

Let's Make Healthy  
Change Happen.



## Quality Improvement Plan (QIP) Narrative for Lakeridge Health



**Lakeridge  
Health**

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

Lakeridge Health is Durham Region's acute health care provider. With five hospitals, four emergency departments, a residential treatment centre and more than a dozen community health care locations, the new Lakeridge Health is working to provide the best experience for patients and their families. Home to the R.S. McLaughlin Durham Regional Cancer Centre and Pinewood Centre, Lakeridge Health also provides regional mental health, eye care and nephrology services.

In 2018/19, Lakeridge Health embraced the opportunity to develop a new Strategic Plan. With the initiation of the strategic planning process, Lakeridge Health has grounded its planning framework with the Institute for Healthcare Improvement (IHI) Quadruple Aim, a global best practice in health system building, focused on putting patients at the centre, and most importantly, improving the lives of patients. The Quadruple Aim is comprised of four quadrants: improving **population health, patient experience** (both quality of care and patient satisfaction), decreasing the cost of care to achieve **sustainability**, and cultivating joy, well-being and organizational resilience amongst teams to support **team wellness**.

Lakeridge Health's Quality Improvement Plan (QIP) is directly aligned to improving the patient experience (both quality of care and patient satisfaction) framed by the six dimensions of quality: care that is patient-centred, safe, timely, effective, efficient and equitable. The organization is further positioned to improve the quality of care delivered at Lakeridge Health through the achievement of Accreditation Canada's Required Organizational Practices, the use of evidence-based quality based procedures (QBPs) to promote standardized care for patients, and the optimal use of our safety incident data to provide insights and actions into our quality agenda at the program and organizational level.

The 2019/20 QIP is part of a broader quality agenda and includes indicators that drive quality improvement and are aligned with the strategic objectives identified in the 2019/20 Annual Business Plan (ABP). In developing the QIP, Lakeridge Health benchmarks performance against established performance standards, drawing from sources such as the Canadian Institute for Health Information (CIHI), Hospital Service Accountability Agreements (HSAA), HQO, and the Institute for Healthcare Improvement (IHI).

The 2019/20 QIP indicators represent key areas of quality improvement for the organization and are designed to ensure organizational focus and priority on planned and/or current initiatives rather than taking an approach that disperses attention and potentially compromises success on strategic imperatives. By committing to measure the progress gained toward stated targets, assessing the impact of various change initiatives on an ongoing basis, and identifying lessons learned regarding measurement and implementation throughout the year, Lakeridge Health will optimize its improvement impact on the most salient metrics and in so doing, improve quality and safety outcomes for patients, their families and staff.

Five priorities were approved by the Quality Committee of the Board of Trustees for inclusion in Lakeridge Health's 2019/20 QIP. The proposed indicators are:

- Overall incidents of workplace violence (mandatory);
- Time to inpatient bed (mandatory);
- Mental Health inpatient readmissions;
- Patient Experience: Recommend this hospital to family and friends (per cent positive) – Emergency Department; and
- Alternate Level of Care (ALC) rate.

## Describe your organization's greatest QI achievement from the past year

In 2018, Lakeridge Health made significant investments to improve patient experience. Shifting towards a real-time patient experience survey model has enabled the organization to be more responsive in dealing with suggestions and feedback; in total over 4000 responses have been received in both emergency and inpatient settings.

During Q3 of 2017-18, emergency department patients responded positively 64.5% of the time when asked if they would recommend our hospital to their friends and family. The most recent three-month period has indicated an increase in positive responses to 70.4%.

This success is derived from a collective approach to quality improvement. Real-time feedback provides insights that enable incremental improvements to care teams; enabling them to be agile and responsive to quick wins. In 2018-19 real-time surveys were implemented with information to front-line leaders shared through a Daily Access Reporting

Tool (DART). Secondly, a Patient Passport has been developed as a guide, in partnership with patient experience advisors, to provide critical information to patients when in the Emergency Department. Creating greater awareness and improving consultant responsiveness has been another priority. Completing a patient journey mapping exercise through the initial triage and registration phases has helped clarify the need for a pre-triage strategy including a pre-triage kiosk, renovations and improved presence of volunteers and staff.

## Patient/client/resident partnering and relations

Lakeridge Health recognizes that time spent in health care facilities can be challenging for patients and their families, which is why the organization is continually taking steps to enhance the patient experience. Lakeridge Health is focused on building a seamless integrated care approach between care teams across the five Lakeridge Health hospital sites. Exceptional service, access to information and a positive and empathetic approach by clinicians, staff and volunteers make all the difference in providing the emotional support patients require. In 2017/18 implementation of a real-time patient survey helps provide clinical departments with timely information which can be actioned to improve the quality of service provided. In 2018/19, members of the Patient and Family Experience Advisory Council (PFEAC) have been directly involved in coordinated efforts to improve signage and way-finding, a patient journey mapping exercise in the emergency department triage process, aided in the development of an emergency department patient passport, and helped progress the work needed to identify an organizational-wide customer service model.

## Workplace Violence Prevention

Addressing workplace violence supports the priority of staff, physician and patient engagement. One of the ways that Lakeridge Health is promoting the organization's goal of increased colleague and patient safety is by reducing the risks of acts of workplace violence to support a safe working environment. In 2018-19, the encouragement for reporting of such incidents was a primary focus. This focus on reporting, along with the inclusion of incident data from sources not previously included in reporting, resulted in an increase in reported incidents from 268 to 695. More than half of this increase in incident reports is attributable to incident data from our security team, providing useful information to guide our continued work on identifying roots causes and prevention. It is also noteworthy that the organization's implementation of a new web-enabled incident reporting system in 2017 has made the submission of these reports much easier for users. For 2019-20, Lakeridge Health expects to maintain this level of reporting, while ensuring that reported incidents are investigated and addressed to support prevention and remediation.

Several significant accomplishments occurred in 2018-19. First, a significant communications campaign occurred outlining the importance of reporting, as well as including the need to report for other contracted staff, students/trainees, and volunteers. Secondly, training was piloted and deployed regarding workplace violence and more specifically workplace advisory guidelines. 2019/20 will see additional deployment with a goal to begin to decrease workplace violence incidents. Lastly, Lakeridge Health collaborated with other Central East LHIN organizations in a shared learning environment to achieve an overall reduction of workplace violence across the LHIN. Information was shared regarding communications, training and specific workplace violence and workplace harassment strategies.

As part of the QIP, information on Lakeridge Health's actions towards workplace violence prevention will be part of regular reporting structures. Workplace Violence has been included as one of the top risks monitored by the organization's Enterprise Risk Management program and is reported on quarterly to the Resources Committee of the Board.

## Executive Compensation

As part of the 2019/20 QIP development and to help drive organizational performance and senior management accountability for the delivery of strategic objectives and priorities, Lakeridge Health's executives have a portion of performance-based compensation linked to achievement of the QIP indicator targets.

The Board of Trustees have approved the selection of quality indicators for 2019/20. These indicators will be monitored through both the QIP and the organization's corporate scorecard. Performance-based compensation will be commensurate with the degree of success achieved in the meeting of improvement targets. Two of the five QIP targets will be assigned to all executives eligible for Pay for Performance. The three remaining indicators will be assigned to the senior team members with responsibility for the oversight of those indicators and weighted according to the relative importance of the indicator in the delivery of quality, safe and accessible care.

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