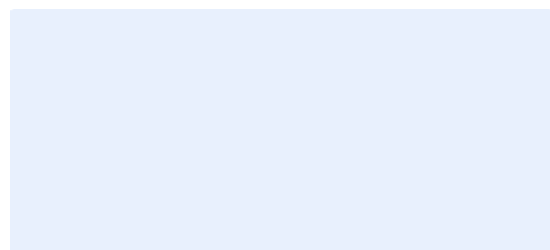


Let's Make Healthy  
Change Happen.



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



**3/29/2018**

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.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

As a leading rehabilitation and complex continuing care (CCC) hospital in Ontario, West Park Healthcare Centre (Centre) is committed to helping people get their lives back. Our vision is to provide exemplary care inspired by innovation and exceptional performance. Our QIP aligns with our strategic priorities which exemplify the Centre's commitment to engage our patients and families to:

- ♣ - Provide Exemplary Care,
- ♣ - Continue being A Great Place to Be
- ♣ - Establish Bold Partnerships
- ♣ - Build an Integrated Campus of Care
- ♣ - Maintain Operational Excellence

This year, 2018/19 marks an exciting milestone in our campus development activities requiring significant engagement of staff and patients to select a proponent to design, build, finance, and manage our new hospital. In developing our QIP, we balance our focus on meeting the current needs of our patients and families while carefully planning our new campus development that will bring together system partners and advances in technology. Our integrated quality improvement initiatives over the next several years will focus on engaging our clinical teams, patients, families and system partners to plan and implement innovative models of care and best practices across our organization.

There are many quality and safety initiatives underway across all our programs and departments. The QIP represents only a few of these initiatives our Centre has prioritized for the coming year to help drive improvements to our clinical and operational performance. We are committed to living our Mission, Vision and Values and seeking innovative ways for patients, families, and all team members to be engaged and to have a voice in ensuring the best care always.

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

In 2017-18, we were successful in achieving targets/corridors for the majority of our indicators. We continued with our goal to achieve optimal functional outcomes by increasing intensity of rehabilitation and reducing the length of stay for patients recovering from a stroke. Our efforts resulted in the highest average therapy intensity among our peers for the second year. As a Stroke Distinction Accredited organization, we continue to lead in stroke rehabilitation care at the provincial level which is reflected in the results of the Rehabilitation Patient Experience survey. Our 2017/18 midyear results exceeded Ontario Rehab Average in all dimensions and overall hospital ratings.

We supported better access to care for much needed geriatric services and Low Tolerance Long Duration (LTLTD) stroke patients. We also maintained improvement to safety by increasing the proportion of patients that have their medications reconciled upon discharge and sustained improvement in the timeliness of distribution of discharge summaries to our patient's primary care provider.

In 2018-19, we will continue to work on patient experience in the Complex Continuing Care program in which we fell short of our target goal. Moving forward, our focus will be on strengthening partnerships between patients and staff to improve patient experience; provide increased support for patients with chronic conditions enabling them to safely transition back to the community; and to further improve functional status whilst reducing our length of stay and coordinating a patient supported discharge process.

The organization has demonstrated resilience and commitment to providing the best possible care to patients through deeply rooted processes that have continued to enable the organization to meet and in many cases exceed performance expectations. The leadership embrace challenge as an opportunity to review and further enhance the quality and safety platform for the Centre. This shared commitment to quality

and safety will be used to further strengthen and align processes to meet recent LHIN, HQO, and CPSI changes and emerging international innovations.

West Park is preparing for a Centre-wide Accreditation scheduled to occur June 4-7th, 2018. The centre has strategically used this opportunity to engage staff at all levels of organization. Through the introduction of a quality and safety mentorship program, Qmentors have been provided foundational QI and safety knowledge and skills needed to help drive performance improvement. Qmentors conduct facility-wide tracers and provide feedback on change ideas contribute to rapid change cycle improvements. The next phase of the Qmentor program will be to introduce patients and families to the team and to the tracer activities as part of a strong commitment to fostering a shared responsibility for continuous quality improvement and a culture of safety.

### **Resident, Patient, Client Engagement and relations**

The feedback and perspectives of our patient and families are fundamental to the development of our improvement priorities. We seek feedback in various ways such as annual surveys, patient relations process, and committees. We also engage the Patient and Family Advisory Council to understand their needs and contribute to improvement. In recognition of the importance for greater partnership with our patients and families, we have developed and are implementing a multi-year patient engagement strategy. This will ensure that we continue to listen to and meet the needs of patients and families and involve them actively in decisions and planning about care, organizational design/governance, and policy making.

Recognizing that we could be doing more to engage with patients as partners in care, we are developing ways in which to include patients within our new Qmentor program. Qmentors discuss quality, safety and accreditation standards and conduct peer-led tracers as part of a quality program. We are very excited about engaging patients in this program and having the patient voice added to this interprofessional team.

We also recognize that our patients and families may perceive and experience care differently; we will continue to conduct focus groups, add patients to specific committees and teams and explore ways in which to understand and deliver to the unique needs of our patients.

### **Collaboration and Integration**

West Park has a strategic priority to develop Bold Partnerships, we strive to integrate our services and ensure continuity of care. The centre is involved in an Improving & Driving Excellence Across Sectors (IDEAS) project with Humber River Hospital (HRH) to explore opportunities to improve transitions from the Centre to the HRH Emergency Department. The project identified a number of change ideas and resulted in improvements realized within both organizations to the benefit of many patients.

Moreover, West Park continues to lead the TCLHIN Long Term Ventilation ("LTV") Strategy including the implementation of a comprehensive plan for the ongoing care of individuals with LTV needs within the TCLHIN. Recently, members of the leadership team conducted a site visit in Thunder Bay to further extend the leadership and expertise in this clinical domain.

Additionally, The Centre partners with the Ontario Telemedicine Network to leverage technology and connect patients and their caregivers in the community. Our continued commitment to improving access to care and thru the utilization of technology has led to the inclusion of OTN as an indicator on 2018-19 QIP. Another patient population that has benefited from improved integration and continuity of care are patients with hip fractures. Guidelines from the Quality Based Procedures (QBP) handbook recommends that patients with hip fractures begin rehabilitation no later than six days following surgery. The GTA Rehab Network

invited West Park Healthcare Centre to co-lead a quality improvement initiative to decrease the time for transition from acute care to inpatient rehabilitation. This initiative provided useful information to help guide additional cross-sector change and spread initiatives.

Through our campus development work strategic priorities have been identified to significantly expand our programs and services to achieve our vision of an integrated campus of care. Whilst we are planning for the future we are equally excited to continue to build and foster Bold Partnerships with our community partners' to enhance and support patient navigation and continuity of care.

### **Engagement of Clinicians, Leadership & Staff**

We consider the health and wellness of our staff and ensure balance such that they are able to meaningfully contribute to quality improvement and remain compassionate and competent in their care. Our success has resulted from the combined efforts of staff and patients across the organization. Regular review and assessment of our performance combined with a collaborative approach in the development of targets and strategies for improvement support achievement of our goals. The Centre is committed to continuing to build a strong culture of safety throughout the organization. A quality and safety foundational program was developed last fall and officially launched in January 2018. The two-day program provided information and practical mentored experience leading change across the organization. The program has brought clinicians together from different disciplines and programs to learn, share and drive practice change throughout the organization. Additionally, the team conducts peer-tracers and provides positive and constructive feedback to the department teams.

### **Population Health and Equity Considerations**

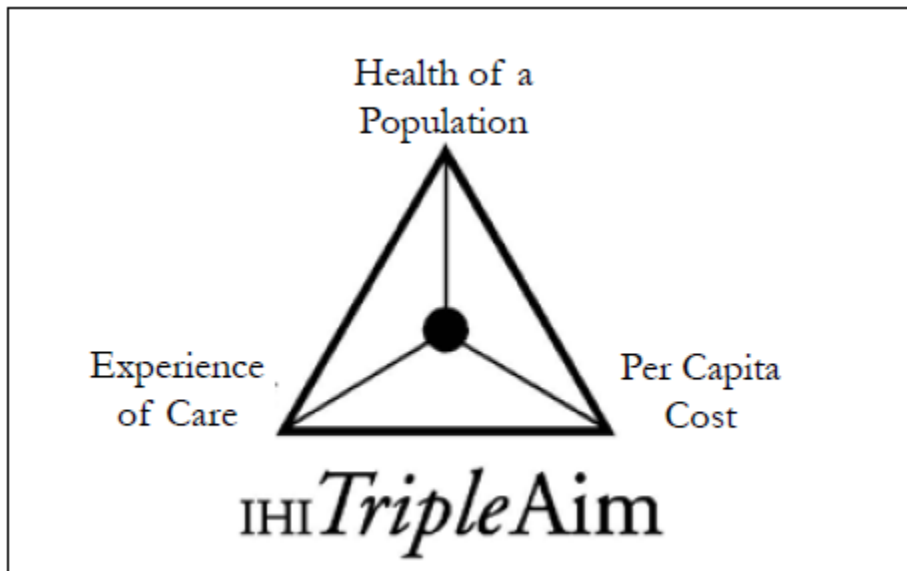
The triple aim methodology provides organizations with a systems framework by which to focus quality improvement to optimize results. When quality improvement initiatives are coordinated within a Triple Aim framework the results will simultaneously improve the health of targeted populations, enhance patient experience and ensure value (often reduce costs) of costs associated with care and services and is of the utmost importance to West Park.

The organization recognizes that system thinking and a targeted approach are needed to achieve optimal results. Over the coming months and within a multi-year strategy, the Centre will pursue an integrated approach to developing and implementing innovative and coordinated strategies to assure patients experience a seamless journey throughout their care.

Additionally, the Centre is exploring ways in which to engage and inform our patients about modifiable chronic disease risk factors and self-management. For example, the Centre continues to support public health through the smoking cessation program and will be developing best practices in cancer screening for our long term patients and including this initiative within the Centre's balanced scorecard.

The Centre is also an active participant in a second IDEAS project sponsored by the TCLHIN to improve chronic disease management in the West Toronto sub region focusing on population health. For example, through the TC LHIN West Toronto Collaborative structure, we have initiated a Steering Committee to develop a population-based integrated Care Delivery Model for COPD patients living in the West Toronto sub-region. Together with our partners in primary, acute and community care, as well as public health, we are responding to local community needs for better coordination and access to services for COPD patients to improve quality patient care while at the same time realize system efficiencies.

West Park recognizes equity as a key dimension of quality care and is committed to improving access and quality care for all patients. The Centre has begun to use health equity data captured through TCLHIN's health equity initiative to better understand the outcomes and needs of our patient population. This information about the diversity of our patient population has already begun to inform program development and ways in which to remove barriers to care and service(s) for our more vulnerable patients. The Centre has provided education to leadership and front-line regarding equity and the diversity of our community. This information has enabled front-line staff a richer understanding of the diversity of the patient population and workforce and an ability to provide culturally appropriate care. An example of how this information has been demonstrated through an increased utilization of interpretation services to facilitate communication with patients and families and an identification and planned translation of multilingual education materials



### Access to the Right Level of Care - Addressing ALC

At times our patients condition may change and require services of an acute care hospital. Through the work of our clinical teams and our neighboring acute hospitals improvements to the process of patient transfers to the emergency department have been made. Emergency department visits can be very traumatic and have increased health risks for patients with complex conditions, dementia and decreased mobility. The next phase of our work will be to explore ways in which to further prevent avoidable emergency department visits and continue to build strong relationships with our system partners.

The Centre is committed to ensuring patients are in the right place at the right time. West Park has had a low ALC rate over several years and continues to work to ensure patients are supported through transitions in care. The Centre recognizes that improving patient flow and access is a complex issue that requires systems thinking. Therefore, the Centre is undertaking several strategies to improve our ALC rate and patient flow by enhancing partnerships and linking processes across the continuum of care to identify innovative options for expedited admissions from acute care and promoting early supported discharge when safe and appropriate.

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

Patients with chronic illnesses and complex health issues often have a number of medications they take regularly. Patients often receive new medication or have changes made at times of transitions in care. We have developed a robust medication

reconciliation program to note and correct discrepancies in medications at admission, transfer, and discharge.

Around the world concerns have been raised within the health system about opioid use. System reports show an increasing number of opioid-related deaths and an increasing number of opioid prescriptions for pain management. This concerning health trend has led to a recommendation from HQO for health organizations and providers to review opioid practices and begin exploring opportunities to improve practice and reduce reliance on opioid medication. The Centre has initiated this review. Medical staff have participated in several discussions regarding current prescribing practices and participated in a related workshop to further understand the broader system concerns as well as best practices. Additionally, as an RNAO Best Practice Spotlight organization the nursing and interprofessional team have begun a review of pain management best practices and exploring ways in which to further support patients with moderate to severe pain as an initial focus. Opioid prescribing practices will be monitored and opportunities to improve pain assessment and management will be implemented. Aligned prescription and pain management metrics will be established and reported on the Centre's balanced scorecard.

The use of antipsychotic medication is associated with serious side effects such as sedation, higher risk of falls, and increased risk of death. The Centre's rate of antipsychotic medication use for patients without psychosis is currently higher than our peer average. A current process is underway to validate the data that will establish a baseline from which identified improvements will be monitored and measured. The aim for 2018/19 is to improve and reduce the use of antipsychotic medication where clinically indicated.

Finally, the Centre is committed to improving medication safety in a number of other areas under the leadership of a safe medication practices committee. For example, the planning to introduce automated dispensing units into practice is underway and expected to be completed by October 2019.

### **Workplace Violence Prevention**

The safety of both our patients and our staff is a priority at WP. Prevention of workplace violence is an element of the Human Resources Strategy as well as the Occupational Health, Safety and Wellness plan. The Centre's prevention of workplace violence plan includes training to prevent and address workplace violence, regular review of policies and safety incidents, and workplace violence risk assessments. Additionally, efforts are already underway to enhance support, identify and integrate improvements when incidents occur. The Centre maintains a commitment to the safety and well-being of our team members and ensuring West Park is a Great Place to Be.

### **Performance Based Compensation**

The Centre holds its executives accountable for the achievement of quality improvement targets. Achieving targets is linked to 5% of base salary within the acceptable performance variance as set out below for our Chief Executive Officer, Chief of Staff, Chief Nursing Executive, VP Development, VP Programs, and VP Corporate Services and CFO and 1% of base salary for our VP Strategy and CIO.

Indicator	Target	Corridor
Percent of discharge summaries sent to primary care provider within 2 business days	95%	-4%
Improve length of Stay (LOS) efficiency		
Stroke	1.0	-0.05
Hip Fracture	1.41	-0.06
Percentage of patients rating 'staff' dimension positively.	55%	-3%
Number of OTN eConsults	23	-5%
Total number of workplace violence (Centre-wide)	131	-5
Adjusted percentage of patients who were given antipsychotic medication without diagnosis of psychosis	27%	+3%
Adjusted percentage of patients who developed a new stage 2 to 4 pressure injuries	2.5%	+0.5%

### Contact Information

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### 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 Warren Law \_\_\_\_\_ (signature)  
Quality Committee Chair Susan Armstrong \_\_\_\_\_ (signature)  
Chief Executive Officer Anne-Marie Malek \_\_\_\_\_ (signature)  
Other leadership as appropriate Susan Yates, Director of QRPS \_\_\_\_\_ (signature)