

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2023



OVERVIEW

Lakeridge Health is Durham Region's acute health care provider. With five hospitals, four emergency departments, a long-term care home, and community mental health and rehabilitation services, Lakeridge Health is working to provide the best experience for patients and their families.

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 safety incident data to provide insights and actions into our quality agenda at the program and organizational level. At Lakeridge Health, we use the terms patient, client, and resident.

The 2023/24 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 2023/24 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), Ontario Health (formerly Health Quality Ontario), and the Institute for Healthcare Improvement (IHI).

The 2023/24 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 team members.

The following priorities were approved by the Quality Committee of the Board of Trustees for inclusion in Lakeridge Health's 2023/24 QIP. The indicators are:

- Number of workplace violence incidents;
- Medication reconciliation at discharge;
- Median ED length of stay (LOS) for admitted patients;
- Percentage of potentially avoidable ED visits for Lakeridge Gardens Long-Term Care residents;
- Documented assessment of palliative care needs among residents identified to benefit from palliative care; and
- Percentage of long-term care home residents not living with psychosis who were given antipsychotic medications.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Lakeridge Health embodies Person-Centred Care through the robust patient and family spectrum of engagement. The patient and family advisor program has 80 active advisors that participate and collaborate in the development of education materials, policy

and procedures, physical space planning, staff interviews and council and committee membership. Lakeridge Health started several Experience Based Co-Design (EBCD) projects in 2022/23. These quality improvement initiatives are based on the National Health Services' model of Experience Based Co-Design which is about sharing and understanding the experience of patients, essential partners-in-care and organizational teams and then working together to design better services that positively impact the human experience in healthcare. This model uses 4 phases to ensure fulsome engagement. The first phase is to capture the patient and provider perspective through storytelling and observations. The second phase is to understand the emotions and touchpoints of patients and families through journey mapping. The third phase is to improve the experience for patients, families and teams using creative techniques to turn experience into actions. And the final phase is to measure the difference and impact the work has made.

The Neonatal Intensive Care Unit (NICU) went through the EBCD process to improve how educational information is shared with patients and other family members of NICU patients. The working group was comprised of individuals that interacted with patients and essential partners-in-care in different ways throughout the NICU care journey. The working group members included two Patient and Family Advisors. The advisors were chosen as they both had lived experience in the NICU as well as being current members of the NICU Patient and Family Advisory Council. The project went through the 4 phases of EBCD and the group developed an education checklist that is kept at the NICU bedside to facilitate all the education required throughout the care journey in the NICU.

The adult intensive care unit (ICU) went through the EBCD process to improve the care journey of covid-19 patients after discharge. The working group was comprised of two Patient and Family Advisors who had direct experience with the ICU, a member of the Person-Centred Care team, an ICU Physician, and an ICU Social Worker. The project went through the 4 phases of EBCD and the group designed a clinic that provides care to Covid-19 patients 3 months after discharge from the ICU.

The approach of using Experienced Based Co-Design for initiatives at Lakeridge Health not only ensures the patient and family voice is included in new initiatives but also ensures that an on-going partnership and collaboration for each patient and family member is embedded.

PROVIDER EXPERIENCE

Lakeridge Health is focused on being a workplace of choice and strives to be a place where the best people want to start, build and finish their careers in health care. One of the strategic priorities for 2023/24 is to Transform the Experience of our People and Teams to ensure we attract, appreciate and retain high-performing teams that reflect the needs of the organization. Over the past year we have worked to collect feedback from teams via a variety of different methods:

- Employee Engagement Survey
- Employee Retention Survey
- CNE Open Door (bi-weekly)
- Town Hall (monthly)
- Exit Interview and Transfer Interview surveys
- Orientation and Onboarding surveys

We have engaged in several initiatives to improve the experience of our providers such as:

- Development of a multi-faceted recruitment strategy to meet the current and future demands of the organization
- Implementation of solutions to engage teams and reduce voluntary turnover rate
- Establishment of common practices for staff deployment and workforce scheduling activities
- Development of educational offerings to leadership and staff that facilitate knowledge building, growth, and development in the area of inclusion, diversity, equity, accessibility and anti-racism.

WORKPLACE VIOLENCE PREVENTION

Addressing workplace violence is an identified initiative in Lakeridge Health's Annual Business Plan (ABP), supporting the priority of Staff,

Physician and Patient Engagement. As part of the ABP, information on Lakeridge Health's actions towards workplace violence prevention are reported to the Senior Leadership Team and Board as part of their regular reporting structures.

Workplace violence and its prevention are measured by a number of indicators:

- The number of workplace violence incidents occurring
- The percentage of 'prevention plans' (actions taken to prevent a recurrence) completed within 21 days of a workplace violence incident
- The percentage of required workplace violence individual client/patient assessments completed within 24 hours of admission (this is a new measure being added in 2023)

For 2023/24, Lakeridge Health is introducing a new strategy of Zero Harm, which focuses on reaching the goal of zero harm to all team members and patients. As part of this strategy, all departments at Lakeridge Health will be tracking workplace violence metrics and working toward improving performance on those metrics. The metrics include both an outcome measure (violence incidents) and a compliance measure (% of 'Prevention Plans' or % of violence assessments completed).

Deliverables underway to support this initiative include:

- Continued review of reported incidents to establish appropriate preventative actions
- Continued review of Workplace Violence Risk Assessments to identify department and location-specific risks and implement preventive controls
- Continued education of team members on de-escalation

techniques to support early resolution of situations before they become violence incidents

- Maintenance of infrastructure to support the rapid summoning of assistance by team members during escalating situations with clients, patients, and visitors

Lakeridge Health continues to convene its Workplace Violence Working Group to ensure a focus on this work. This group, which was established in 2016, is comprised of representatives from across the organization including frontline staff, leadership, and a Patient & Family Advisor. The group promotes the organizational goal of increased colleague and patient safety by reducing the risks of acts of workplace violence to support a safe working environment.

When team members are involved in a workplace violence incident, a variety of resources and supports are available to them, including:

- Employee Assistance Program – a support service offering confidential short-term counseling services to all team members, available 24/7
- Peer Support Program – a service offering confidential, non-judgmental peer support from other Lakeridge Health team members who may be facing a difficult time or event in the workplace
- Incident reporting and follow-up – Lakeridge Health utilizes an electronic reporting system that automatically notifies the team member's leader when they report an incident of violence. The leader will then engage the team member to provide support and to discuss preventive actions
- Incident debriefing – Lakeridge Health conducts post-incident debriefs as needed after significant incidents such as Code Whites

and Code Silvers, to provide the team with an open forum for discussion and improvement planning.

PATIENT SAFETY

Lakeridge Health remains focused on eliminating patient harm by focusing on implementing safety systems that prevent errors and mistakes from reaching the patient. A comprehensive safety program is in place to assure any incidents reported can be investigated so leadership can develop action plans to prevent recurrence. Classification of incidents is also done for ongoing learning and to monitor the impact of quality improvement initiatives.

The top five (5) incident types (with harm) from April - September 2022 accounted for 89% (212) of all with harm incidents reported. The types of incidents include Falls, Patient – Other, Medication/Fluid, Skin/Tissue and Diagnosis/Treatment. In all cases, it is leadership’s responsibility to ensure actions are implemented and shared back with team members and patient/clients/residents that may have been affected. As well, patient stories are regularly provided to the Board of Trustees for ongoing learning.

In the past year, Lakeridge Health has put significant emphasis and focus on structures that enable safety systems. The implementation of a new clinical information system (Epic) is showing some early return such as a positive trend in an overall reduction of incidents with harm. On-going work related to practice compliance such as Bar Code Medication Administration (BCMA) and Pressure Injury prevention and management continue to be top quality improvement opportunities to ensure benefits in patient safety continue to be realized. Successful preparation and

sustainability work for the Accreditation Survey that occurred in December 2022 will have a positive impact to ensure critical safety practices are in place.

HEALTH EQUITY

Lakeridge Health has worked on the development of a three-year-plan to advance our inclusion, diversity, equity, accessibility, and anti-racism (IDEAA) work. The Accessibility Committee has been re-established and will be undergoing an accessibility audit to highlight areas of opportunity to enhance patient access and experience.

As part of the three-year plan, Lakeridge Health has added equity as one of the strategic priorities for the 2023/2024 fiscal year. Key areas of focus will be:

- IHI Equity Action Plan - Emergency Department’s revitalization project
- Equity infrastructure development
- Accessibility audit
- Building on education, knowledge and capacity building for leadership and staff

Lakeridge Health has been accepted into the Institute for Healthcare Improvement’s (IHI) Pursuing Equity Action Community which will allow us to work with IHI to incorporate health equity within the Emergency Department’s (ED) Revitalization Project. The ED Revitalization Project will focus on health equity improvement initiatives and includes contributions from front-line team members, directors, physicians, healthcare executives and many other departments to ensure fulsome outcomes. This is a one-and-a-half-year partnership with IHI and we will utilize this to learn and build out health equity initiatives organizationally in the future.

EXECUTIVE COMPENSATION

As part of the 2023/24 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 2023/24. 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. Four of the six QIP indicators will be assigned to all executives eligible for Pay for Performance.

CONTACT INFORMATION

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OTHER

Lakeridge Gardens was opened March 25, 2022, as part of the Ontario government's Accelerated Build Pilot Program on the existing property of Lakeridge Health Ajax-Pickering Hospital. This meant the addition of 320 new long-term care beds in Durham Region to support the ongoing need to address capacity issues in both Ontario's health and long-term care systems. The building

features evidence-informed infection prevention and control measures, planning that prioritizes residents' quality of life, and specially designed areas to support residents with bariatric and specialized behavioural care needs. Additionally, a nine-station dialysis unit was built to improve quality of life among residents of Lakeridge Gardens and Durham Region who previously had to travel as far as Peterborough and Cobourg.

Provided Lakeridge Gardens opened in 2022, the last year has heavily focused on operationalizing quality improvement initiatives including:

- Implementing Monthly Skin and Wound Committee meetings, weekly huddles with staff, and monthly auditing of residents. Education initiated to support staff with prevention strategies, early identification, and staging to mitigate incidence and achieve accurate documentation.
- Developing a Falls Prevention Program that included education on prevention strategies, completing appropriate documentation, resident-centred care routines, and weekly peer audits.
- Resident and Family Councils were enacted to provide a mechanism to achieve excellent care by addressing concerns, providing feedback, and collaborating with the administration and leadership teams.
- Two secured Resident Home Areas for residents with advanced forms of cognitive impairment. Developed with Resident and Family Co-Design and features an enclosed courtyard for residents and their families.

This reflection has enabled a renewed commitment to quality improvement and Resident and Family Co-Design of care as we move forward into our second year of operation.

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 on

Board Chair

Board Quality Committee Chair

Chief Executive Officer

Other leadership as appropriate

Sign-off

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

Board Chair Candice Clark-Julian (signature)

Board Quality Committee Chair [Signature] (signature)

Chief Executive Officer [Signature] (signature)

Other leadership as appropriate _____ (signature)