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

Mississauga Halton Local Health Integration Network (Mississauga Halton LHIN) is pleased to present our 2019/20 Home and Community Care Quality Improvement Plan (QIP). Through our mandate to deliver and coordinate home and community care, we continue to work towards improving access to quality health services in the community ensuring our patients receive the care they need to live safely at home and, when necessary, supporting them in moving to long-term care. As a Crown agency of the Ministry of Health and Long-Term Care, the Mississauga Halton LHIN works in collaboration with the Ministry of Health and Long-Term Care, health service providers, key stakeholders and the community to improve the health care system for residents who live within our geographic boundary.

Through our 2019/20 QIP, which is our sixth, we will continue to support provincial health system priorities and local opportunities that are designed to strengthen patient-centred care and deliver high-quality, consistent and integrated health services.

In developing the 2019/20 Home and Community Care QIP, efforts were made to address Ministry of Health and Long Term Care foci, Pan LHIN imperatives, and the local areas of focus as articulated in our 2019-2020 Annual Business Plan submission to the Ministry of Health and Long Term Care.

FOCUS OF OUR 2019/20 QIP

Within the themes identified by Health Quality Ontario, Mississauga Halton LHIN has identified ten change initiatives.

**Theme 1: TIMELY AND EFFICIENT TRANSITIONS**

Five initiatives have been identified to reduce unplanned emergency department visits.

a) Connecting Care Coordination and Primary Care

   i. Identifying primary care provider practice settings with a critical mass of home and community care patients to implement tests of change.

b) Alternate Level of Care Access & Flow – this is a continuation from our 2018/19 initiatives.

   i. Prevention activities include:
      * Expanding COPD/CHF pathway to sub regions.

   ii. Early identification activities include:
      * Identifying upstream patients at risk for alternate level of care in the emergency department. Utilizing admission avoidance techniques (e.g. direct admission to Bridges to Care spaces for social admit patients in long-term care crisis).

   iii. Transition activities include:
      * Enhancing partnerships with palliative, mental health and addictions, and long term care partners in the community to ensure sustainable, safe discharges/transitions.
c) Approach for Patients with Complexity

   i. Spread and scale Care Coordination Competency Training to community partners to support identification of patients with complex needs, enhance care coordination practices, and embed the Health Links philosophy across partner organizations.

Two initiatives have been identified to reduce wait times to long term care placement by:

a) Improving the wait times from application to eligibility determination for long term care placement from both the acute care and community care setting.

b) Leveraging information technology for management of wait lists and admissions to long term care.

Theme 2: SERVICE EXCELLENCE

One initiative has been identified to improve patient experience by:

a) Evolving patient experience working group activities that were informed by data analysis for root causes.

One initiative has been identified to improve complaints being acknowledged in a timely manner (within 2 business days) by:

a) Updating our complaints management framework via process, data capture and reporting to align with Health Quality Ontario guidelines.

Theme 3: SAFE AND EFFECTIVE CARE

One initiative has been identified to improve early identification: documented assessment of needs for palliative care patients by:

a) Developing and implementing a continuous care pathway for palliative care integration with primary care and long term care.

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

The Mississauga Halton LHIN continues to work to reduce barriers and improve timely access to an integrated and coordinated health care system that focuses on improving transitions between sectors, strengthening home and community care and supporting individuals, particularly those with complex needs to navigate the health care system so that they can receive the right kind of care when they need it.

Most of the work to improve the performance of the QIP indicators; unplanned emergency department visits and hospital readmissions has focused on strategies to improve system flow both upstream and downstream of emergency department visits and readmissions resulting in an “avoidance” strategy for clients/patients/residents.
High Alternate Level of Care (ALC) rates are a symptom of a system-wide problem, where patients who no longer require acute care are unable to transition to a more appropriate setting due to capacity issues, and complex health and social needs.

Our 2018/19 Home and Community Care QIP identified seven change initiatives related to our Alternate Level of Care (ALC) Avoidance Management and Flow (Prevention / Early Identification / Transition) strategy. We have been working with partners in our region and the Ministry of Health and Long-Term Care (MOHLTC) to identify opportunities to best support patients and families in our community, while ensuring hospital care is available for patients who need it most and to address the high number of people who are appropriate for an alternative level of care but remain in hospital beds designated for acute care patients.

Our three pronged approach/work streams are aligned with best practices in the ALC Avoidance Framework as developed by the Toronto Central LHIN that focuses on:

- identifying at-risk patients in the community to prevent hospital admission and emergency department (ED) visits
- identifying patients in the ED and during their early acute care stay at risk for ALC
- transitioning existing ALC patients from hospital to the community or to long-term care.

By using the ALC Avoidance Framework we are using the best possible evidence and it also garners credibility with hospital partners when anchored in this approach.

The first work stream was led by a home and community care coordinator in the community assigned to the pilot. The second and third work streams were implemented by the entire hospital discharge planning team including discharge planners, ALC Response Team (ART) leads, home and community care and consulting with physicians, nursing and other staff as appropriate.

We created and continue to use a weekly operational dashboard with specific indicators that managers, directors and front-line leaders can use to track trends such as changes in ALC designations. Both senior leaders from our two local hospitals have shared feedback that the dashboard has been very useful. Our LHIN currently has 25% fewer LTC beds per senior than the provincial average. This makes effective transitions more difficult and puts pressures on hospitals.

Our short-term transitional care models, Bridges to Care and My Way Home programs, have made the biggest impact on being able to effectively transition patients out of hospital.

The Bridges to Care program is a partnership between the Mississauga Halton LHIN, Halton Healthcare and Trillium Health Partners. It provides patients with short-term supports in the community from personal support workers for up to 60 days. There are 37 beds available across several retirement homes, LTC homes, and assisted living facilities. The program can also be available in personal dwellings.

After 60 days, patients will transition to a LTC Home or explore options for remaining in a personal dwelling or retirement home with in-home supports.
Within the first year of the program, Trillium Health Partners reported that the Bridges to Care program had saved 18,557 patient days, the equivalent to freeing up one 50 bed unit for more than one year.

Operational data shows in 2018/19 Q3 we saw 32 transitions to Bridges to Care versus 27 in 2018/19 Q2.

Through the My Way Home program, complex patients leaving the hospital, regardless of their final destination, are eligible to receive pre-hospital discharge occupational therapy (OT) and Rapid Response Nurse (RRN) services in the home, as well as enhanced in-home personal support, OT, physiotherapy (PT), and RRN services for up to 60 days.

Evaluation of the program demonstrated that patients who received OT and PT services in the first month post discharge were significantly less likely to return to the ED within 30 days.

Operational data shows quarter over quarter program growth: In 2018/19 Q3 we identified 260 My Way Home Patients versus 204 in 2018/19 Q2 versus 204 in 2018/19 Q1.

Mississauga Halton LHIN looks to build on the key foundational work of our Alternate Level of Care Management Strategy in 2019/20. Through collective partnerships and collaborations, we will be in a better position to address hallway medicine and acute care capacity issues by creating additional capacity outside of the hospitals.

**Patient/client/resident partnering and relations**

The LHIN understands that having patients, caregivers and families involved in the development of programs and services, as well as decision making, is important in improving experiences within our health care system. The perspectives they share not only help guide our work, but their experiences, stories and insights also serve as important measures when evaluating the success of our projects and initiatives.

Implementing the Mississauga Halton LHIN Patient, Family and Community Engagement Roadmap (see image below) continues to be a priority. Working with Patient and Family Advisors, standardized processes have been established and promoted to reduce barriers for participation and allow for greater engagement from more members of the communities we serve across our LHIN.
Since January 2018, patients and caregivers have helped to advise our organization by: a) participating in 7 evaluation surveys; b) being involved with 24 working groups and committees; c) sharing care experience stories at 4 major health system events; and d) participation at 5 general events. As well, our pool has grown from 14 members to 45 and the recognition of, and appreciation for, their contributions extends beyond our organization, as we continue to have requests for their engagement with various system partners. We will continue to share and spread examples of excellence, by leveraging partnerships, networks, conferences, technology and social platforms to engage with and highlight successes involving care partners.

**Workplace Violence Prevention**

Mississauga Halton continues to take significant and proactive steps to reduce and address potential risk of workplace violence.

We have established a robust Occupational Health and Safety (OHS) Program that fully meets its statutory obligations and reflects its uncompromising approach to the safety and well-being of its employees, and embodies the concept implicit in the Act referred to as the Internal Responsibility System (IRS) whereby everyone in the workplace has a responsibility for health and safety.
Management’s commitment to the Program’s objectives and an accompanying accountability structure, beginning at the most senior levels, is critical to the success of the Mississauga Halton LHIN’s OHS Program. The Board of Directors has ultimate accountability in its exercise of due diligence to ensure that an effective OHS Program exists, and to monitor its performance. This is achieved through regular reports from the Chief Executive Officer (CEO). The CEO has operational accountability for the Program’s performance and its administration, the responsibility for which is delegated to the Vice President, Quality & People. Persons in supervisory roles have direct responsibility to take every reasonable precaution to ensure the safety and protection of their employees. This includes proper advisement to staff of potential safety hazards and providing education and training. Managers’ health and safety responsibilities are reflected in their job descriptions, and annual performance evaluations. All employees must comply with the OHSA and corporate health and safety policies.

The OHS Program establishes our commitment to maintain a safe workplace free from harassment and discrimination for all employees, consultants, volunteers and students. Within our OHS Program the following mitigation strategies are evidenced:

- Joint Health and Safety Committee (JHSC)
- Health and Safety Policy
- Workplace Harassment and Discrimination, and Workplace Violence Policy
- Accident / Incident Reporting
- Workplace Safety and Insurance Board (WSIB)
- Health and Safety Orientation and Education

As well, Mississauga Halton has made available to staff quarterly Community Workplace Safety & Awareness Workshops that are facilitated by George Brown College. These interactive and informative sessions are designed to:

- Prepare staff to respond to challenging situations,
- Review Bills 132 and 168, and
- Ensure staff awareness of their rights and responsibilities in relation to legislation.

Mississauga Halton and its contracted service providers have recently noticed an increase in patient home based workplace violence incidents (i.e. patient/caregiver violence towards staff) being reported. For the upcoming year, work will begin in getting a better understanding of what and why this is occurring along with developing a plan of action to help reduce potential risk of workplace violence to staff.
Sign-off

I have reviewed and approved the Mississauga Halton LHIN's 2019/2020 Home and Community Care Quality Improvement Plan.

Mary Davies  
Acting, Board Chair  
MAR 7/19  
Date

Gulzar Ladhani  
Chair, Quality Committee of the Board  
MAR 7/19  
Date

Sharon Lee Smith  
Interim Chief Executive Officer  
MAR 11/19  
Date