

Let's Make Healthy
Change Happen.



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



Ontario

**North East Local Health
Integration Network**

**Réseau local d'intégration
des services de santé
du Nord-Est**

3/25/2019

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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The North East Local Health Integration Network's (NE LHIN's) mission is, integrating locally-tailored high quality, timely care for Northerners. The NE LHIN actively seeks opportunities for quality improvement and engages staff at all levels, patients, families, and community partners, to generate and implement change ideas; to monitor for improvement; and to ensure that these improvements are sustained over time. In fact, in the development of our most recent strategic plan (Integrated Health Service Plan), more than 4,500 ideas were received from Northerners on how to strengthen Northeastern Ontario's health care system.

The NE LHIN's strategic plan for 2019-2022 includes three priorities to achieve our vision; Healthy, well cared-for Northerners. These strategic priorities include: System Integration, Home and Community Care, and Mental Health and Addictions. The NE LHIN is committed to change the way people, families, and caregivers receive services by better connecting service providers so Northerners can more easily navigate an efficient health care system.

The NE LHIN's QIP 2019/20 change ideas were selected based on opportunities identified through analysis of our Client and Caregiver Experience Survey outcomes, patient/family and partner complaints, and risk and event feedback system reports. A cross-walk was performed to compare change ideas against the NE LHIN's strategic priorities and indicators identified by the Ministry of Health and Long Term Care as communicated by Health Quality Ontario (HQO), the LHINs' Regional Quality Table priorities as well as priorities identified by the NE LHIN's Home and Community Care program.

The organization's QIP 2019/20 will focus on four of HQO's quality dimensions, following the three priority themes identified by HQO..

THEME 1: TIMELY AND EFFICIENT TRANSITIONS

TIMELY

The wait time to placement in long-term care (LTC) has been identified as a provincial priority indicator by Health Quality Ontario. The NE LHIN recognizes that patients in crisis can often take priority and impact wait times for other patients awaiting LTC placement. Our 2019/20 fiscal year QIP will include collaboration with our partners in LTC to apply more consistent, tighter crisis criteria across our region and to ensure alignment with provincial legislation for the definition of crisis i.e. when and where people can be designated as being in crisis. There are currently some LTC homes with designated resources or behavior support programs that have proven to be helpful to manage patients with complex behaviors that might otherwise, be a barrier to acceptance into LTC. The NE LHIN will work with partners to improve equity of access to BSO by LTC homes across our region.

The NE LHIN will collaborate with Health Sciences North (HSN) to improve their time to inpatient bed through implementation of change ideas to encourage early conversations to promote the Home First Philosophy.

EFFICIENT

The NE LHIN will implement change ideas to increase uptake of Health Links, which is a collaborative approach by all sectors and health service provider to create coordinated care plans for patients with complex care needs.

The NE LHIN is currently performing medication reconciliation on a targeted patient population. The organization will attempt to improve upon the fourth test of compliance related to Accreditation Canada's required organizational practice (ROP). This test of compliance, is to ensure that patients have in their possession, their most updated medication list, and that they are encouraged to share it with their care providers. Medication reconciliation will improve patient safety, effectiveness and efficiency by ensuring that our patients are receiving their medications as intended and that there is communication regarding the patient's current medications amongst all health care providers involved during transitions of care.

The healthcare system is currently experiencing a provincial shortage of personal support workers (PSWs), resulting in an impact to services provided to our Home and Community Care patients and their families. The NE LHIN will continue to work to implement change ideas through its PSW Capacity Task Force.

Our newly developed Integration Strategy will lead the implementation of integration to support a seamless delivery of compassionate, coordinated and locally-tailored care options that bring providers together to close the gaps in people's continuity of care.

THEME II: SERVICE EXCELLENCE

PATIENT-CENTREDNESS

Voice of patient/family is included in the NE LHIN's project approval checklist to be given consideration as partners in designing and implementation of change ideas for quality improvement. The goal is to increase participation of our Patient and Family Advisory Council (PFAC) members in projects to represent the patient/family voice.

The NE LHIN made significant improvement through implementation of change ideas in our 2018/19 QIP to acknowledge complaints in a timely manner. We will build on this in our 2019/20 QIP and continue to monitor time to acknowledge complaints and to analyze and address any barriers/contributing factors impeding our ability to acknowledge complaints within two business days.

THEME III: SAFE AND EFFECTIVE CARE

EFFECTIVE

The NE LHIN will implement change ideas to promote more timely assessment of palliative care patients' needs by identifying current barriers to early identification and documentation of palliative care patients' needs, and focusing improvement on key contributing factors.



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

Chelsea is a 28-year-old mother who has dealt with anxiety disorder, panic disorder, and depression since she was a young teenager. In telling her story, she speaks to the fragmentation of the mental health system and the need for providers to be more compassionate when dealing with people in crisis. She also advocates for the awareness of, use of, and increased access to other resources and alternative therapies available in community.

Patient Story

- Although diagnosed as a teenager, it wasn't until the age of 22, when a major depression combined with severe anxiety resulted in an ED doctor referring Chelsea to a psychiatrist. The psychiatrist did prescribe her medications for the first time in her life, however, did not talk to her about any other resources in community or the benefits of talk therapy.
- Chelsea had to leave school as part of her recovery and after a year, felt she had made it through this bleak period, although primarily on her own. In fact after five years, seeing the psychiatrist every three months, she notes that the psychiatrist still does not know her name or goals.
- Chelsea was fortunate to find a therapist she connects well with a few years ago, who has been very helpful in helping her overcome her fears. However, she pays for these visits herself out of pocket.
- In the summer of 2017, her anxiety increased, her panic attacks rose in frequency, and Chelsea feared she was heading for another breakdown. She tried repeatedly to see her psychiatrist to adjust her medications but was unable to do so. Chelsea then went to the ED to see the on-call psychiatrist, who was dismissive and told her to take more Ativan. Asking about alternative therapies, Chelsea said he laughed at her. She left "feeling hopeless and unsure of her future." Such was her pain, that if it were not for her children, Chelsea feels she would have taken her life.
- Still unwell, she returned to the ED again. This time, a resident psychiatrist saw her and spent considerable time with her, adjusting her medications and also talking to her about strategies to help her at work and alternative therapies, like yoga, which proved to be helpful.
- She feels that the resources in community such as those available at the CMHA and NISA (peer support), along with other therapies (talk therapy, yoga, meditation/mindfulness, massage, float therapy) are as important as treating the illness with medication. She also strongly advocates for increased access to such therapies, as they are often expensive and not always covered through OHIP or employee insurance plans.

What worked well within the system

- What worked well was the health care Chelsea received from a resident psychiatrist during her last visit to the ED.

What didn't work well within the system

- Chelsea was not made aware of resources in community or the benefits of therapy. She was not adequately supported by the initial psychiatrist and the on-call psychiatrist; they were dismissive.

NE LHIN or Health Service Provider Follow-up/Actions - Resulting Outcomes

- After presenting her story to the North East LHIN Board in March, Chelsea presented to the North East LHIN Mental Health and Addictions Advisory Council. A member of People for Equal Partnership in Mental Health (PEP) was at the meeting. Six years ago, PEP collaborated with North Bay Regional Health Centre to have peer support workers in its Emergency Department - the only hub hospital in the Northeast to do this.
- Following the presentation at the Council meeting, it was suggested that a good place to start putting Chelsea's ideas to work would be to have peer support workers in all of our hub hospitals (Sudbury, Sault Ste. Marie, and Timmins - as well as North Bay).
- Council decided to move in that direction.
- The NE LHIN Mental Health and Addiction Lead posted for a summer student to do a literature report, stakeholder engagements, and a business case that would expand peer support in the Emergency Department at all four hub hospitals.
- Chelsea was informed of the posting and jumped at the opportunity. She was hired as a summer student under Stephanie Paquette, Mental Health and Addictions Lead, and she has been working on this project since June.
- To date, Chelsea has completed an extensive literature review. She has done stakeholder engagements at the hub hospitals in Sault Ste. Marie, Timmins, and Sudbury. By August 31, 2018, she had completed the business case, which was used to secure funding for the project.
- Chelsea's summer student position ended on August 31, but she continued to volunteer at the NE LHIN through to December 2018.
- Chelsea is in her final year of a Social Service Worker Program and she is required to do a placement from December to March. She has asked to do her placement at the NE LHIN - because she wants to continue to work on the project - and hopefully be able to see it through.
- With Stephanie's support, Chelsea is leading a working group comprised of Council members. The hope is to secure funding for the project and begin implementing it.
- Chelsea's story has been an opportunity for the NE LHIN to learn from her negative experience - and work toward a positive outcome.
- Chelsea documented her story in a YouTube video as a means of raising the awareness of her experience so that others have a better experience when accessing mental health services in Northeastern Ontario. View the link here:
https://www.youtube.com/watch?v=HZfBJ_IRTV8

Patient/client/resident partnering and relations

The NE LHIN has significantly increased participation and partnering with its Patient and Family Advisory Council (PFAC) members this past year. A short-term sub-committee was created in October 2018 to engage PFAC on change ideas to be included in the 2019-2020 QIP. PFAC representation is considered for any projects within the QIP and participation is captured during quarterly reporting.

This past year, members have been involved in 23 initiatives. Examples include:

- In the complaints process improvement initiative, PFAC members were directly involved in establishing standard work procedure to respond to complaints. They also collaborated in drafting the correspondence that goes to patients/families.

- PFAC members attended a two day workshop along with 115 Home and Community Care leaders and shared their experiences and offered solution-focused ideas on the One Client One Plan project that aims to deliver a consistent approach to care planning with clients/families that is inclusive of, and accessible to all North East LHIN Home and Community Care providers within the client's circle of care so that clients only have to tell their story once.
- One PFAC member sits on the Ministry/LHIN Home and Community Care Experience Survey Panel, providing input and recommendations regarding future home and community care surveys to help improve the patient experience.
- Two PFAC members sit on the Sit on the NE LHIN Board of Directors Quality Committee, which oversees all patient services and quality matters of the LHIN.
- Four PFAC members sit on the NE LHIN PSW Taskforce to provide the patient voice to help address PSW capacity challenges across the region.
- Five PFAC members rotate participating on the NE LHIN Regional Quality Committee and provide input on quality initiatives that enable improved patient outcomes and health care experience.

Workplace Violence Prevention

Yes, workplace violence prevention is a strategic priority for the NE LHIN, especially as it applies to LHIN delivered services. The priority is demonstrated through the occupational health, safety and wellness commitment statement signed by the NE LHIN's CEO as well as the Respectful Workplace, Anti-Violence, Harassment and Discrimination Policy, Human Rights and Respectful Workplace Policy, the Workplace Violence Prevention Policy (Management Board Secretariat) and the Safety and Service Issue Management Policy. The Safety and Service Issue Management Policy addresses how to recognize, prevent and address workplace violence in the community service setting. This policy was revised and tested extensively through collaboration between NE LHIN and Service Provider Organization staff and management. It is in place, and continues to be improved as needed.

In addition, as per legislation, the NE LHIN maintains an Occupational Health and Safety Program that includes education of new workers, reporting and investigation of workplace violence incidents and hazards. During orientation, all new employees are required to complete on-line training modules including 'Responding to Workplace Violence and Harassment' and 'Worker Health and Safety in 4 Steps'. The in-person/videoconference new employee orientation training also includes an occupational health and safety portion, including workplace violence.

The Joint Occupational Health and Safety Committee's at various NE LHIN offices review health and safety incidents and hazards, audit compliance with legislation and make recommendations to management, including incidents and hazards related work workplace violence prevention.

Contact Information

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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 _____ (signature)

Quality Committee Chair or delegate  Kate Fyfe, Vice President, Performance and Accountability

Chief Executive Officer  Jeremy Stevenson, Chief Executive Officer

Other leadership as appropriate _____ (signature)