

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Lakeridge Health



**Lakeridge
Health**

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Overview

Lakeridge Health is one of the largest community hospitals in Ontario. Our Mission is to provide excellent health care closer to home, anchored by our Vision of excellence – every moment, every day.

Lakeridge Health's 2016-2021 Strategic Plan firmly commits to relentlessly focus on quality and performance, by developing a culture of innovation, embracing technology to transform care and focusing on continuous improvement. Through development of the 2018/19 Annual Business Plan (ABP), we have identified key priorities for the year ahead that enhance and support our commitment to working with our community and primary care partners to provide the highest quality, integrated, seamless care for patients.

We have developed our approach to be consistent with the philosophy that quality in healthcare is a journey. Quality improvement is framed by the six dimensions consistent with Health Quality Ontario's (HQO) approach: care that is patient-centred, safe, timely, effective, efficient and equitable. As we evolve and mature in our quality journey, we have expanded our focus to include the importance of a healthy work environment and a broader commitment to population health. We are 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 (QBP's) 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 2018/19 Quality Improvement Plan (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 2018/19 ABP. In developing the QIP, we benchmarked our 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 2018/19 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.

Three HQO priorities, resulting in four unique indicators, along with the associated targets, were approved by the Quality Committee of the Board of Trustees for inclusion in Lakeridge Health's 2018/19 QIP. The proposed indicators are:

- Overall incidents of workplace violence (mandatory);
- Mental Health Inpatient readmissions;
- Patient Experience: Recommend this hospital to family and friends (per cent positive) – Emergency Department; and
- Patient Experience: Recommend this hospital to family and friends (per cent positive) – Inpatient.

The identified change initiatives are built around these indicators to achieve measurable improvement objectives and drive the identified organizational priorities in the interest of effectiveness, patient safety and improved patient experience. It is expected that by addressing these indicators and achieving our targeted performance level through focused change initiatives, Lakeridge Health will move closer towards achieving its vision of excellence – every moment, every day.

QI Achievements from the Past Year

In June 2017, Lakeridge Health opened a new Mental Health Emergency Services Unit (MHESU). The MHESU is an eight-bed unit for medically stable patients requiring mental health and/or concurrent disorders care located in the Emergency Department (ED). MHESU is staffed by mental health nurses with close interprofessional collaboration from psychiatry, Crisis Intervention, and Hospital to Home staff. The team works closely with ED colleagues in transitioning patients into this purpose-built space, where mental health care can begin immediately. Among the key objectives of MHESU, is to improve the patient experience, reduce ED length of stay, and reduced ED repeat visits. Feedback from patients and family members has been consistently positive regarding their care experience, with staff and physicians also echoing increased satisfaction.

Lakeridge Health charted a path to increase the percentage of palliative care patients discharged from hospital with the discharge status "Home with Support" focusing on the Bowmanville Hospital site. We are proud to report we have surpassed our targeted performance as a result of the partnership between Lakeridge Health and VON Durham Hospice Services Palliative Care Community Team (PCCT). This pilot project improved transitions of patients requiring palliative care from

hospital to home. The VON PCCT team participated in bullet rounds, discharge planning for patients/families while in hospital and are integrated in all inpatient areas. The goal is to develop and maintain a coordinated treatment plan that is patient- and family-centered that follows the patient from hospital to home. This Central East LHIN initiative will expand to other areas of the Durham Region in 2018.

Lakeridge Health also opened an Ambulatory Medicine Clinic to help ensure timely access to follow up care for patients. The clinic provides urgent (within 24-72 hours) follow-up for patients with acute medical problems who are referred to the clinic from the ED. Primary goals of the clinic are to:

- 1) Safely avoid a hospital admission from the ED;
- 2) Avoid ED revisit, for patients who can be safely managed as outpatients; and
- 3) Safely facilitate early discharge for patients from inpatient units.

Resident, Patient, Patient Engagement and Relations

At Lakeridge Health, we recognize that time spent in health care facilities can be challenging for patients and their families, which is why we are continually taking steps to enhance the patient experience. We are focused on building a seamless integrated care approach between care teams across the five Lakeridge Health hospital sites. We also know that 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 we implemented a real-time patient survey, to provide clinical departments with timely information which can be actioned to improve the quality of service provided. In 2018/19, the focus will shift to selecting and implementing a customer service model with the assistance of our Patient and Family Experience Advisory Council (PFEAC).

PFEAC plays a critical role in enabling continuity and quality of care at Lakeridge Health. Throughout the development of the 2018/19 QIP, the PFEAC was engaged in identifying key areas for improvement and in validating the choice of indicators for focused quality improvement efforts.

Collaboration and Integration

The development of a regional hospital system following completion of the integration between Lakeridge Health and the Ajax Pickering Hospital, presents an important opportunity to improve access to health care services across Durham Region and the Central East LHIN. Optimizing this opportunity means working differently and with new and existing community partners to improve care for patients. As an example, Lakeridge Health recently established a specialized mobile Mental Health Support Unit in partnership with Durham Regional Police to focus on the high volume of emergency mental health calls across the region. This partnership ensures a seamless process to support patients to receive the care they need, when and where they need it.

We will continue efforts to strengthen existing partnerships with other acute care hospitals and build strong relationships with community health care providers including primary care physicians as we strive to build an integrated regional system of care that meets the needs of the population. Establishing and deepening partnerships with primary physicians, for example, could support the reduction of the number of patients who present in crisis in the ED, support timely access to home care services to reduce readmission rates and improve the flow of patient information to support improved clinical decision making.

Engagement of Clinicians, Leadership & Staff

To support the development of the 2018/19 QIP, Lakeridge Health has actively engaged in cross-organizational dialogue over several months. The process has included a review of the HQO list of priority and mandatory indicators, with considerable discussion about material improvements that can be achieved through focused organizational effort around the improvement initiatives and regular monitoring and reporting through the Corporate Scorecard. Senior Quality Committee (SQC) and Senior Management Team (SMT) have reviewed performance on 2017/18 QIP indicators, patient safety incident data as well as benchmark and peer performance to determine the greatest opportunities for the organization.

The progress report and work plan were collaboratively created with leaders, subject matter experts, and patient and family advisers, and reviewed by SMT. The final work plan, including targets and change initiatives, aligns with priorities, goals and initiatives in the ABP, and will be measured through the Corporate Scorecard. These initiatives support current hospital and provincial priorities and will generate focused improvement efforts in these areas. As part of the work plan, the other HQO priority indicators that the organization has opted not to pursue as part of its annual QIP are acknowledged with the rationale for these choices provided.

Our annual planning process involves consulting with the Quality Committee of the Board of Trustees at key stages to review, validate, and to seek approval of the approach and measures and targets proposed to ensure they are meaningful and aligned with our strategic priorities.

Enhancing engagement of the organization in the execution of the QIP will continue to be a focus. Program Quality Councils have been engaged in the development stages of the QIP and will continue to participate in ongoing monitoring of program-specific QIP indicators and change initiatives. In addition, the SQC will review QIP indicators and progress towards change initiatives on a quarterly basis.

Physician engagement is key in all patient safety initiatives and critical to the success of order sets and care pathways. Physicians and Clinical Directors are also involved at a leadership level in the Steering Committee for the development of standardized tools for the organization.

The Physician Scorecard Steering Committee continues to advance a framework that supports physicians to participate in and assess their own performance. The work of this Committee includes:

- Implementation of a visual, responsive tool that can be used by privileged staff to monitor their status against selected performance indicators called *My Performance Page*. *My Performance Page* is seen as a key enabler for privileged staff self-monitoring and management of performance. Initial versions of *My Performance Page* hold a limited number of performance indicators. The plan is that over time *My Performance Page* will become the home for additional indicators, including clinical indicators, and an important tool to drive performance.
- The development of physician practice group scorecards. Physician leaders are engaged in this initiative physician groups are providing input into the development of the metrics. The launch of physician group scorecards is anticipated in 2018/19.

Population Health and Equity Considerations

Lakeridge Health serves one of the fastest growing and increasingly diverse regions in the Greater Toronto Area. In response to this demographic shift, Lakeridge Health initiated a process to develop an Inclusion, Diversity and Engagement Framework to support the organization to be reflective and responsive to the growing and diverse communities that it serves. The process involves community engagement and dialogue with key stakeholders to collect relevant information and support the design of a new approach to enhance Lakeridge Health's ability to ensure it best reflects these communities. Implementation of the Framework will result in:

- Strategies for how individuals, both inside and outside, the organization can be engaged;
- Policies, procedures and best practice implementation to create an inclusive and equitable environment for Governors; and
- Alignment of inclusion, diversity and engagement strategies with organizational priorities.

At the Central East level, Lakeridge Health was identified to lead the development of a regional opioid strategy. The local approach is part of a broader provincial response to the unprecedented levels of opioid-related overdoses and deaths across Ontario and throughout North America. This role recognizes our leadership and strong track record for managing patients diagnosed with mental health and addictions.

Rapid Access Addiction Medicine (RAAM) clinics have opened at Lakeridge Health's Oshawa Hospital and at Pinewood Centre to provide treatment for people with alcohol, opioid and other drug-related addictions. The two RAAM clinics also offer same-day counselling services, fast access to quality care without a physician referral, 'barrier-free' access to fast addiction treatment and other mental health supports. The expectation is that the RAAM clinics will support reduction of the impact on the number of opioid overdoses currently being managed in hospital EDs.

Lakeridge Health's role is to work with partners across Durham Region and the Central East LHIN to improve access. By leading coordination of opioid-related addiction and medical services, we will better serve and connect people with opioid and alcohol-related substance use issues to timely, appropriate care. Rapid Access Addiction Medicine is part of the Ontario government's Strategy to Prevent Opioid Addiction and Overdose. The Central East LHIN made a \$1.6M commitment to assist people impacted by opioid addiction and overdose, providing support for RAAM clinics and enhanced support for existing community-based withdrawal management services and treatment in Durham Region, Scarborough and Peterborough.

Access to the Right Level of Care – Addressing ALC

Durham Region, and all of Ontario, has an aging population and a greater number of patients with multiple complex conditions. Multiple and complex factors contribute to the need for improved patient flow within Lakeridge Health and improved transitions between the organization and our community partners.

Like other hospitals in the province, Lakeridge Health is experiencing the following challenges:

- ED length of stays consistently above target;
- Alternative Level of Care (ALC) rates consistently above target;
- Delayed turnover of beds; and
- Consistently high hospital occupancy rates.

To address these challenges and, in particular, offset high levels of ALC rates, Lakeridge Health has put into place a focused committee dedicated to ensuring safe transfers and responsive transitions. Under this scope, several initiatives were implemented from an ALC flow quality improvement perspective. In particular, in 2017/18 we have:

1. Initiated an Admission Avoidance/ALC and Transitions Program to ensure safe and timely transitions from the ED to inpatients and between our programs, as well as avoidance of admissions. The objective is to ensure people receive the right care at the right place and at the right time – ideally at home in the community;
2. Focused on reducing patients requiring an inpatient ALC designation as well as identifying and implementing ALC avoidance strategies;
3. Continued initiatives working with our Central East LHIN partners to jointly monitor and follow patients at high risk for becoming ALC, for example, monitoring 100 days post discharge; and
4. Collaborated and planned with external partners to ensure consistency and alignment with strategies such as Health Links and Sub-LHIN planning.

Our efforts will continue into 2018/19 with development of a broader Seniors Strategy Framework. Within this scope of work, we will harness the Safe Transfers and Responsive Transitions initiative to ensure further evolving the care provided to the seniors' population to positively influence a reduction in ALC rates. Part of this initiative will focus on working closely with community partners and facilitating the provision of care within the home.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

Hospital revisit rates for mental health and addiction patients have been provincial targets for many years. Most hospitals in Ontario struggle to achieve these targets. At Lakeridge Health, we have maintained a strong focus on achieving benchmark Ministry of Health and Long-Term Care targets for mental health readmissions.

In the past 12 months, with support from the Central East LHIN, Lakeridge Health has spearheaded several activities that specifically target individuals using opioids as well as people who may also have opioid use disorders. Integral to our vision of providing excellence every moment, every day, Lakeridge Health has initiated the following primary initiatives:

1. Development and implementation of a quality improvement framework within the ED with the goal of better identification and response to substance abuse. Evidence-based guidelines for prescribing and administering opioids were put into place to facilitate this process as well as a process of initiation of suboxone treatment within the ED while facilitating community referrals;
2. Utilization of the additional funding announcement received as part of \$222M for the Opioid Crisis , and more specifically, \$1.6M for Central East LHIN in annualized funding, to establish services for:
 - a. Opening a Rapid Access Addiction Medicine Clinic;
 - b. Expanding Community Withdrawal Management Services (recruitment underway);
 - c. Enhancing medical treatment capacity in Residential Withdrawal Management Services through a Nurse Practitioner Model (recruitment complete January 15 2018); and
 - d. Expanding Harm Reduction and Outreach Services (MOU being established with Carea Community Health Centre to provide this work).

Workplace Violence Prevention

Addressing workplace violence is an identified initiative in Lakeridge Health's ABP, supporting the priority of Patient, Family and Team Engagement. As part of the 2018/19 ABP and QIP, information on Lakeridge Health's actions towards workplace violence prevention will be reported to SMT and the Board of Trustees as 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. Deliverables underway to support this initiative include:

- o Continued review of reported incidents to establish appropriate preventative actions;
- o Continued review of Workplace Violence Risk Assessments to identify department and location-specific risks and implement preventive controls; and
- o Complete stakeholder engagement, training and education to implement Lakeridge Health's Worker Advisory Guidelines (flagging of patients that pose a risk for workplace violence).

Lakeridge Health established a Workplace Violence Working Group and a Workplace Violence Steering Committee in 2016 with the groups meeting regularly since then. The Working Group, comprised of representatives from across the organization, 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. The Steering Committee comprised of management representatives, addresses organizational and system level factors that support safe working environments and facilitates collaboration with key stakeholders. Additionally, the Central East LHIN HR Steering Committee has established a Working Group on Workplace Violence. This committee has been established to enable the hospitals in the Central East LHIN to share information and collaborate on initiatives, tools, and training related to workplace violence prevention. The committee is in the process of developing a multi-year action plan to support efforts to address the recommendations from the Workplace Violence Prevention in Healthcare Leadership Table report.

Lakeridge Health also launched a Workplace Violence Survey and conducted focus groups in the fall of 2016. These were conducted in order to raise awareness of the working group within the organization and gain input from staff to develop recommendations aimed at reducing the risk of workplace violence. The following themes and recommendations were identified through the survey, focus groups, and Steering Committee: communication; patient flagging; reporting (i.e., use of incident reporting system); effective oversight and response to reported incidents of workplace violence; and responsibility and accountability. We have since implemented several initiatives to address the identified themes and recommendations and will continue to identify opportunities for further initiatives. This will be done in conjunction with provincial recommendations regarding workplace violence in healthcare to positively impact workplace violence.

Performance Based Compensation

As part of the 2018/19 QIP development and to help drive organizational performance and senior management's accountability for delivery of the strategic objectives and priorities, Lakeridge Health's executives are eligible for performance-based compensation linked to achievement of the QIP indicator targets.

As in previous years, merit pay incentive is set at two per cent (2%) of executive base compensation. However, as a result of new provincial regulations, a new executive compensation framework was approved by the Board of Trustees and submitted to the Ministry of Health and Long-Term Care for approval. The proposed framework is designed to ensure that salary ranges and performance based pay align appropriately for each executive and does not trigger immediate or automatic base salary adjustments from present state. Once approved and implemented, the framework will include clear maximums for salary and performance-based pay. The approach will include a robust pay-for-results component that provides designated executives with an opportunity to progress based on their demonstrated achievements.

While the proposed Program moves through the approvals process, the Board of Trustees have approved the quality indicators against which the performance of the SMT will be measured in 2018/19. The indicators are weighted to determine their relative importance to the successful improvement and operation of the organization and delivery of quality, safe and accessible care. The option to equally distribute weighting across each of the four QIP indicators was considered. However, it was determined that Lakeridge Health will apply an approach that varies the weighting of these indicators across executives to reflect their different portfolios and areas of focus as outlined in the table below.

LH QIP Indicator	2018/19 Target	Weightings associated with Pay at Risk will vary by SMT Member
Number of workplace violence incidence reported by hospital workers (QIP mandatory)	Increase to 400 (QIP calendar year 2017)	All SMT with 10% tied to result
Would you recommend this emergency department to your friends and family (QIP priority indicator)	Increase of 10% over Q3 17/18 positive results of 64.5%	All SMT with 10% – 20% tied to results
Would you recommend this hospital to your friends and family (QIP priority indicator)	Maintain Q3 17/18 positive results of approx. 95.8%	
MH inpatient readmissions (QIP priority indicator)	14.7%	EVP Patient Services with 10% tied to result

Contact Information Other

Christine Nuernberger
VP, People
cnuernberger@lakeridgehealth.on.ca

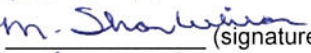
Adeola Saigo
Director, Quality Improvement & Risk Management
asiago@lakeridgehealth.on.ca

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  (signature)

Chief Executive Officer  (signature)

Other leadership as appropriate _____ (signature)