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

3/28/2019

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.
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.

The University of Ottawa Heart Institute has partnered with The Ottawa Hospital, St Francis Memorial, Hawkesbury General, and Renfrew Victoria Hospitals to form the Atlas Alliance partnership and build our instance of the EPIC health information system. This new electronic medical record will improve our clinical documentation, coordination of care, and medication delivery. EPIC will provide us with an all in one solution to care delivery, improving the experience for our patients.

The objectives of this plan are as follows:
1. Ensuring all patients in the Champlain Local Health Integration Network have access to a similar high standard of cardiac care regardless of location, through collaboration with our regional partners
2. Improving access for our patients by expanding our telehealth program
3. Improving the patient experience through patient and family centered programs
4. Ensuring patient safety

In 2019-20, our focus will continue to be on improving access to care, patient safety, patient centered care and exploring innovative ways to treat our patients while keeping them closer to home.

Describe your organization's greatest QI achievement from the past year
There were a number of QI successes in the past year. A number of quality improvements were made to our processes and workflows; both physical and workflow related. The expansion and move to our new tower was not only an opportunity to improve the access and environment for our patients but also an opportunity to refresh policy and workflow efficiency.

We have been using the Comprehensive Unit Based Program (CUSP) to improve our surgical site infection rate. Despite an increase in volumes, there have been a number of workflow changes that lead to improved capacity in the past year decreasing our waitlist for Coronary Artery Bypass Grafts surgery from 292 patients to 196 patients.

This past year we have been developing our Atlas Alliance partnership with The Ottawa Hospital, St Francis Memorial, Hawkesbury General, and Renfrew Victoria Hospitals to use a comprehensive electronic medical record (EPIC). We are excited for the new changes that this will bring to the future of healthcare for our patients. Vast improvements to access of medical information and transfer of information during transitions will ensure that we continue to provide the right care to the right patient in a timely manner.

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. The Patient Partnership committee created many quality improvement projects over the past year including: Patient Partner Guide, Cardiac Surgery Intensive Care Family Brochure, Caregiver Support Guide and Patient Welcome Videos. They were also instrumental in the development and changes
to some of our policies. This year, we introduced a patient partner’s focus group that discusses and provides feedback on any issues that they feel should be highlighted to the Quality of Care Committee.

This year was a pivotal year in patient engagement; we had Research Clinicians co-design a research protocol with the involvement of over 300 patients input. Our clinicians recognize the importance of the patient voice in research and clinical care.

**Workplace Violence Prevention**

Workplace Violence Prevention continues to be a priority for The University of Ottawa Heart Institute as we continue to make staff and patient safety a top priority this year. As we roll out our new Electronic Medical Record, we are looking forward to using the new violence assessment tool that will assist staff in identifying patients who are at a higher risk of displaying aggressive or violent behavior. This year, we will complete a comprehensive Workplace Violence Risk Threat Assessment in our new building. We have an annual Health and Safety presentation to our Board Quality of Care Committee, which ensures that we maintain a pulse on staff safety at the Board level. Our goal is to ensure fair and compassionate care for our patients while decreasing risk to our staff and physicians.

**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:

A mandatory indicator related to workplace violence:
Complete a Workplace Violence and Harassment Assessment with a focus on the Cardiac Surgery Intensive Care Unit.

**Current Results:** New
**Target for 2019-20:** Complete assessment by March 2020
**Weight:** 40%
100%= 70 to 100%
50%= 60 to 69%
0= Below 60%

An Effective indicator: Medication Reconciliation at discharge

**Medication Reconciliation at Discharge**

**Current Results:** 91.5%
**Target for 2019-20:** 92%
**Weight:** 20%
100%= 90 to 100%
50%= 80 to 89%
0= Below 80%

An Equitable indicator: Indigenous Training

**Indigenous Training**

**Current Results:** 70%
**Target for 2019-20:** 90%
**Weight:** 20%
100%= 80 to 100%
50%= 70 to 79%
0= Below 80%
Service Excellence: Set clear expectations for communication with patients using new Electronic Medical Record.
Communication Protocol
Current Results: New
Target for 2019-20: Fully Implemented communication protocol for Epic.
Weight: 20%
100%= Fully Implemented
50%= Protocol Developed but not implemented
0= Protocol not developed

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 Mr. Paul LaBarge (signature)
Board Quality Committee Chair Mr. Richard L'Abbé (signature)
Chief Executive Officer Dr. Thierry Mesana (signature)
Other leadership as appropriate (signature)