizations in the Southeast LHIN, the Community Care Access Centre, and Queen's University Faculty of Health Sciences to create regional systems of integrated care. These partnerships allow us to work together to make it easier for stakeholders to receive care when they need it most and where they need it most.

Health Care Tomorrow
Providence Care, as well as the six other hospital organizations in the region, along with the CCAC and SE LHIN, are committed to ensuring that our health system is effective and sustainable now and in the future. The Health Care Tomorrow – Hospital Services project is reflects this commitment as we work together to create a more seamless system for stakeholders. This has resulted in greater communication and problem-solving between organizations and across the region.

Access to the Right Level of Care - Addressing ALC Issues

As part of the mandate of Providence Care's Access to Care and Transitions Office focused attention has gone into addressing ALC challenges. Reduction in overall ALC volumes and conversion rates have been noted at the current St. Mary's of the Lake site (where emerging practices have been applied). ALC Avoidance Strategies and Principles have been established to support implementation of emerging practices and organizational alignment with those identified Provincial strategies and principles to address ALC issues.

Providence Care works collaboratively with CCAC to review active ALC waitlists to maximize opportunity for community transitions. ALC and related patient-flow policies and procedures have been developed at Providence Care to support procedures associated with complex discharges and to mitigate ALC issues.

Engagement of Clinicians, Leadership & Staff

Selected indicators reflect organizational and sector-specific priorities as well as system-wide, transformational priorities where improvement is co-dependent on collaboration with other sectors. The development and endorsement of Providence Care's Quality Improvement Plan is a shared responsibility and includes involvement and engagement at all levels of the organization through a number of committees and teams.

Following the endorsement of the selected indicators, the most responsible clinical and support service teams set targets and identified planned improvement initiatives, including methods, process measures and specific goals for change ideas.

Final endorsement of the Quality Improvement Plan for 2017/18 went through the Senior Leadership Team (SLT) before approval at the Performance Assurance and Quality (PAQ) Committee of the Board and the Board of Directors.

Resident, Patient, Client Engagement

As part of our commitment to Quality Improvement, Providence Care remains focused on listening to the stakeholders we serve. Obtaining feedback about the quality of care we are providing to our stakeholders is a priority. Providence Care regularly administers satisfaction / experience surveys to stakeholders. We then use the survey results to identify our strengths and areas for improvement. These identified areas of improvement are then included in corporate, program, and service level Quality Improvement Plans.

Providence Care facilitates a confidential process by which stakeholders can provide compliments or complaints about our quality of care and services. Complaints help us track and resolve any issues that arise in the context of care and service delivery. Providence Care management reviews and responds to the complaints in a timely, thorough and impartial manner. As an organization, we try to learn from each complaint and use that valuable feedback towards making future changes using a quality improvement approach.

Providence Manor's established Resident and Family Councils help the Long-Term Care Home identify areas for improvement and provides feedback on the Quality Improvement Plan throughout development. This year, Providence Manor engaged an ‘end of life’ working group to review our end of life practices. It included the chair of Resident Council and a family member; resulting in changes in the way we honour the death of a resident in our Home.

For hospital services, Patient Council brings patients and staff together to discuss the issues identified by patients, and keeps everyone in the organization accountable for addressing these challenges as they arise.

In 2016, Patient and Client Experience Advisors were newly introduced to Providence Care. The Experience Advisors have been focused on working with Operational Readiness teams to provide the perspective of stakeholders in preparation for our move into the new Providence Care Hospital. The Experience Advisor role will expand in 2017. Experience Advisors will be available to work in partnership with all clinical and support services teams across Providence Care to ensure that the voice of stakeholders is represented and remains at the centre of the care and services we provide.

Staff Safety & Workplace Violence

In October of 2016, Providence Care launched a new set of ‘Safety in the Workplace”, courses pertaining to workplace violence, prevention and awareness. This program was designed to be more inclusive of Providence Care’s Mission, Vision & Values, and included current measures, policies, and procedures pertaining to workplace safety. In preparation for the move to Providence Care Hospital, a new “Introduction to Safety in the Workplace” course was delivered at Occupancy Orientation sessions. Moving forward, all new staff will be receiving this “Introduction” session as part of the New Employee Welcome Orientation. Furthermore, under this new ‘Safety in the Workplace’ program, Providence Care Hospital employees will also receive training ranging from a 4-hour course to a 2-day program on Staff Safety and Workplace Violence.

Performance Based Compensation [As part of Accountability Management]

Purpose

The purpose of Providence Care's performance-based compensation plan, as defined by the *Excellent Care for All Act, 2010,* is to:

1. Drive performance and improve quality care.
2. Establish clear performance expectations.
3. Create clarity about expected outcomes.
4. Ensure consistency in application of the performance incentive.
5. Drive transparency in the performance incentive process.
6. Drive accountability of the team to deliver on the Quality Improvement Plan (QIP).
7. Enable teamwork and a shared purpose.

Positions Included

The following positions at Providence Care are included in the Performance-Based Compensation Plan as described herein:

- President & CEO
- Vice President, Mission, Values & People and Chief Human Resources Officer
- Vice President, Patient & Client Care
- Vice President, Hospital Transitions and Chief Nursing Executive
- Vice President, Corporate Services
- Vice President, Medical & Academic Programs
- Vice President, Planning & Support Services
- Vice President, Community Partnerships and Chief Communications Officer

Pay at Risk

Each of the above-named executive's compensation is linked to the achievement of specified performance improvement targets. These performance targets are reflected in the annual Quality Improvement Plan (QIP).

Since April 1, 2012, a pre-determined percentage of each executive's compensation was placed at risk. Achievement of performance targets is evaluated annually for the period of April 1 to March 31 of the given year to determine executive compensation.

All of the executives are evaluated against the same performance indicators and targets.

Four performance indicators have been selected to apply to executive compensation. The performance indicators that have been selected are those determined to be priorities for the organization and have a direct impact on patient outcomes.

The percentage of pay at risk is as follows:

CEO	3%
VP's	3%

Quality Dimension	Performance Measure/Indicator *	Target for 2017/18*	Weighting
Effectiveness	Total Margin (consolidated)	0.0%	30
Safety	Hand Hygiene compliance before patient/patient environment contact	87.5%	30
Safety	Clostridium Difficile Infection	0.26/1000 patient days	30
Person-Centred	Overall Satisfaction: Palliative Care	92.3%	10

** Refer to QIP Work Plan for full Performance Indicator and Target description*

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 Peter Merkley
Quality Committee Chair Jennifer Fisher
Chief Executive Officer Cathy Szabo