

Let's Make Healthy  
Change Happen.



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

2/26/2020

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

The University of Ottawa Heart Institute is a unique academic facility with a responsibility to provide specialized cardiac care to patients of the Champlain region, the province of Ontario and nationally for selected procedures. We believe excellent care is achieved by supporting a full continuum of care from prevention, to acute care and rehabilitation. We work in partnership with facilities in our Local Health Integration Network to ensure all patients have access to care while continuing to support care close to home. Supporting excellent care, leadership in ground breaking research and the education of future health care professionals are our main goals. In the past year we have continued to work on significant expansion and infrastructure renovation. We have opened a new diagnostic imaging centre as well as increasing capacity in our procedural holding area post expansion of that area. In the past year we also fully implemented Epic, an end to end health information system that will greatly improve access to information for patients and providers, more timely data and integration with other hospitals.

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

Implementation of Epic was a large project with many quality improvement benefits. We will now have five partners (both hospital and family health team) in the Champlain LHIN all on the same system with more on the way. This will improve continuity of care, care transitions and patients' access to their health information. The Epic system also brings a number of other quality benefits including closed loop medication administration, best practice advisory prompts for clinicians, computerized medication reconciliation and predictive analytics to alert clinicians to patients at potential risk for issues such as risk of sepsis and readmission.

## Collaboration and integration

We continue to work with our regional partners to ensure all patients in the region have consistent cardiac care. We have maintained our Acute Coronary Syndrome and Heart Failure GAP programs as well as our STEMI program in LHIN hospitals supporting our partners in the project management and metric collection. We have expanded our work with family health teams for our hub and spoke model for heart failure. Our virtual care department continues to provide Interactive voice recognition (IVR) calls to cardiac patients discharged from LHIN hospitals as well as telehome monitoring with cardiac expertise for patients that are high risk. We continue to offer a free of charge symposium for clinicians in the LHIN, providing information and education for a variety of cardiac topics. In a new initiative for 2020, our patient Alumni (patient partnership group) will be working with us to bring their patient support programs to the cardiac patients in the community and community hospitals in our area.

## Patient/client/resident partnering and relations

Our University of Ottawa Heart Institute Patient Partnership Committee (UPP) continues to be very involved in the development of the QIP, providing insight and advice on all of the selected projects. We have patient members on numerous committees including on our Board Quality of Care Committee to ensure that the patient voice is heard at all levels of our organization. He also provides feedback on presentations through his patient quality focus group. Heart Institute staff and patients work together on quality initiatives throughout the year. Some recent initiatives include: a care card for families waiting for their loved ones in surgery, a caregiver guide, and multiple educational/ support presentation for patients and caregivers.

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## Workplace Violence Prevention

We continue to provide education and support to our staff in regards to violence prevention. This year with our new health information system we have made it easier to flag a patient who has a potential for violence, now anyone can initiate this. The system also allows for better visibility of flagging in the unit (on unit dashboards) and between units (when patients are transferred for tests, procedures etc). The Violence assessment tool (VAT tool) has been built into Epic. A policy will be developed to determine how often and in what circumstances it will be filled out. This policy will be done in conjunction with all of our LHIN partners who use the Epic system to allow for better continuity of information during care transitions. This year we will be doing violence risk assessments in newly renovated areas of the Institute where function has changed as well as continuing the ongoing reassessment process.

## Virtual care

At the University of Ottawa Heart Institute we have a long history of offering virtual care options for Cardiac patients. Some of our long standing programs include Telehome monitoring (THM) & IVR. These are enabling technologies that use a regular phone line to transmit clinical information from home to a central station located at the UOHI. Both technologies promote self-care education, collaboration & coordination of care between primary care physicians (PCP), specialists & patients residing in urban or rural areas. THM is based on an acute intervention model to address issues such as: decompensation related to fluid overload and uptitration of HF best practice medications; to follow Cardiac Surgery patients post operatively, monitoring arrhythmia patients, uptitration of Beta Blockers and new medications such as Entresto. This program has been studied and has shown a statistically significant decrease in readmission rates.

We support virtual visits with a Cardiac surgeon, cardiac anesthetist or cardiologist as well through our virtual care clinic. This allows patients to travel shorter distances (to their community hospitals) for clinical visits. We will also be continuing the registration of users to a personal videoconferencing system of the Ontario Telemedicine Network (PCVC). This is a newer low cost alternative to the current systems. This is an internet based system that allows individuals to book events and connect with patients or other users.

We are currently a part of a program that OTN is piloting. The Home Video Visit Program (HVV) where patients not requiring a physical examination can have a video visit using their smart phone, tablet, laptop or personal computer to have a visit with their physician. We will continue to enroll physicians to this program in the coming year.

## Executive Compensation

We have ensured that our performance-based compensation remains consistent with other institutions of our size. For each of our executives, the percentage of salary at risk is as follows:

CEO - 10% of base salary is linked to achieving targets set out in our QIP

EVP - 5% of base salary is linked to achieving targets set out in our QIP

VP - 5% of base salary is linked to achieving targets set out in our QIP

Given their importance to the organization and to the delivery and quality of exemplary care, the following indicators are recommended to assess performance:

**Patient Centred Indicator: Concerns Management**

Percentage of complaints acknowledged within 3-5 business days and time to resolution within 30 days

Current Results: 100%

Target for 2020-21: 100%

Weight: 40%

100%= 80 to 100%

50%= 60 to 79%

0= Below 60%

**An Effective indicator: Medication Reconciliation at Discharge**

Medication Reconciliation at Discharge

Current Results: 91%

Target for 2020-21: 95%

Weight: 30%

100%= 90 to 100%

50%= 80 to 89%

0= Below 80%

**Safe Indicator: Patient After Visit Summary**

After Visit Summary provided to In-patients at Discharge

Current Results: 94%

Target for 2020-21: 95%

Weight: 30%

100%= 80 to 100%

50%= 70 to 79%

0= Below 70%

**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] (signature)

Board Quality Committee Chair [Signature] (signature)

Chief Executive Officer [Signature] (signature)

Other leadership as appropriate \_\_\_\_\_ (signature)

Michael Loughton for Richard L'Abbe.