

2019/20 Quality Improvement Plan (QIP) Narrative for Providence Care



This document is intended to help health care organizations that want to voluntarily develop a quality improvement plan organize and communicate their improvement goals and activities.

This template is designed for use by organizations that are not currently required to submit a Quality Improvement Plan (QIP) to HQO. **Organizations that are currently mandated to submit a QIP to Health Quality Ontario (either through legislation or other mechanisms) are required to use Health Quality Ontario's QIP Navigator to develop and submit their QIP to Health Quality Ontario.**

Health Quality Ontario recommends that organizations include a narrative in their quality improvement (QI) plan. A narrative is a great way to introduce the organization's quality improvement plan and provide context to their improvement efforts, as well as descriptions of the program, partnerships, and strategic alignment of their QI plan. Organizations should consider the following topic areas when creating their QI plan narrative.

Overview

Providence Care, a Catholic health organization, is Southeastern Ontario's leading provider of specialized care in aging, mental health and rehabilitation. Consisting of Providence Care Hospital and Providence Manor long-term care home, as well as 22 community sites, we care for more than 15,000 patients, clients and residents from across the region.

In 2018 Providence Care launched a Strategic Plan for 2018-2023 which focuses on continued patient, client and resident engagement, improving access to care, enhancing financial sustainability, sustaining a healthy workplace, and advancing innovation. The plan was developed following an extensive consultation process with patients, clients, residents, volunteers, staff, physicians and learners. Annual plans to operationalize the strategy are being developed each year.

Providence Care recognizes that the strategic plan, annual operational plans, Ministry-mandated publicly reported indicators, and the QIP are all key components of a broader framework to improve quality and patient safety across the organization. With this in mind, Providence Care used the following guiding principles in the development of the 2019/20 QIP:

- View the QIP, publicly reported, and strategic plan indicators collectively to provide a holistic approach to quality improvement across all Providence Care services (hospital, community services, long-term care), without the need for indicator duplication.
- Collectively, select indicators and change ideas that support the enhancement of quality and patient safety across all Providence Care services (hospital, community services, and long-term care)
- To maximize benefits for the people we serve, explore opportunities for collaboration across sectors and with other organizations
- Ensure inclusion of Health Quality Ontario (HQP)-identified mandatory hospital indicators in the QIP

For 2019/20, Providence Care's QIP focuses on the following key areas:

- Patient/Client/Resident Experience and Safety
- Staff Safety
- Stewardship and Effectiveness

When combined with the performance indicators in the corporate strategic plan and mandated publicly reported indicators, Providence Care is committed to focusing resources and activities aimed at enhancing quality across all services(hospital, community services, and long term care) and populations of the people we serve.

Describe your organization's greatest quality improvement achievement

Providence Care continually works to enhance the quality of care provided to the people we serve. This was clearly highlighted during our preparation activities for our Accreditation survey in November 2018, for which the organization continues to have 'Accredited with Exemplary Standing' status.

One of many areas of pride this year was the implementation of the Safewards model in our Forensic Mental Health program.

Eliminating or reducing violence in the workplace is a key priority, especially in the area of Psychiatry and Mental Health. Forensics Mental Health clients have varying rates of conflict and containment and the methods of intervention are inconsistent. This raises the question of "How can we reduce acts of violence while continuing to provide recovery oriented care and using least restraint measures as per best practice guidelines?"

Safewards is an evidenced-based model that has been implemented in hospitals worldwide to promote safety and provide frontline staff and clients with tools to prevent violence. When staff and clients are provided with tools to mitigate or cope with difficult situations the repercussions can be lessened. Safewards is supported by the MOHLTC and was recognized in the *National Forum on use of Seclusion and Restraint in Mental Health Summary Report 2018*, as a positive practice to minimize the use of seclusion and restraints

Safewards is a program developed for inpatient psychiatric units in an effort to keep staff and patients as safe as possible. There are 10 key interventions. The goal of these 10 interventions is to identify flashpoints, decrease conflict, encourage staff and clients to work together to minimize risk and provide methods for staff to manage difficult situations.

At Providence Care Hospital, a Safewards implementation initiative was started in the Forensic Mental Health program, that included the implementation of the following change ideas:

- Implement all 10 of the Safewards interventions
- Have literature and resources available for staff
- Educate 100% of Forensics Mental Health staff on the Safewards model
- Assigned one front-line staff champion to each intervention
- Encourage client participation and champion where appropriate

Observed outcomes of the initiative included the following:

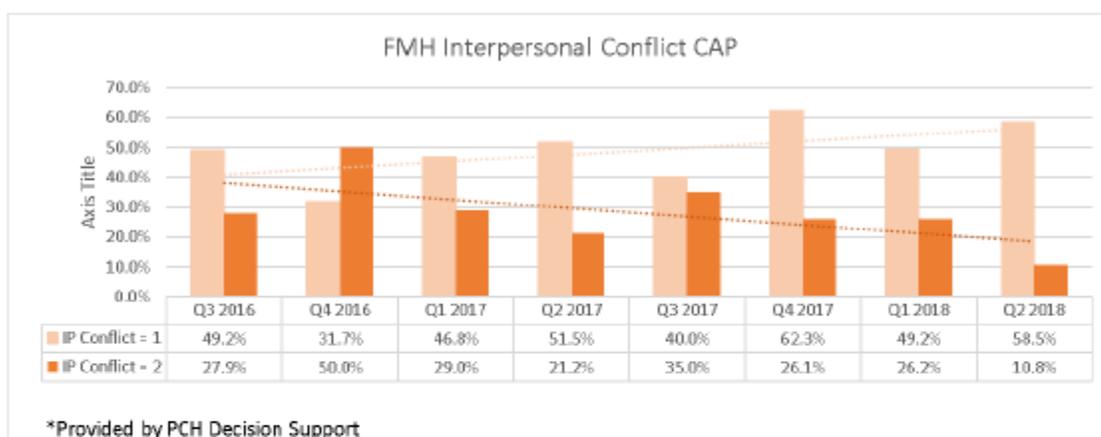
- Increase in the use of Safewards interventions as a first response to aggressive incidents or challenging behaviours
- Front line staff are using advanced de-escalation strategies and providing clients with alternative calm down methods when in crisis
- Decrease in the intensity of interpersonal conflict
- Improvement with social relationships

- Decrease in the use of Control Interventions during the management of aggressive behaviours

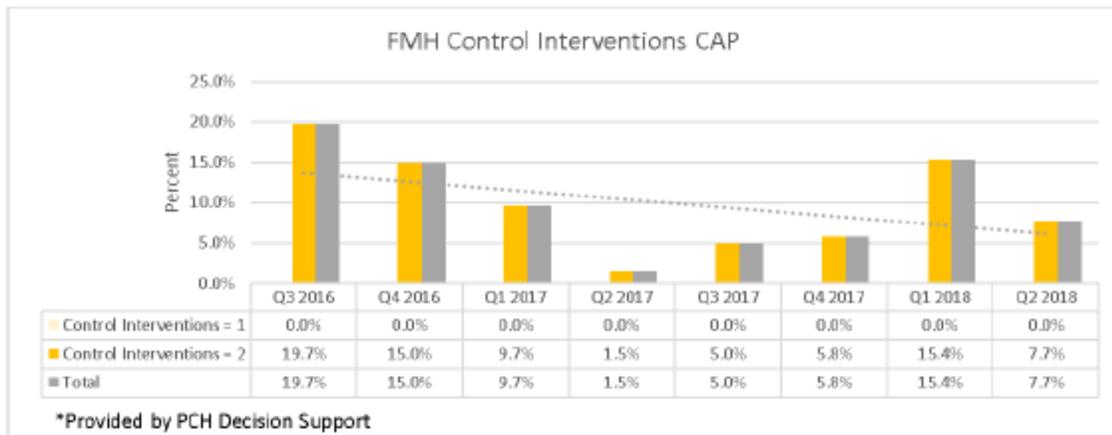
Accreditation Canada also noted Safewards in their 2018 report of Providence Care Hospital, to have created positive therapeutic outcomes.

Based on the success of this initiative, the future goals and sustainability plans include:

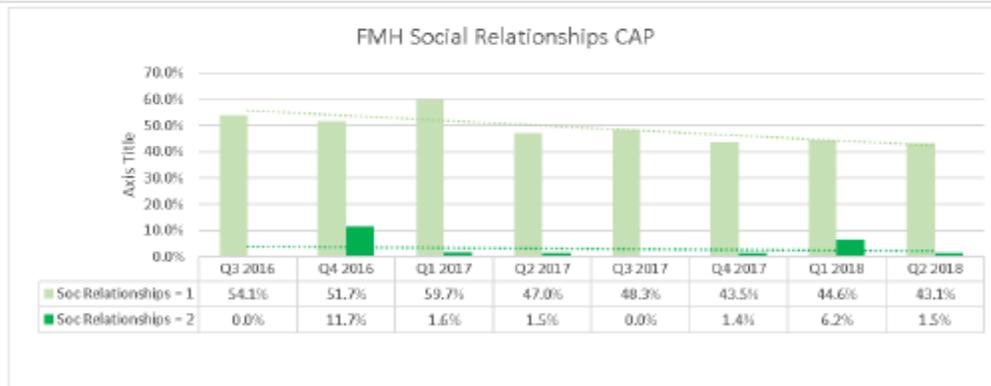
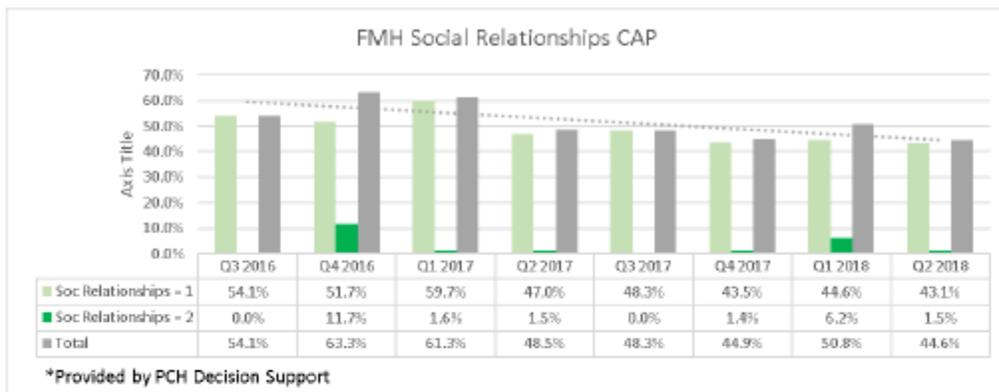
- Reviewing and recommending Safewards implementation strategies for other areas with PCH
- Exploring and implementing other Safewards interventions
- Quarterly review of each intervention, and modifying interventions to suit the unit requirements



There appears to be a very small decreasing trend in Total Interpersonal conflict from Q3 2016 to Q2 2018. When broken down the decrease is more pronounced for (2) need to reduce widespread conflict which requires 2 of 4 indicators to trigger while there is a small corresponding elevation in trigger (1) which only requires 1 of 4 indicators to trigger. This appears to indicate a decrease in intensity.

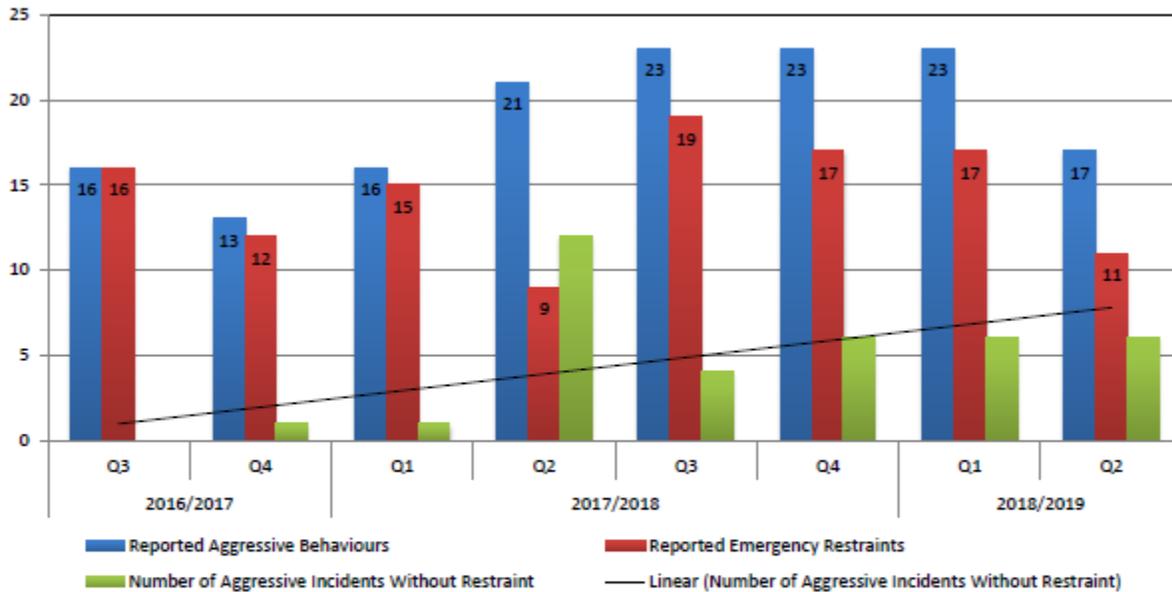


There has been a downward trend in the use of control interventions since the implementation of the Safewards Program. This could mean that fewer incidents are occurring or that the ratio of incidents resulting in the use of control interventions have decreased. All control interventions were triggered level 2 which means that there was a psychiatric emergency at time of use.



There has been a downward trend in difficulties with social relationships on FMH since the inception of the Safewards program. Most patients trigger (1) which is 'triggered to improve close friendships and family functioning.

FMH Number of Reported Aggressive Behaviours vs Number of Reported Emergency Restraints



Although we can not eliminate all events of Aggressive Behaviours there has been a significant increase in the number of Aggressive Incidents without Restraint following the implementation of the Safewards model. This reflects a decrease in the use of Control Interventions by staff or a decrease in the intensity of the incident.

Patient/client/resident partnering and relations

Engaging patients, clients, residents, and families in the development of the QIP and quality improvement related activities is of great importance at Providence Care, and we are always exploring ways to further enhance this collaboration.

The ‘Providence Care Experience Partner’ program has been in place since 2016, starting with a focused pilot to provide the patient, client, and family perspective in the planning of our new hospital. The program is now being spread across the organization – from our hospital programs to our community services and long-term care home. The purpose of the program is to develop strong relationships between patients, clients, residents, families, and Providence Care staff and leadership, to ensure that the voice and perspective of the people we serve is heard and acted upon. Providence Care now has 10 Providence Care Experience Partners (PCEPs) who have been involved in numerous activities such as providing feedback into the development of the 2019/20 QIP, participating as standing members of key working groups whose mandate is to identify, implement, and evaluate quality improvement change ideas specific to QIP indicators (e.g. restraints minimization working group and the hand hygiene working group). Staff have benefitted from having our PCEP’s in their meetings and feedback

has been very positive. PCEPs have also been involved in the review of Providence Care's scent free policy, decision-making related to closing hospital terraces for the winter months, the review of a Knee Replacement Outpatient Survey, a regional Health Information System project for the SELHIN, and a number of other corporate initiatives.

The PCH Patient, Client and Family Council that was established in 2017 welcomes patients, clients and families from our hospital services and outpatient programs to discuss topics that affect their quality of life with Providence Care leadership, staff, physicians, and volunteers. The PCH Patient, Client & Family Council's vision, as stated in their current terms of reference is: "All Patients & Clients will be respected and valued as an integral part of recovering best health, eliminating stigma and nurturing hope."

In 2018 the Patient Client & Family Council engaged in discussions related to fire code response, property boundaries and legal smoking areas, activity calendars, generator test scheduling, adjustable dining room tables, a personal laundry drawer and cupboard label pilot, meal time consistency, TV channels, and access to in-house dental services, just to name a few. They have also engaged in taste-testing of potential new menu items that Food and Nutrition Services are exploring for an updated menu that aligns with the 2019 Canada Food Guide.

Providence Manor, Providence Care's long-term care home, has a vital and engaged Resident's Council, as well as a Family Council. We present our quality improvement plan to both Councils for endorsement, as well we rely on them to share their experiences and advice through their meetings and satisfaction surveys. Our 2018 resident and family satisfaction survey was co-designed with residents and families. We sent surveys to every family and 100 residents that were willing and able to participate. A monthly Partners in Care group has been started to provide education and guest speakers for the families and residents. A focus group was held with a group of families to determine what their educational interests are and how the home could support them as partners in care. Residents and families actively participated in our full accreditation this year with exemplary results. When able, we have a resident give tours of the home area and common rooms to new employees, students, and potential new residents and families. One of residents who is also a Veteran, join the Providence Care team to place flags on the military graves in a local cemetery before Remembrance Day. We are exploring an enhanced relationship with our local community college to host a living classroom in the home, and the residents and families are already excited and offering to participate.

Providence Care's Community Programs recognize the value of client and family feedback to ensure the services we provide meets the needs of our clients, their families, as well as supporting the system of care in which they interface.

In October 2016, Providence Care Community Programs implemented the Ontario Perception of Care (OPOC) survey as a pilot project – a first in the Southeast region. After learning from our experience through the pilot project, Providence Care's Community Programs officially launched the OPOC in October of 2017 and we are in the process of implementing our second survey in April 2019. This provincial initiative is a way to bring the client and family voice forward as a source of evidence to support program, organization, and system quality improvement efforts.

In addition, there are many initiatives at the program level including:

- In Community Adult Mental Health, clients, residents and families have direct influence our quality initiatives. For example, the Vocational Rehabilitation Program is structured as a not-for-profit corporation and governed by volunteer board of directors (half of which are mandated to have lived experience of mental illness). In addition, our Assertive Community Treatment Teams and Community High Intensity Treatment Team all seek input and change ideas from program-level Family Caregiver Advisory Groups.
- In Community Seniors Mental Health, the voice and perspective of the patient and family has surfaced with the work of a dedicated Lived Experience Facilitator. This has taken place through face to face conversations, email and telephone conversations, as well as online live chats. The innovative online platform for live chats supports a conversation with a group of people living this journey surrounding a specific question from the health care sector. The information is then summarized and fed back to the health care sector for the purposes of QI. The Lived Experience Facilitator is a corresponding member of the Quality Teams and the perspective of lived experience can be accessed for any QI project
- Oasis, a unique senior's supported living program, is similarly governed by a volunteer board of directors who advocate on behalf of resident members. The board holds a monthly members meeting where member representatives bring forward ideas for quality improvement initiatives.
- Regional Community Brain Injury Services (CBIS) hosts an Advisory Committee that receives reports regarding the operation of CBIS and provide advice regarding quality of services provided, effective use of resources, and future directions.
- Of the hospital's eleven Lived Experience Facilitators, two are clients of the Hospital's Community Programs.
- Through our Mood Disorder program, we have partnered with lived experience clients (currently receiving treatment though the outpatient program) who collaborate with clinicians and leadership members to present lived experiences to high school and university students as well as police services. Through this process, the clients have a formal voice at planning tables.

Additional patient/client/resident and family engagement activities in 2018/19 have included the following:

- Involvement of patients and families in Accreditation surveyor interviews.
- Administration of satisfaction/experience surveys to our patients, clients, residents and families. Feedback obtained helps Providence Care identify our strengths and opportunities for improvement, which then guide the development of corporate, program, and service level Quality Improvement Plans
- A confidential compliments and complaints process whereby patients, clients, residents and families can provide positive feedback and/or criticism about our services and the quality of care we provide. The process for managing reported complaints enables the organization to track and resolve issues that arise in the context of care and service

delivery, and while also informing the organization when planning change. The percentage of complaints acknowledged to the individual who made a complaint within five business days was included as an indicator on the Providence Care 2018/19 Quality Improvement Plan, with the goal of ensuring that Providence Care reviews and responds to complaints in a timely manner. Internal reporting processes are also established with the Board, to ensure continued internal sustainment of this complaint reporting, follow-up, and resolution.

Workplace violence prevention (this section must be completed for hospitals)

One of the five directions in our 2018-2023 strategic plan is focussed on supporting the health and well-being of all those who work, learn and volunteer with us. Our indicator of success of focussed on staff safety and specifically our number of workplace violence incidents, as defined by HQO. The Board receives regular reports on our incidents as well as a summary of our activities focused on strengthening our violence prevention program. This year we used the PSHSA Workplace Violence Program Assessment Tool to perform a gap analysis and identify areas for improvement. Some improvements undertaken included new violence signage for our organization, new policies for Staff Incident Reporting and Domestic Violence, the addition of behavioural alerts to Room Sign Monitors at PCH to communicate an increased risk of patient violence to staff.

To support improved management of violence, customizations to our RL Solutions incident reporting software were made to prompt and capture the identification of factors contributing to the incident along with corrective actions/improvements being taken, and a 'Debrief and Reflective Practice' tool were developed for use by the care team after an incident of violence. While this year we collected baseline incident data, our work plan for 2019/20 is focused on improving reporting through an internal awareness campaign and developing and implementing a violence program action plan to address the areas of opportunities identified in this year's self-assessment.

Compensation (hospitals only; must be completed)

Please describe how you have connected executive compensation to the priorities in your QIP, with special consideration for the priority and mandatory QIP indicators. For guidance on how to complete performance-based compensation, please review **Performance-Based Compensation** and the Quality Improvement Plan:

http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/performancecomp/pbc_update_20111122.pdf

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

At Providence Care, the following positions are included in the Performance-Based Compensation Plan:

- President & CEO
- Joint Vice President Mission & Chief Human Resources Officer
- Vice President, Patient & Client Care
- Vice President, Planning & Corporate Support Services
- Vice President, Community Programs & Communications

Pay at Risk

Compensation for each of the above-named executives is aligned to the achievement of specific performance improvement targets listed in the Quality Improvement Plan (QIP). For 2019/20, Providence Care has also aligned executive compensation with two of the organization's strategic plan performance measures. The alignment of executive compensation to both QIP and strategic plan indicators reinforces Providence Care's view of quality improvement as a multi-prong framework.

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 performance indicators and targets.

CEO	3%
VP's	3%
Joint VP. & CHRO	10%

HQO Quality Theme	Performance Measure/Indicator*	Target for 2019/20	Weighting
Efficient	Total Margin (consolidated)	>/=0.00%	25
Patient-Centred	Hand Hygiene compliance before patient/patient environment contact	88%	15

Timely - Strategic Plan Performance Indicator (Access Direction)	Referral to Receipt of Services	MSK wait times only, yes/no to the following: IP - median 2 to 4 days OP hip - median 14 to 42 days OP knee - median 4 to 7 days	30
Person-Centered / Effective – Strategic Plan Performance Indicator (Quality Direction)	Palliative Care patient satisfaction	>/= 90%	30

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

Contact Information

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Other

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 : Brian Devlin

Board Quality Committee Chair: Jennifer Fisher

Chief Executive Officer : Cathy Szabo