

Let's Make Healthy
Change Happen.



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



Ontario

**Hamilton Niagara Haldimand Brant
Local Health Integration Network**

**Réseau local d'intégration
des services de santé de Hamilton
Niagara Haldimand Brant**

3/20/2019

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

Imagine what we can achieve together...when we care, listen, and act.

HNHB LHIN's vision for change was launched in the fall of 2017 as a call to action. It demonstrates the LHIN's strong commitment to quality, collaboration, and the delivery of excellent health care to the people and communities we serve. It compels us all to think broadly and innovatively, to focus on outcomes, and to always ensure we remain grounded in the foundational elements of caring, listening and acting. The vision statement has been introduced to our staff, shared with our health service providers and service provider organizations, and openly shared in public board meetings. It will continue to guide the LHIN's quality activities and initiatives throughout the upcoming years.

The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)'s mandate is to plan, fund and integrate the local health system, and deliver and manage home and community care services. The HNHB LHIN is accountable for allocating approximately \$3 billion annually to provide a range of health and community care services across its geographic area. Of this, approximately \$2.76 billion is allocated to health service providers, including hospitals, community services and long-term care homes, and each has a service accountability agreement and is held accountable to the terms and conditions outlined in the agreement. Across the HNHB LHIN, there are 188 service accountability agreements covering nine hospital corporations, 86 long-term care homes, and 93 community services.

The HNHB LHIN is also accountable for the delivery of home and community care services within its geographic area. Approximately \$288 million is allocated to support the provision of home and community care services through agreements with 11 main service provider organizations.

In planning for 2019-2022, six priorities were identified and commitment was made to advancing them across all of Ontario's 14 Local Health Integration Networks:

- Improve the patient experience
- Address health inequities by focusing on population health
- Reduce the burden of disease and chronic illness
- Build and foster healthy communities through integrated care closer to home
- Drive innovation through sustainable new models of care and digital solutions
- Drive efficiency and effectiveness

These pan-LHIN priorities reflect core commitments and provide a guiding framework that the HNHB LHIN will use to advance the following areas of focus identified by the ministry for the health care system:

- Hospital Overcrowding
- Mental Health and Addictions
- Long-Term Care
- Home and Community Care
- Capacity Planning
- Digital Solutions

The HNHB LHIN's Integrated Health Service Plan 2019-2022 outlined priorities aligned with the six pan-LHIN priorities and five areas of focus identified by the ministry, while continuing to build upon the HNHB LHIN's strategic aim of dramatically improving the patient experience by focusing on quality, integration and value.

These priorities represent how the HNHB LHIN will act to achieve its strategic aim:

- Integrate and coordinate services at the local level in alignment with primary care.
- Improve access to services
- Reduce the burden of disease and improve self-management
- Improve health equity and undertake capacity planning
- Innovate new models of care and digital solutions

The 2019-2020 Quality Improvement Plan reflects the HNHB LHIN's commitment to fostering and sustaining a strong culture of quality, and continuously working in collaboration with Health Service Providers and Service Provider Organizations towards improving performance, experience, and health outcomes for the people we serve. The HNHB LHIN supports the development and delivery of consistent, high quality services and programs, monitors system level outcomes, and manages performance. The HNHB LHIN is focused on delivering high quality, excellent home and community care. The HNHB LHIN reviews adverse events and complaints as learning opportunities and, in response, makes improvements to patient care, processes, and policies. The HNHB LHIN will work with local clinicians at a community level to support implementation of completed quality standards.

As directed by Health Quality Ontario (HQP), the focus of the 2019-20 Quality Improvement Plan will be on the HNHB LHIN's home and community care services.

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

HNHB LHIN has been focused on the improvement of patient flow across the continuum of care and in particular, the review and improvement of the experience of patients transitioning through the health system. Fundamental to this quality improvement success were three areas of focus: Integrated Management Structures, Transitional Care Bed Redesign and Embedding Care Coordinators in Primary Care.

Integrated Management Structure

As part of the foundational transformation work with hospital partners to improve patient care, a new integrated management structure between hospital and home and community care has set the foundation for front line hospital discharge planning teams and home care teams to work together as one system under a renewed Home First Philosophy through formalized and shared accountability structures. These structures will continue to integrate and improve transitions in care across the continuum and build a more seamless and integrated experience for patients when moving from hospital to community. A single point of contact for patients in hospital ensures they are only telling their story once, reduces duplication in role and effort between organizations, and facilitates patient flow to community destinations thereby relieving hospital pressures.

Transitional Care Bed Redesign

Improved access to community Transitional Care Program by opening 33 new beds and improving access for patients waiting in hospital in Hamilton and Niagara. This improvement initiative included an introduction of a

Transitional Care Bed (TCB) Policy and Procedure, a single point of contact which allows the HNHB LHIN to measure each step of the process, a revised application including an assessment before TCB admission, an updated Patient Information Sheet, enhanced TCB data and the ability for community patients to access the idle beds (supporting patients with increased risk in the community and avoiding hospital readmission). Hospitals will have a much clearer picture of where the patient is in the application process from pending, applied, accepted, considered for a bed, accepted to bed and admission.

Embedding Care Coordinators in Primary Care

Patient services operations introduced the first wave of integration and co-location with primary care by embedding ten Care Coordinators in Community Health Centres and Aboriginal Health Access Centres across the HNHB LHIN. Strengthening relationships between primary care and care coordination is foundational to transforming local health care. It is also necessary to achieve our long-term goal of seamless and continuous patient transitions between providers and across the health care system over a person's life span.

Patient/client/resident partnering and relations

The HNHB LHIN's Strategic Aim is to dramatically improve the patient experience by focusing on Quality, Integration, and Value. Feedback from residents and providers identified that people want to be more involved in their own care as well as in planning the types of services that are available to them.

The HNHB LHIN's Patient and Family Advisory Committee is comprised of 12 members of the public selected to ensure diversity that is reflective of health care system experiences as well as the Local Health Integration Network's population demographics.

The goal of the Patient and Family Advisory Committee is to share their lived experiences and provide advice to the LHIN's leadership team on how best to improve the patient, family and caregiver experience. As ambassadors, members also promote opportunities to participate in local health system decision making.

The HNHB LHIN Patient and Family Advisory Committee is entering its second year and will be implementing its work plan. Feedback received during committee meetings is shared with the Local Health Integration Network executive team and actioned as appropriate. For example, a committee member shared their experience requesting home and community care support. Based on this feedback two opportunities for process and patient-experience improvements were identified and integrated into the revised intake and referral process.

Additional patient engagement activities include the assignment of a Patient/Family Advisor member on the Patient Flow Steering Committee; which provides ongoing collaborative opportunities to identify system patient flow issues and develop, promote and support quality improvement strategies across the HNHB LHIN, as well as a Patient/Family Advisor member who sits on the Palliative Quality and Patient Safety committee to support the promotion of quality improvement strategies within palliative care services.

During the development of the 2019-2020 Quality Improvement Plan the Patient/Family Advisory Committee was engaged to provide feedback and consultation on the indicators, change ideas and the narrative, with a view on how the proposed plan would impact patients in the HNHB LHIN.

Workplace Violence Prevention

Workplace violence prevention is a priority for the HNHB LHIN and is embedded in every aspect of the work that is undertaken. The HNHB LHIN is committed to keeping not only our patients, but also our staff and service providers safe. The organization sees the prevention of workplace violence and harassment as a priority. We have made significant investments to improve in this area. Specifically, Mental Health First Aid was offered to all management in the spring of 2018. This twelve hour course helped to provide an understanding of mental health concerns as well as how to recognize, address and support related mental health needs.

Managers, union representatives and members of the Human Resources team were also invited to participate in Crucial Conversations education. This 16 hour course teaches skills for conversation when stakes are high, opinions vary and emotions run strong.

Additionally, two members of the organization's Human Resources/ Organizational Development management team became certified in Workplace Investigations. Internal processes were streamlined within Human Resources to separate those conducting investigations from those who might impose discipline for related infractions.

Our internal policy and procedure (Prevention of Violence and Harassment in the Workplace Policy and Procedure) was reviewed by legal counsel and revised, then approved by our unions and Joint Occupational Health and Safety Committee. We assign a learning management system course entitled "Harassment in the Workplace" to all new employees as part of their orientation.

Contact Information

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Sign-off

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

Chief Executive Officer _____ (signature)