Ontario Health
Quality

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 3, 2020

Soldiers' Memorial Hospital Orillia

OVERVIEW

The Orillia Soldiers' Memorial Hospital (OSMH) 2020-2021 Quality Improvement Plan (QIP) represents our formal set of quality commitments to our patients, staff, credentialed staff and wider community. The QIP is our pledge to continuously strive for excellence in the care and services we provide at OSMH.

Our Mission is simple and straightforward, to be your trusted partner in health care, with values that encompass compassion, accountability, respect and engagement. To achieve our priorities we will work with patients, families and our system partners to deliver excellent compassionate care every day.

Our 2020-2021 QIP was developed in alignment with these strategic priorities.

Our 2020-2021 Quality Improvement Pledge

Patient-Centered
• We will empower you to hold us accountable to making sure you have all the information you need before you leave the hospital.

Effective
• We will keep you safe by comparing your up to date and complete list of medications that you take at home versus medications ordered during your hospital stay.

Efficient
• We will care for you by understanding your ongoing care needs and connect you with appropriate supports for ongoing care if required.

Timely
• We will strive to decrease the time you wait in the Emergency Department for an inpatient bed.

• We will deliver your appropriate care more quickly by decreasing the amount of time spent in the Emergency Department.

Safety
• We will keep each other safe by diligently reporting incidents of Work Place Violence in our environment.
• We will support each other during and after Work Place Violence incidents to ensure all OSMH staff feel safe to return to work each day.

The following key inputs were used in the preparation of this plan:
• Health Quality Ontario guidance documents and the Common Quality Agenda
• Legislative requirements (Hospital Service Accountability Agreement (H-SAA))
• Hospital Sector Funding Reform expectations (Quality Based Procedures)
• External environmental scans (Senior Management Team data walk & Clinical Services Plan)
• OSMH performance on 19-20 Quality Improvement Plan initiatives (QIP Dashboard)
• Performance trends – Corporate Balanced Scorecards and performance against peer benchmarks
• Critical incidents or serious safety events (Quality of Care Reviews)
• Patient and family experience feedback

• Consultation with the OSMH Patient and Family Advisory Council
• Input from hospital leadership and credentialed staff through a series of focused planning events
• Feedback from OSMH Quality and Safety Committee of the Board and the Board of Directors

DESCRIBE YOUR ORGANIZATION'S GREATEST QI ACHIEVEMENT FROM THE PAST YEAR

In 2019-2020, OSMH demonstrated strong performance in terms of its Quality Improvement initiatives; the ongoing dedicated and structured approach to improvement work has helped us to exceed many of our targets.

For example, our Medication Reconciliation initiative aimed to achieve consistency to further embed the work we've done over the past number of years. As a result, we have reduced the monthly variability of medication reconciliation completed on discharge and kept process performance at or above target for each reporting period (as of this narrative).

Another positive example lies in our workplace violence reduction initiatives. Efforts to identify workplace violence incidents and mitigate their effect has also yielded positive results. As described in more detail below, staff are better educated to identify violent behaviour in the workplace, are reporting incidents more frequently, and the ultimate result is our below-target lost time incidents related to workplace violence.

While these represent some of our successes effectively caring for patients and keeping staff safe, our greatest quality improvement achievement lies in our performance in improving efficiency and timeliness through patient flow. In January 2019, OSMH acted in response to the need of our community and opened the WayHome Unit to help facilitate care transitions for patients (many designated as ALC) from hospital to their next appropriate point of care. The care model on the WayHome unit ensures that patients are up for meals in the dining room, participate in planned activities each day and receive activation and stimulation that prevents functional decline and in some cases, improves functional ability. From April to December 2019, 85 patients were successfully transitioned to their next destination from the WayHome Unit.

The WayHome unit has positively impacted several metrics organizationally. Patient flow has dramatically improved organizationally and for the same period as above, we have had 1000 less patient days in ER compared to the same period last year. Related to our 2019-2020 Quality Improvement Plan, we believe the WayHome unit has influenced our ALC indicator performance by improving access for acute patients, our ED Wait Time to Inpatient Bed indicator (at Q3 performing ~68% better than target YTD) and the ED Total Length of Stay indicator (at Q3 performing ~25% better than target YTD).

COLLABORATION AND INTEGRATION

OSMH continues to foster strong collaboration with community partners on a regular and daily basis, and this is especially evident in our efforts to maintain and improve our ALC performance. Our weekly ALC Rounds meeting is attended by community organizations who contribute to improving patient experience by getting them to appropriate points of care. Members of ALC Rounds include various hospital stakeholders, as well as Home and Community Care, Health Links, Helping Hands, LOFT, and others as may be appropriate.

We are also excited to be members of the Couching OHT and are eager to leverage the natural synergies that will emerge as these community services align to improve patient navigation of the resources and supports available in our community.

OSMH-CFHT Shared QIP Initiative
Following the Couchiching Ontario Health Team's successful application in 2019, the lead organizations are collaborating closer than ever on improving care across sectors in the Couchiching region. While system-level changes include all OHT partner organizations, both Orillia Soldiers' Memorial Hospital (OSMH) and Couchiching Family Health Team (CFHT) have started to solidify an early initiative to align with respective quality improvement planning cycles.

Patients, their care providers and clinical staff express frustration when assessments and care plans are recreated with each provider. The Couchiching Ontario Health Team organizations see this as an opportunity to improve cross-sector communication for patients, beginning with clinically frail patients in year one. As an early first step, OSMH and CFHT are aiming to improve the utilization of existing systems in place (CHRIS-HPG) to share and edit collaborative care plans. While these care plans will be created by system navigators, staff based out of OSMH will have access and the ability update them with information about their acute care visit. Monitoring of access and updates to care plans will serve as a process measure to determine whether this collaboration is occurring as planned. This initiative is seen as an important first step to better coordinate care for patient's across sectors.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

Transforming the Patient Experience through a relentless focus on patient and family engagement, quality, safety and service is one of the pillars of our current Strategic Plan. We believe that patients and families have an important role in guiding the work that we do within the hospital. Patient and Family Advisors are a resource to guide the hospital's priorities and planning.

The OSMH Patient and Family Advisory Council (PFAC) was established and has been meeting since July 2016. The PFAC meets every second month with opportunities for Council members to participate in ad hoc hospital committees or special projects throughout the year. For example, a PFAC representative was a member of the hiring committee for the new IMRS (Integrated Medicine and Rehab Services) manager. The PFAC consists of (up

to) 12 Patient/Family members and 8 OSMH staff members. The PFAC has provided feedback on a number of important items, including but not limited to:

- OSMH policy on Medical Assistance in Dying
- Bedside Reporting Initiative
- Enhancing accessibility tools available to patients
- Ethics Framework
- Staff ID badges
- Inpatient Entertainment System
- Patient Declaration of Values
- Accreditation
- OSMH Quality Improvement Plan (QIP)
- Diagnostic Imaging proposals
- SMS text messaging for deaf, hard of hearing and visually impaired for queuing for availability at registration

It should be noted that there are multiple PFACs available to OSMH patients and family members. In addition to the primary OSMH PFAC, there is also a PFAC supporting the OSMH Regional Women and Children's Program, a PFAC supporting the Regional Kidney Care Program – Simcoe Muskoka, and a PFAC for the Simcoe Muskoka Regional Cancer Centre, with representatives from Orillia.

OSMH's patient population remains a primary focus of the 2019-2020 Quality Improvement Plan; as such, we continue to rely on the strong foundation of our PFAC groups to inform the progress we're making towards improved quality at the hospital.

Capturing ongoing patient feedback as we strive to implement elements of the QIP Work Plan will help ensure our improvement efforts are effective.

WORKPLACE VIOLENCE PREVENTION

2019-2020 marked the third year OSMH has strategically prioritized workplace violence prevention. To protect staff and meet required legislation, OSMH has created mechanisms for thorough risk assessments, put in place interventions to reduce hazards, provides ongoing training for staff, and routinely assesses patients so as to identify persons with a violent history

Over the past year, our focus has been on reducing incidents of Workplace Violence causing lost time and increasing reporting of Workplace Violence incidents particularly no harm or near miss. As we continue to remind staff that any form of workplace violence is not an acceptable part of their work, we expect to see near miss reporting increase.

These metrics are reported at various tables within the organization including Joint Health and Safety Committee, Workplace Violence Committee, Lookout and Senior Team/ Board of Director meetings. Continuing to ensure staff receive training in non violent crisis intervention and having a system to identify and flag persons who have harmful behaviors has contributed to a decrease in lost time injuries that were a result of Workplace Violence over this past year.

Moving forward into the next year, we will build on the work that we have done in creating a comprehensive workplace violence

prevention program. This includes exploring opportunities to improve code white responses, increasing near miss reporting, and using these reports to identify and reduce hazards in the workplace. We will also continue to refine the work we have done in supporting staff following an incident of workplace violence through the debrief and review processes.

VIRTUAL CARE

Currently, OSMH is leveraging available technology to improve communications and interactions between our hospital, our providers, and our patients.

Using the Ontario Telemedicine Network (OTN), OSMH is able to facilitate the delivery of virtual care and education to patients of a variety of programs.

SMS text technologies enables us to remind patients of their scheduled appointments, and to deliver alerts to patients waiting in waiting rooms to let them know when they are about to be seen. OSMH is currently piloting a self-registration kiosk project that is also allowing patients to engage with their care virtually.

Physicians are being better enabled to communicate personal health information to other care partners using eHealth (Onemail) technologies. In addition, we are providing resources to allow physicians to document electronically and be supported through voice-to-text tools. OSMH has played a pivotal role in enabling better shared access to patient records through the Regional Dialysis Information System; in collaboration with the Ontario Laboratory Information System (OLIS), patients have better, more convenient access to the effective care they need.

To support patient flow, an integrated form in our electronic medical record allows us to send messages in real-time for patient referrals, data, etc. to prepare patients for discharge.

EXECUTIVE COMPENSATION

2020-2021 Performance-based Compensation Program Participants:

The positions included in the performance-based compensation program include:
- President and Chief Executive Officer (CEO)
- VP Medical Affairs/Chief of Staff
- Executive VP, Patient Care & People Strategy
- Chief Nursing Executive (CNE) & Director
- VP Corporate Services/Chief Financial Officer (CFO)

Program Design
The program period is in line with the fiscal year, running from April 1, 2020 to March 31, 2021.
For the 2020-2021 fiscal year, the amount of performance pay is 5% of base pay for the CEO and 3% of base pay for each of the other identified participants. This money will be divided between 4 QIP

objectives with performance improvement targets. The amount of performance pay allocated to each of these objectives ranges from 20% to 35% of the total amount as described in the table below. The calculation of performance pay will be pro-rated relative to success in meeting each performance goal. Calculations will be completed within 90 days of the end of the fiscal year.

As required by the Excellent Care for All Act, hospital executive compensation will continue to be linked to achieving targets in the hospital's Quality Improvement Plan (QIP).The Pay Allocation Plan for 2020-2021's Quality Improvement Plan is detailed on the image below:

Quality Dimension	*Objective*	*Measure/Indicator*	*Indicator Type*	*Current Performance (As per OSMH 2019-2020 Corporate Balanced Scorecard)*	*Proposed Targets 2019-2020 (to be set by Quality and Safety Committee)*	*Executive Compensation Weighting*
Patient Centered	Increase the patient experience by sharing and giving them information	**Did you receive enough information when you left the hospital?**	Custom	Monitoring	Collecting Baseline	0%
Effective	Sustain proportion of patients receiving medication reconciliation upon discharge, spread existing practice to OBS, Paeds	**Medication Reconciliation at Discharge**	Priority	YTD Q3 2019-2020 (Q3) = **87.7%**	82.00%	35%
Efficient	Reduce unnecessary time spent in acute care areas	**Alternate Level of Care**	Priority	YTD 2019-2020 (Q1-Q3)= **20.3%**	21.00%	25%
Efficient	Increase access to and use of Coordinated Care Plans for clinically frail patients in year one (OHT Focus)	**Access to and use of Coordinated Care Plans**	Custom	Monitoring	Collecting Baseline	0%
Timely	Decrease ED wait time to inpatient bed	**ED wait time to inpatient bed**	Mandatory	YTD 2019-2020 (Q1-Q3) = **21.3h**	25h	20%
Safe	Prevent the occurrence and impact of workplace violence	**Overall Number of workplace violence incidents reported**	Mandatory	YTD 2019-2020 (Q1-Q3) = **79**	108	0%
Safe		**The number of lost time incidents due to workplace violence injury**	Custom	YTD 2019-2020 (Q1-Q3) = **4**	6	20%

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 March 31, 2020

Board Chair

Board Quality Committee Chair

Chief Executive Officer

Other leadership as appropriate