

Let's Make Healthy
Change Happen.



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

St. Joseph's
Healthcare  Hamilton

3/7/2017

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

Our organization is guided by the legacy of the Sisters of St. Joseph who have provided us with the framework to continue their work. Their passion for healing, their dedication to all those we serve and their compassion for the poor and marginalized provide the inspiration for our efforts.

Our current strategic plan has four directions to guide us in our work:

- Transform How We Work – so that we can deliver better care with fewer resources
 - We are dedicated to providing our community with high quality, accessible and safe healthcare and work continuously to improve the results and outcomes for our patients and families. By focusing on the patient’s journey through our health system, from hospital to home or to long-term care, we consistently strive to eliminate barriers and gaps that occur in today’s health care environment.
- Break Down Barriers – within the healthcare system to provide a better patient experience
 - Following the roots laid by the Sisters of St. Joseph’s, we continue to live our mission to serve those in need. St. Joe’s is located in inner-city Hamilton and many of our patients and clients are from vulnerable populations requiring significant services in chronic disease management, mental health and substance use.
- Engagement – to engage Patients, families, staff, physicians and volunteers so that we make better decisions
 - Working together with our staff of dedicated professionals, the Joint Board’s of Governors are focused on improving the experiences and outcomes of the people we serve at our locations, through both research and the delivery of our services. While many exciting projects are in process in our organization, we are most gratified when we can offer our patients and their families seamless, effective, safe and compassionate care.
- Innovate - continuing our commitment to education and medical research to maintain a skilled workforce and improve the science of health
 - Ranked one of Canada’s top 40 research hospitals for four years in a row, St. Joseph’s Healthcare Hamilton is an academic and research community focused on improving the quality of life for our patients and community members. St. Joseph’s has been home to the Firestone Institute for Respiratory Health since 1978 and has played an instrumental role in changing the practice of respiratory health care on a global level by developing the AeroChamber® inhaler as well as the first Canadian guidelines for the treatment of asthma. As well, The Peter Boris Centre for Addictions Research which was founded in 2014 has a mission to conduct state-of-the-art research on the causes, consequences, and treatment of addiction.

In addition to on-going quality improvement, 2017 will see renewal of our strategic plan, as well as the implementation of an electronic medical record.

This Quality Improvement Plan for 2017/18 represents a subset of goals and targets intended to keep us grounded and focused on our next year of work to continue to improve care for our patients.

As in previous years, priorities for the Quality Improvement Plan are aligned with the hospital’s Patient Safety and Quality priorities. This alignment as well as a mapping to the HQO Quality Dimensions is outlined below:

SJHH Quality Priority	HQO Quality Dimension	Measure	Target
Improving Access	Effective	Decrease in the percent of patients who re-visit the Emergency Department for Mental Health or Substance Use concerns within 30 days of initial visit	Emergency Department re-visit rate of 17% for Mental Health concerns and 22% re-visit rate for Substance Use concerns by March 31, 2019. (2-year project)
Other - Staff Safety*	Safe	Implement Safewards Program in Mental Health and Addiction Program	The Safewards program will be implemented on 10 inpatient Mental Health units by March 31, 2018.
Improve Medication Safety*	Safe	Enhance appropriate antibiotic usage and timely cessation of antibiotics	75% of patients on the 6 Surgical unit who are prescribed antibiotics will have a documented antibiotic review after three days by March 31, 2018.
Improve Medication Safety*	Safe	Expand Medication Reconciliation*	90% of patients who stay longer than 48 hours will receive admission medication reconciliation on 2 acute Mental Health units.
Improve Transitions	Patient Centered	Implement 48 hour conversation on 7 mental health inpatient units	80% of patients in 7 Mental health units will participate in a conversation about their Plan of Care within 48 hours
Improve Transitions*	Patient Centered	Enhance transitions into the community in Seniors Mental Health and Complex Care Programs	85% of eligible patients admitted to Complex Care and Seniors Mental Health Program have full implementation of transition standards prior to discharge
Improve Transitions	Effective	Reduce readmissions for patients with Chronic Obstructive Pulmonary Disorder (COPD) & Congestive Heart Disorder (CHF)	Reduce readmission rates for COPD to 15.5% and reduce readmission rate for CHF to 19.5%

*Denotes link to Executive Compensation

Below is a more detailed description of the 2017/18 Quality Improvement Plan initiatives.

Improving Transitions

Best practice research on transition planning has identified that a consistent, formalized approach to transitions and discharge planning, with high patient and family engagement, leads to fewer errors, better patient experience, and more efficient use of health care resources. Three initiatives will enhance and standardize existing practice:

- **Standard of Practice for Transitions.** Implementing a standard and evidence informed approach to partnering with patients and families and community care providers on transition planning will improve patient experience and facilitate safe and effective transitions. Elements of this standard of practice will include medication reconciliation; teach back methods, providing written information about follow-up appointment, teaching on self-management of illness and 48 hour follow-up calls post-discharge as required elements. The scope of this initiative is to implement this standard of practice in the Complex Care and Seniors' Mental Health Programs, so that at minimum 85% of patients receive this care.
- **Plan of care within 48 hours.** As part of the "Home First" philosophy in the Hamilton Niagara Haldimand Brand LHIN, we are continuing to work with our teams to ensure that our patients and/or families have a conversation about their plan of care within the first 48 hours following admission. In 2016/17 year, we continued implementation in the General Internal Medicine Program with a goal of reaching 80% of patients. The goal for 2017/2018 is to expand this initiative to the Mental Health and Addictions inpatient units where 90% of patients on 7 units will participate in a conversation about their plan of care within 48 hours following admission.
- **Reduce Readmissions for patients with COPD and CHF.** While some readmissions are not preventable, our aim is to ensure patients are involved in their care and have the proper supports in the community to avoid preventable readmissions. We will achieve this through the standardization of order sets and community follow-up for patients as well as enhanced education for patients using teach-back methodology.

Staff Safety

Implementing Safewards. St. Joseph's Healthcare Hamilton (SJHH) is committed to providing a safe and respectful workplace and care environment, and to treating our employees and patients with respect, dignity, and sensitivity. In addition to numerous strategies for improving safety across all areas of care, the Safewards program currently exists on 5 inpatient units and will be implemented across the remaining 10 Mental Health and Addictions inpatient units. This is an evidence informed program, founded on staff and patient engagement and relationships as a way to contain situations and reduce aggression on our clinical units and risk of injury to staff.

Improving Access

Reducing Emergency Department Readmissions. Access to care at the right place at the right time is one of the most fundamental pillars of the healthcare system. Repeat visits to the Emergency Department is often a sign of a gap in care. In the 2017/18, the focus will be on collaborating with community partners to develop a work plan to achieve a reduction in ED readmission for patients with Mental Health or Substance Use concerns. This is an area of focus for the HNHB Local Health Integration Network (LHIN) and a collaborative group of community partners has been established to focus on this population of patients.

Improving Medication Safety

Medication Reconciliation. Communicating effectively about medications is a critical component of delivering safe care. By identifying and resolving medication discrepancies, the likelihood of adverse events occurring will be reduced. St. Joe's is on a journey to achieve full medication reconciliation by 2018 as required by Accreditation Canada. Expanding medication reconciliation to two acute mental health units is part of a larger project plan to achieve this goal. This initiative will ensure that 90% of patients in two acute mental health units have completed medication reconciliation upon admission.

Antimicrobial Stewardship. Studies show that up to 50% of antimicrobial use is inappropriate. Unnecessary exposure to antimicrobials may place patients at risk of serious adverse events with no clinical benefit (CDC: Core Elements of Hospital Antibiotic Stewardship Programs). Antimicrobial stewardship refers to programs and interventions that are designed to improve antimicrobial prescribing, including the appropriate selection, dosing, route and duration of antimicrobial therapy. The goal of this initiative is to expand upon the work done in the General Internal Medicine program in 2016/17 and to spread the success to the Surgical Program. The goal is that 75% of patients on the General Surgical unit who are on antibiotics have a full documented review on day three of antibiotic use.

QI Achievements From the Past Year

We are very proud of our achievements from 2016/17. Some of these are detailed below focusing on our four priority areas.

Improving Access

- Our teams were able to increase the proportion of patients who are seen within 60 days from referral in the Dual Diagnosis program to over 61%
- Teams successfully implemented the Keys to Discharge program on our Schizophrenia inpatient units which has resulted in increased patient and family communication as well as assisted with patient flow by having more predictable discharge information.

Improving Transitions

- The General Internal Medicine team was able to fully implement the component of the Home First initiative that ensures that patients and/or families receive communication about the plan of care within 48 hours of admission. This conversation occurs for 80% of our admitted patients.

Improving Medication Safety

- Our journey to achieve full medication reconciliation continues; this current year, our teams implemented a sustainable process to achieve medication reconciliation upon admission in our Intensive Care unit, Medical Step Down Unit as well as our inpatient Nephrology unit.
- In an effort to monitor the appropriate use of antibiotics, our pharmacy team was able to implement a process to ensure that 70% patients on antibiotics on our General Internal Medicine units receive a review at day 3.

Early detection of patient decline

- An Early Warning system was successfully implemented in the General Internal Medicine program as well as the inpatient Nephrology Unit. Building upon the implementation of this system in the surgical program, this early warning system provides a standardized method of assessing patient's vital signs and allows early detection of patient decline.

Population Health

We have been focusing strategically on the diverse populations we serve for a number of years. As an inner-city hospital, we serve populations who are disadvantaged and associated with poorer health outcomes and have limited access to health services. As mentioned in subsequent sections of this document, we are working with many community partners (public health, police services, home care) to reach these difficult to reach patients. In addition we have work focused on populations of patients with chronic disease including kidney disease, chronic obstructive pulmonary disorder and congestive heart failure.

Equity

Following the roots laid by the Sisters of St. Joseph's, we continue to live our mission to serve those in need. St. Joe's is located in inner-city Hamilton and many of our patients and clients are from vulnerable populations requiring significant services in the areas of chronic disease management, mental health and substance use. St. Joe's is the leader within our LHIN in providing Mental Health and Addiction services and Chairs the LHIN steering committee that reviews services for this growing need. As well, we have created a number of transformative projects that pay special attention to these populations ensuring equity to services some of which are outlined below:

- The MCRRT (Mobile Crisis Rapid Response Team) made up of a uniformed police officer and mental health worker respond to 9-1-1 calls for people with a mental health issue or concern. This program is able to help people in the right place at the right time. This team won an Abstract of Distinction Award at the 2016 Health Quality Transformation Conference.
- The Hamilton ACTT (Assertive Community Treatment Team) made up of a multidisciplinary team uses evidence based therapeutic principles that allows clients to maintain independence, increase housing stability, have improved employment and educational outcomes
- The Youth Wellness Centre is a recent addition to our spectrum of services which provides a safe space for youth with the need for Mental Health services. This centre provides counselling, peer support, family support, psychiatric consultation and assistance in navigating the community mental health services.
- Mental Health Safe Spaces is an effort to better connect residents to mental health services at St. Joes in the most marginalized areas of the inner city of Hamilton. Inherent barriers in accessing mental health based services in the community are in part due to the effects of poverty: physical limitations, food security and other tangible supports that contribute to their lack of access to needed treatment. This program trains non-mental health services like business and other non-traditional supports in this community to be a resource for community residents inquiring about supports or in need of mental health care.

- Hamilton Area Institution Leadership, also known as HAIL consisting of the city’s two hospitals, LHIN, the City, public and Catholic school boards, the policy McMaster University and Mohawk College. This group is investing time to tackle one of the city’s most pressing issues: affordable housing. The group is also focused on breaking down unofficial barriers that can hold a community back from developing solutions that are really good for the population.

Integration and Continuity of Care

To increase our capacity to integrate services around patient journeys we work closely with two of our partner agencies – St. Joseph’s Home Care and St. Joseph’s Villa Dundas. With a combined Board of Governors and a single strategic plan, our goal is that patients, clients and residents will no longer feel that they are handed off from one health care provider to another, but rather that they are taken care of by a single team as they move through the health care system.

In addition, we are working closely with regional partners to improve the continuum of care for patients in these key areas:

- Health Links - a system wide initiative that brings together health care and social care service providers to coordinate the care of people with complex medical and social needs.
- Integrated Comprehensive Care – now a permanent program that links St. Joseph’s Home Care, our local Community Care Access Centre (CCAC), the Ministry of Health, and other partners to improve the experience of patients as they transition from hospital to home. It provides patients with a case manager who organizes both their hospital care and their home care and includes a 24/7 phone number to call if they have concerns.
- Renal Program – now a LHIN-wide program that is structured under St. Joseph’s Healthcare Hamilton. This program is the largest renal program in the province and the ultimate aim of the renal initiative is to ensure the absolute best patient experience across the entire continuum of kidney care services, from early detection, to dialysis, to kidney transplant.
- Mental Health and Addiction Program - St. Joe’s is the regional leader in the provision of psychiatric care and research, innovating programs to help radically reduce the disability and stigma associated with mental illness and addiction. Specifically, St. Joe’s is a leader in the areas of early intervention, outreach services, rehabilitation, recovery and integration into the community.

Access to the Right Level of Care - Addressing ALC Issues

This truly is a cross-sector challenge, and a challenge that is experienced at St. Joseph’s Healthcare Hamilton. Over 20% of our acute care beds are filled with patients waiting an Alternate Level of Care. Our collaboration with community partners, most especially CCAC continues with regular review of action planning and specific review of cases. Internally, we have daily meetings in our Emergency Department to identify patients who have the potential to be discharged home with increased supports to avoid an admission with ALC designation. Inpatient teams are also reviewing patients daily who are identified to be at a risk of transferring to an ALC status. We are working with our CCAC partners to identify and plan to use all idle beds (LTCH and Transitional).

Engagement of Clinicians, Leadership & Staff

The opinions of our staff are sought through an anonymous survey that is administered every 2 years. Our teams then meet and discuss their survey results and develop team engagement plans. Engagement survey feedback is also considered when determining priority areas of focus for improvement at an organizational level. The goal of these plans is to make the workplace more satisfying, safe and enjoyable. Outside of this formal process, our staff and teams have multiple forums and venues to have their opinions heard as well as to be engaged in improvement work. In addition, we engage staff and patients in regular Executive walkabouts as well as focus groups when there are specific items to which we seek feedback. MyStJoes has become an internal communication site where all staff is encouraged to be engaged by sharing their stories, and asking questions of leadership through “Link with your Leaders”. Regular bi-weekly emails include polling questions that range from light to serious topics, intended to engage staff.

Resident, Patient, Client Engagement

We are committed to involving patients and family in the care that we provide as well as program development and decision-making. St. Joe’s was among many hospitals throughout Canada that removed specific visiting hours throughout the organization as we encourage and promote the concept of patients and families as partners in care. St. Joe’s has developed a strong Patient and Family Advisory community (with over 50 Patient and Family Advisors) that provides recruitment, orientation and on-going follow-up and networking opportunities. Patient and Family Advisors are involved in numerous roles and activities from the Quality Committee of the Board to front-line improvement activities.

The Patient and Family Advisory Council which has been in existence since 2011 focuses on priority areas each year and advises the organization on how to further grow patient centred care within the organization. In the current year (2016/17) the 3 priorities for this council are:

1. Regular, continuous, and consistent communication at every transition point
2. Enable patients and families to raise issues more successfully
3. Enhance family involvement in care planning

These priorities resulted from the feedback received from our Patient and Family Advisors, and were considered throughout the entire process and development of the Quality Improvement Plan. As well, the Patient and Family Advisory Council were involved in the formation of the QIP by reviewing and providing input during the creation process. Patients and Families are also involved in the implementation of each of the QIP projects and change ideas.

The Mental Health and Addictions program has a long-standing and active Family Advisory Council as well as a Peer Support Council.

All program quality councils have at least one Patient Advisor, and there are a number of other committees that also have Patient Advisors as members including Hand Hygiene, Wayfinding, Advanced Care Planning, and the Visitor Policy to name a few.

Staff Safety & Workplace Violence

Staff safety and Workplace Violence prevention are a major focus of improvement work at St. Joe's. We have a well-developed violence prevention program which includes the following components:

1. Central planning and oversight by the Management of Aggressive and Responsive Behaviours committee
2. Joint Health and Safety Committees with representatives from leadership, staff and unions to address safety issues.
3. Many bylaws, policies, and procedures to standardize safety protocols, share information, regularly assess risks and identify workplace hazards
4. Regular review and monitoring of incidents by Occupational Health and Safety Working groups to track and identify trends and address arising issues.
5. Staff training, with basic education and training for all staff and additional courses for staff working in higher risk areas.

Focused work over the past year addressed screening all patients for risk of violence using an assessment tool approved for use within clinical areas as well as specific focus on our Mental Health and Addiction Program. After a series of incidents of aggression and violence against staff in its mental health program and psychiatric emergency services, St. Joe's requested an external peer review in the spring of 2016. Work is underway to implement the recommendations that resulted.

Performance Based Compensation

Executive Compensation in 2016/17 will be linked to the achievement the four priorities:

1. Implementation of the Safewards program on 10 Mental Health inpatient units
2. Improving Antimicrobial Use in General Surgery
3. Medication Reconciliation on two Mental Health Units
4. Implementing the Standards of Practice for transitions on Senior Mental Health and Complex Care

The President's and Chief of Staff's salary will be reduced by 10% and the salaries of the executives (listed below) will be reduced by 5%:

- The Executive Vice President, Clinical Programs and Chief Nursing Executive
- The Vice President, Business Programs and Chief Financial Officer
- The Vice President, People and Organizational Development
- The Vice President, Research
- The Integrated Vice President for Diagnostic Imaging and Laboratory Services

The salary reduction may be earned back as this is linked to the performance targets associated with the four indicators listed above.

Sign-off

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

Board Chair – Mr. Peter Tice:  _____

Quality Committee Chair – Mr. Ray Rocci:  _____

President – Dr. David Higgins:  _____