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

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

Please use the Overview to provide HQO and the public with contextual information about your QIP, including information about broader organizational strategy, key considerations, significant challenges that might influence your QIP. The Overview should also include information about how progress to date, strategic documents (e.g. strategic plan, SAAs), patient/client/resident feedback, and other important inputs have come together to inform this year’s QIP priorities, targets, and activities. Put another way, the Overview should help your patients/clients/residents, staff members, and members of the public understand the goals and objectives of your QIP.

The North East Local Health Integration Network (NE LHIN) is committed to our vision of quality care when you need it. Our mission is to strengthen the coordination of health care services and improve access. Our work is guided by our values of people, trust, caring, collaboration, responsible and innovative.

The Quality Improvement Plan (QIP) focuses on the following 2018-2019 priority indicators for home care:

1. Hospital Readmissions
2. Unplanned ED visits
3. Preferred Place of Death
4. Client Experience
5. 5-day wait times PSW
6. 5-day wait times Nursing
7. Falls

The Time to Acknowledge Complaints additional indicator has been included. The focus for 2018/19 will be to build this requirement into our complaints management process and establish baseline data.

We have chosen not to include the Health Links additional indicator or the Wound Care additional indicators as we are not able to measure these at this time. However, we have included Custom indicators for Health Links and Wound Care as a starting point for Quality Improvement in these areas.

The QIP supports our newly revised Strategic Directions as well as the NE LHIN Integrated Health Services Plan (IHSP). It also aligns with Accreditation Canada standards as we prepare for our survey in the coming years.

This year, was a year of transition for the NE LHIN. As outlined in the discussion paper “Patients First – A Proposal to Strengthen Patient-Centred Health Care in Ontario”, CCACs transferred the structure and patient care function to the Local Health Integration Network (LHIN). In addition, the NE LHIN welcomed a new CEO. These Leadership changes and transition activities continue to influence QIP development.

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

Think of this as an opportunity to tell a story about a specific achievement that your organization is proud of - for example, last year we heard from a long-term care home who got their local community to assist with developing a music program for their residents. It should also not be merely a reiteration of the indicators you chose in your quality improvement plan - try to think of it as a "bright spot" that can be shared with other organizations. Consider including information about how patients/clients/residents were engaged or were impacted by this achievement. Have any of these focused on equity, mental health and addictions, palliative care, or mental health? Please provide as much detail as possible to help us understand the significance of this achievement to your organization and the patients/clients/residents you serve. For more ideas about stories, go to the Query QIPs to read examples from other organization’s achievement section. Please also visit the QIP Navigator site to learn about other tools that may help.
As a result of the hard work our staff, leadership and service provider organizations do every day, we experienced several ‘Bright Spots’ over the past year. For example:

- The idea of embedding Care Coordinators into primary care practices was introduced in Nipissing Temiskaming sub region this year. The goal was to solicit interest and involve physicians in improving care transitions through this approach. All large physician group practices and a Community Health Centre were approached, and nine Care Coordinators were matched with practices. A LHIN program lead has been established to continue the spread, and measure and report outcomes to inform future improvement.

- NE LHIN representatives from across the organization collaborated with four actively involved Patient and Family Advisory Committee members to revise our complaints process. Our goals were to ensure consistent messaging, timely acknowledgement, and to ensure no one got lost in the process (equitable access). The outcomes were: a revised patient rights and responsibilities information sheet, simplified webpage, standard work to funnel and address all complaints from various sources (mail, email, telephone, and in-person) in a unified responsive approach and single tracking system, and readiness to include complaints response time and closure time on 2018-19 QIP.

**Patient/resident engagement and relations**

*There is a spectrum of approaches for engaging patients / clients / residents, including sharing, consulting, deliberating, and collaborating with advisors. Describe how your organization has engaged your patients / clients / residents in the development and implementation of your Quality Improvement Plan and quality improvement activities over the past year. What do you have planned for the year ahead?*

We have worked hard to engage patients and families in our quality improvement work:

- Patient compliments, complaints and feedback are tracked and trended in our internal Risk Event and Feedback System to drive change and quality improvement initiatives.

- The provincial Client/Caregiver Experience Evaluation (CCEE) survey is used to gather patient feedback and results are available to management staff and improvement teams. This year, we’ve developed a strategy to unlock value in our CCEE results which ensures that we are fully utilizing the results to celebrate success and target improvement areas. We have also chosen to implement the Voices survey this year which will give us a sense of satisfaction among Palliative Care patients.

- We have recently established our Patient and Family Advisory Committee. Our patient advisors are actively engaged in our work and participate in a number of ways including helping to revamp our complaint process, developing our dementia strategy, participating in cultural competency and safety training and documenting their stories as we gear up to develop IHSP5. Our plan this year, as included in the QIP, is to expand the role of the committee. We will ensure the expertise of the Patient Advisors is embedded in LHIN initiatives either by growing the number of initiatives or further maximizing their contributions on individual projects

- Each Board and Senior Leadership Team meeting starts with a patient story and discussion on how to strengthen the system. We are also working towards using patient stories to guide Quality Committee activities.

- The QIP is provided to the Patient and Family Advisory Committee for review.

**Collaboration and Integration**

*Many of the indicators in the QIPs can only achieve large-scale improvement with collaboration with other partners. In this section, please describe who your organization is working with to improve integration and continuity of care as your patients move across the system. (For example, how you’re working with other sectors to support transitions in care.) If you are part of a Health Link, consider describing how this fits into your quality improvement initiatives related to integration and continuity of care, specifically how you are supporting complex patients as they move across the system. Please provide information about specific partnerships and how they support your QIP and QI initiatives, as well as any successes that you attribute to these partnerships.*
To improve integration and continuity of care as patients move across the system, the NE LHIN works closely with other health care partners.

Our contracted Service Provider Organizations (SPOs) are actively engaged to improve the patient experience by developing and reporting on their own annual Quality Improvement Plans. We work closely with SPOs to identify and address service delivery issues as well as celebrate success in the patient journey.

The NE LHIN actively participates in all Health Links initiatives across the North East. Health Links are progressing at their own pace in their own unique ways and we plan to provide/coordinate internal education to our staff to promote the Health Links initiative and explore opportunities for care coordination to support integrated care planning.

We continue to work closely with the 4 HUB Hospitals to develop and implement joint ALC Avoidance Strategies.

We are partnered with all 69 NE LHIN-funded Health Service Providers from across the North East working as a collaborative on the One Client One Plan (OCOP) project. Together we are building a streamlined Home and Community Care system that will improve the client experience in Northeastern Ontario.

The NE LHIN has developed the framework for two rural health hubs, in Espanola and the North Shore of Lake Huron. These hubs focus on service alignments to reduce gaps and improve integration between sectors and services. Both are focused on home and community care, and mental health. The North Shore’s also aims to improve primary care, and transportation. Espanola is targeting palliative care improvements. Both hubs partner with patients, caregivers, families to guide their work. Outcomes include improved patient navigation, and transportation.

Engagement of Clinicians, Leadership & Staff

Please describe how your organization is engaging your leadership, clinicians, and staff in your QIP. How does staff/clinician experience impact your quality improvement initiatives?

To prepare for the development of our QIP, various inputs were reviewed and a Background document and engagement slide deck were prepared to outline the purpose of the QIP, the timeline and the priority and additional indicators. Staff/Clinician experience is gathered through our internal Risk Event and Feedback System and these trends are one of the inputs considered when developing the QIP.

A QIP Engagement Session was held with Home and Community Care Directors to facilitate discussion of various inputs and brainstorm change ideas for the 2018/19 QIP. The QIP and engagement slide deck was shared with leadership and Directors/Managers were encouraged to bring the Brainstorming tool forward to their teams to generate input and change ideas. Results were used to prepare a draft QIP for consultation by leadership and the Board.

Population Health and Equity Considerations

How has your organization addressed/recognized the needs of unique populations in its quality improvement efforts including, for example, indigenous and francophone communities? How has your organization worked to promote health equity through your quality improvement initiatives?

The unique populations served by Home Care include:
- Seniors
- End of life patients
- Dementia
- COPD
- CHF

NE LHIN has worked to address the profile of these patients through targeted program planning and quality improvement activities. For example, we are partnering with Emergency Medical Services (EMS) to find efficiencies within the Telehomecare program which supports COPD and CHF patients. Furthermore we work...
closely with Behavioural Supports Ontario (BSO) to enhance services for older adults in Ontario with complex and responsive behaviours that may be a result of dementia, neurological disorders, mental health issues and/or substance use.

To promote health equity in our organization we:

- Ensure compliance with the requirements of the French Language Services Act. Services and materials are offered in both French and English and patient satisfaction pertaining to preferred language is evaluated and monitored.

- Provide staff with various training including: Integrated Accessibility Standards Regulations (IASR), Mental Health First Aid and offer reimbursement for French as a Second Language courses. Furthermore, we offer Cultural Competency training including an online 8 week Indigenous Cultural Safety training through our LHIN and Cultural Mindfulness training for our front line health care professionals.

- Additionally, the NE LHIN has been working in partnership with the Canadian Red Cross, to develop and implement a culturally appropriate PSW training program for students living in communities along the James and Hudson Bay Coast. The curriculum combines standard PSW training with traditional Indigenous teachings and culturally appropriate materials. Students are able to remain in their home community as they complete their studies. Since the first course launched in 2014, a total of 27 PSWs have graduated from the program in James Bay communities.

Health Equity continues to be a priority for our organization. In early 2018, the NE LHIN’s Board of Directors endorsed NE LHIN’s participation in the Northern Network for Health Equity. The objectives of the Northern Network for Health Equity range from working across sectors to develop solutions to alleviate poverty and improve access to food and education; to working to support health care providers in the provision of equitable, timely access to health care; to moving forward the Truth and Reconciliation Commission of Canada’s Calls to Action; to supporting local engagement in research and the use of evidence to drive practice. As a member of the Network’s Steering Committee, the North East LHIN will align its strategic plan with the Network’s equity objectives. The NE LHIN will also implement a planning and prioritization process to identify activities to address Network steering committee priorities.

**Alternate Level of Care (ALC)**

Alternate Level of Care (ALC) refers to patients who no longer need treatment in a hospital, but who continue to occupy hospital beds as they wait to be discharged or transferred to another care environment. While the QIP has traditionally included an indicator related to this issue for the hospital sector, ALC is truly a cross-sector challenge. To reflect this and to learn more about what organizations across the system are doing to address ALC, please describe the work that your organization is doing to support ALC initiatives in your region and to ensure that patients have access to the right level of care.

The NE LHIN is currently focused on working with the 4 HUB Hospitals to jointly identify areas of priority work. Each of the four HUB areas: Sudbury, Timmins, Sault Ste. Marie and North Bay; have developed an ALC Avoidance Strategy work plan built around the ALC avoidance framework being deployed by Cancer Care Ontario across all hospitals. This work plan encompasses Home First initiatives. Priorities are set for each area for each fiscal year.

In Sudbury, we have three areas of focus:

- **Demand:** trying to reduce system demand by finding ways to ensure that only those who need acute care are in acute care settings
- **Process:** focus on implementing strategies and ALC avoidance frameworks for hospitals and home and community team. These ensure our processes and enablers are the most effective they can be to get people to the right place of care

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*Insert Organization Name*

*Insert Organization Address*
• Capacity: we are looking at system capacity, to ensure we are using what we have in the most effective ways. For example, we are reviewing use of complex continuing care and rehab beds to ensure optimal use.

The overall focus is systemic and collaborative between agencies, not solely on ALC or hospitals, but upstream, proactive, ensuring patients are in the right place of care when they need it. We have made significant strides in improving system collaboration and thinking.

In North Bay, we are working closely with North Bay Regional Health Centre (NBRHC) to ensure ALC-Long Term Care patients are identified and transitioned.

We have developed and implemented a standardized report of idle Long Term Care Home (LTCH) beds in the North Bay area. This will better equip the in-hospital care coordinators and the Hospital discharge planning team with reliable information for discharge planning. This information is also shared with patients and families applying for LTC from the Hospital with the hope that it will guide and inform their choice of a LTCH.

Furthermore, we are developing standardized processes to facilitate the transition of ALC-LTC patients in Hospital including:
- Tier 2 refusals for LTCH Applications so we have a consistent approach when addressing these refusals for ALC-LTC patients in the Hospital.
- Escalation of LTCH assessments that are not completed within 5 days of referral.
- Collaborate with the NBRHC Lead, to identify, schedule and participate in family meetings within one week of the patient being identified as high risk for ALC.

We are collaborating with a northern researcher to explore ALC client experience, to build findings into the ALC framework.

**Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**

Describe what steps your organization is taking to support the effective treatment of pain, including reviewing opioid prescribing practices and promoting alternatives to opioids. Think about access to addiction services, social services, (sub) populations, etc.

The NE LHIN launched its Opioid Strategy this year. A total of $1.65 million in base funding is being invested across the Northeastern Ontario to bring care closer to home for Northerners, increasing access to treatment and care coordination in NE LHIN communities. The new funding will expand and create Rapid Access Addiction Medicine (RAAM) Clinics that provide an addictions treatment pathway between the clinic and different places where the client is likely to seek care such as emergency departments, primary care providers, mental health and addiction agencies, and withdrawal management programs. It will also enhance and expand Community Based Withdrawal Management Programs as they bring care closer to home, allowing participants to continue to live at home.

Within the Home Care setting, we have Nurse Practitioners (NPs), including Palliative Care NPs who closely follow guidelines and best practices for opioid prescribing practices and promoting alternatives to opioids.

**Workplace Violence Prevention**

Please describe how workplace violence prevention is a strategic priority for your organization. For example, is it included in your strategic plan or do you report on it to your board?

The NE LHIN maintains policies and programs to prevent and address workplace violence for staff and patients. Threats and incidents of workplace violence towards staff are reported and investigated.

In addition, we are currently revising and spreading our Safety & Service Issue Management Framework which helps guide contracted Service Provider Organizations to mitigate risk to patients and workers. We also provide
patients with the Patient Rights and Responsibilities document which outlines the expectation: including that staff should not be subject to violence while working with them and their families.

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  ________________ (signature)

Chief Executive Officer  ________________ (signature)

Other leadership as appropriate  ________________ (signature)