Let's Make Healthy Change Happen.

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

UNIVERSITY OF OTTAWA
HEART INSTITUTE

INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

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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 providing 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.

We are committed to excellence in providing high quality, safe care to our patients. The components of this year's Quality Improvement Plan are aligned with the strategic directions of the Institute, including reinventing cardiac care, enhancing our global research, growing our Institute model and building our infrastructure. Our plan supports our commitment to innovative care while continuing to support our community partners to improve overall cardiovascular health in the Champlain region.

The objectives of this plan are as follows:
- Ensuring all patients in the Champlain Local Health Integration Network have access to a similar high standard of cardiac care regardless of location through the support of our regional partners
- Improving access to our specialty services
- Improving the patient experience through patient and family centered programs
- Developing strategies to ensure the right care at the right time

In 2016, our main focus will be strategies to improve the care of patients with specific chronic conditions. We will be working on enhancing the patient and family experience based on feedback from our patient satisfaction surveys, focus groups and our Patient Advisory Committee.

One area of emphasis will be on new strategies to assist patients and families in better understanding their conditions and supporting them in caring for themselves post-discharge. We will be implementing the concept of 'key learners' in our patient education strategies to ensure optimal knowledge transfer to our senior patients. In addition, we are implementing and evaluating "stoplight" educational tools, which summarize key safety information for patients during the transition home.

An ongoing focus will be access to specialized services. We continue to have a high demand for services; we will be working with our partners to ensure patients receive timely access to the services at the Institute. Transitions in care are an important consideration for our patient population and assist in ensuring that patients receive the right care at the right time. During this year, we will be rethinking our current strategies around readmissions and developing additional care alternatives to reduce overall readmissions.

A third focus is on the issue of patient safety, with an emphasis on infection control. We are implementing a family and visitor hand hygiene program, an approach for probiotics and antibiotic stewardship.

Finally, we will be expanding our integrated heart teams to look for new and innovative ways of care including targeted clinical projects in the area of revascularization, women's health, arrhythmia and critical care.

As the new cardiac Quality Based Procedures are implemented, we will be monitoring the recommendations of the clinical handbooks in conjunction with resource needs of the cardiac population.

Integration & Continuity of Care

As the regional provider of tertiary cardiac services, we will continue to enhance our hub and spoke model for the region. We will be implementing regional clinics and support diagnostics for care closer to home. Our transitional care initiatives, including a partnership with CCAC for rapid follow-up post discharge, will be a key element in our readmission strategy. We will complete the pilot roll out of our automated calling system for heart failure patients in the region to assist patients in the early stages as they transition home.

Engagement of Leadership, Clinicians and Staff

Clinical staff drive many of the quality initiatives at the front line of patient care. They identify patient care issues, lead the quality improvement activities and publish and present on outcomes. We are implementing Integrated Heart Teams as part of our strategic plan. These teams are tasked with ensuring integrated approaches to care based on the patients' conditions vs the traditional provider silos. Each team works on identifying new innovative approaches to care, better integration of patients and families into care and large clinical projects designed to have a direct impact on care. At a regional level, we receive feedback from clinicians and administrators from our partner facilities, which we use to develop regional quality initiatives or educational programs.

Institute staff are encouraged to discuss quality successes and concerns directly during Breakfast with the Chief Executive Officer. In addition, the Chief Executive Officer has monthly rounds on the units where he engages patients, families and staff to discuss patient safety concerns and compliments.

The Quality Improvement Plan is developed based on input from our patient satisfaction surveys, our Physician leaders, Clinical Managers, the Quality Department, the Quality of Care Committee and Board members. We engage our Patient Alumni as a source of direct feedback from patients. The Quality Improvement Plan is drafted by Senior Management; reviewed/revised/approved by the Quality of Care Committee of the Board and given final approval by the Board of Directors. Once the Quality Improvement Plan is approved, it is shared with Managers and Chiefs, who share it with staff; posted on our external Institutional website for patients and families and posted on our internal intranet for staff.

Patient/Resident/Client Engagement

As an enhancement to our patient engagement strategies already in place, we have formed a Patient Partnership Committee (PPC). This committee will collaborate with us on corporate priorities such as the QIP, the Patient Safety Plan, our Heart Team activities as well as policies and procedures. This group will help us add patients voice to all the work we do.

Performance Based Compensation [part of Accountability Mgmt]

The following indicators were chosen to assess performance given their importance to the organization and to the delivery and quality of exemplary patient care:

Patient Centred - Overall Patient Satisfaction
Integrated Care - Interactive Voice Response post discharge call follow up community partnership

For each of our executives the percentage of salary at risk, which is consistent with other institutions of our size, is as follows:

CEO - 10% of base salary is linked to achieving targets as set out in our QIP
EVP - 5% of base salary is linked to achieving targets as set out in our QIP
VP - 5% of base salary is linked to achieving targets as set out in our QIP

Reduce hospital acquired infections:
Objective - Engagement patients and families in Hand Hygiene
Current Results - 0%
Target for 2016-17 - 100% of the units will educate patients on patient moments for hand hygiene
Weight - 40%
100% - greater than or equal to 80%
80% - 70-79%
50% - 60-69%
0% - 59% or below

Improve patient transitional care:
Partner with regional hospitals to improve transitional care.
Current Results - 50%
Target for 2016-17 - 100%
Weight - 40%
100% - 75-100%
50% - 50-74%
0% - 0-49%

Safety:
Objective: Increase proportion of patients receiving medication reconciliation on admission
Current Results:77%
Target for 2016-17:80%
Weight: 20%
100% - greater than or equal to 80% performance
80% - 70-79% performance
50% - 60-69% performance
0% - 59% or below

Other

Challenges, Risks & Mitigation Strategies
The majority of our patients are seniors who have complex chronic conditions and some with limited access to support services. An ongoing challenge is to ensure that these patients have access to services designed with a senior friendly lens. A safe environment in the context of highly technical procedures and shortened

recovery times requires programs/interventions that are tailored with this population in mind. These challenges are mitigated by ongoing work with our Patient Alumni – a large group of past patients who provide insight and feedback in the development of support programs for patients and families.

A second challenge is the ability to continue to provide innovative care to the patients of the region. The ability to fund innovation is becoming increasingly difficult for teaching facilities as the amount of global or unallocated funding begins to decrease and we risk a scenario where we are no longer able to be a leader in new therapies and approaches. We attempt to mitigate this by participation in clinical research trials to gain access to the latest technology; however, research funding is also under significant pressure.

A third challenge is the ability to meet the increasing needs of our population in the current economic environment. We continue to monitor best practices and leverage what we know to be cost effective approaches in the intermediate and long term. We benchmark with international peers such as the Society of Thoracic Surgeons to ensure clinical outcomes are achieved in times of economic restraint.

Information Management
We use multiple sources of data to plan and provide care for our patients. Internal health records data is used for patient level quality projects. We use a variety of tools such as focus groups, prevalence studies and lean initiatives to provide data for enhancements to patient programs. We also use data from several agencies such as Canadian Institute for Health Information, the Cardiac Care Network of Ontario, the Critical Care Information System and Trillium Gift of Life. These agencies provide us with a combination of patient, Local Health Integration Network and system level data for comparison and benchmarking. We are looking forward to the implementation of initiatives related to the Connecting Northern and Eastern Ontario (cNEO) project of the Local Health Integration Network. Finally, we will continue to modernize our information management tools and technologies in order to provide timely, accurate and shareable information in support of our patient care, research and administration.

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. Lawrence Soloway
Quality Committee Chair Ms. Coralie Lalonde
Chief Executive Officer Dr. Thierry Mesana