

Let's Make Healthy
Change Happen.



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

Baycrest

3/31/2015

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.

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Overview

Baycrest is pleased to share our Quality Improvement Plan, which describes our priorities for improvement over the 2015-16 fiscal year. As an academic health sciences centre, we are devoted to improving the quality of life of older adults through the integration and application of exceptional healthcare, wellness promotion, research, and educational activities. Reflected in our strategic plan for 2013-18 is our commitment to achieving and delivering the highest quality, safety and innovation in client-centred clinical and residential care.

Our improvement priorities reflect our strategic goal to deliver exceptional care by achieving maximum quality of care and quality of life for our clients while demonstrating the integrated nature of our care and services, including complex continuing care, rehabilitation, specialized geriatric, community services, and long-term care services.

Our QIP leverages priority work already underway across our organization where we have committed to improving our performance including preventing falls and falls with injury; implementing a consistent approach and expectation for the management of responsive behaviors and improving employee engagement across the organization. At the same time, our QIP reflects our efforts to engage with our clients and families, integrate and coordinate our services, and deliver better care at better value.

Foundational in our plan is Baycrest's commitment to a culture of safety, which promotes active reporting and follow-up of patient and resident incidents to identify opportunities for improvement. This year, we embarked on a comprehensive enterprise risk management approach and identified a number of improvement initiatives which also helped to inform our Quality Improvement Plan. The objectives outlined in our improvement plan also align with the work underway to meet Accreditation Canada standards and Required Organizational Practices.

Baycrest is involved in numerous initiatives that improve the quality of the care and services; our annual Quality Improvement Plan captures and builds upon many of these high priority initiatives, including several from our previous year's plan to further improve our performance. All of our improvement initiatives are guided by our Quality Framework, which was launched this year to set the direction for continuous quality improvement across Baycrest. The foundation of this framework is our belief that quality and exceptional client experience is achieved when care is person-centred, safe, effective, timely, integrated and efficient. This framework helps to guide our activities across all of our programs and has been integrated into our corporate performance management strategies.

Guided by our strategic goals and imperatives, the 2015-2016 Quality Improvement Plan is built upon the following priorities:

- Improving flow both within our organization and across the system;
- Managing responsive behaviors
- Delivering person-centred care to improve the client and family experience
- Managing falls for our complex patients and residents

Baycrest has set the following quality improvement objectives to improve the quality of care and services we deliver:

- Improve access to rehabilitation services
- Improve organizational financial health
- Improve employee engagement
- Reduce unnecessary time in complex continuing care for ALC patients
- Reduce potentially preventable transfers to the Emergency Department for residents in Long Term Care
- Manage responsive behaviors
- Improve the client experience
- Manage client falls

Integration & Continuity of Care

Rooted in our QIP again this year is our priority to improve access, flow and integration within our programs and services and also across the system. We value the power of partnerships in achieving system-wide improvements and as such, have a number of quality improvement initiatives underway which demonstrate this shared responsibility. Some examples include:

- Working with the CCAC and our referral partners in our Alternative Level of Care strategy
- Leading the North West Health Link with over 30 other community partners to deliver coordinated, patient-focused and integrated services with a focus on Seniors Mental Health and Addictions, Dementia and Responsive Behaviors, and Youth Transitional Mental Health. The Link will focus on improving processes to reduce emergency department visits and improve transitions of care for complex patients through strategies such as enhanced care coordination and communication.
- Working with the Toronto Central and Central CCAC and North York General Hospital on the Integrated Community Care Team, which provides a comprehensive spectrum of integrated care for frail, older adults in the community.
- Leading the Toronto Central LHIN's Behavioral Supports for Seniors Program, which includes providing transitional support for individuals who become unmanageable in their current setting, offering community behavioral geriatric outreach in the community as well as a long term care behavioral outreach team.
- Participating in the GTA Rehab Network's Cross Sector Hip Fracture Initiative with other acute and post-acute facilities to identify and implement health system strategic initiative(s) for hip fracture to improve patient transition from acute care to rehabilitation.

Challenges, Risks & Mitigation Strategies

We do not anticipate any risks in executing our quality improvement priorities. Through strong alignment of our QIP with our operating plan activities and enterprise risk management activities, we promote focus and clarity for teams driving the plan. At the same time, our principle of shared accountability outlined in our Quality Framework promotes regular monitoring of progress to ensure we can achieve our QIP objectives and change ideas. This is done through regularly monitoring of QIP outcome and process measures at the program quality sub-committee and Quality Steering Committee and by assigning an executive lead to each objective. QIP indicators are monitored by our Board Quality Committee and Board of Directors, which will also assist with achieving our change strategies to achieve our stated targets.

Information Management

Using data effectively to guide decision making for quality improvement continues to be an important enabler for us. As a data-driven organization, we use several tools and information systems, including our electronic health record, MDS assessments, incident reporting systems, and most recently our patient safety portal which contains real-time incident data to provide clinical and operational teams with access to the right information to inform quality improvement. Operational and quality metrics are embedded into Board and operational scorecards and key metrics are cascaded to our program quality subcommittees and clinical teams. Program quality-subcommittees and clinical teams at the unit level now access data to select meaningful indicators, set targets, and monitor performance. Quality indicators are monitored at least quarterly and actions are taken when there is data to support the need for improvement or when current performance falls short of our set targets.

Engagement of Clinicians & Leadership

There are a number of ways that Baycrest engages with our clinical staff and leadership in establishing shared quality improvement goals and commitments. Fundamental to this engagement is our commitment to shared accountability set out in our Quality Framework that guides improvement within clinical teams. This strategy is rooted in the belief that quality is at the heart of everything we do and is everyone's responsibility in the organization. One of the enablers to do this is our integrated quality structure which promotes quality improvement from the bedside to the board, a journey of integration that has taken place over the past few years.

Through our program quality sub-committees, administrative and clinical leaders including multi-disciplinary point of care staff, family/client representatives and volunteers work together to identify, action and monitor quality improvement goals. These teams were particularly instrumental in defining the priorities and specific action plans for our annual Quality Improvement Plan to ensure that they are reflective of the areas that could benefit most from ongoing quality improvement. Further, our Quality Steering Committee, comprised of clinical and administrative leadership from our residential, complex continuing care, rehabilitation, specialized geriatric, and community programs, provides oversight and leadership on all quality improvement priorities.

Together, the sub-committees and corporate quality steering committee work together to identify quality improvement opportunities and monitor quality and safety indicators and ensure action plans continue to be meaningful improvements for the organization.

Patient/Resident/Client Engagement

Engaging with patients, residents and their families is critical to improving quality of care and services at Baycrest. Through our resident, family and patient advisory councils, we continue to work together to deliver the best care and experience for our patients, residents and families. Regularly, client/family informed stories are shared with our quality committees and used to help inform improvement. Engaging with the former patients and family members of our patients and residents contributed to two specific change ideas in our QIP this year; to introduce and formalize the role of family advisors to inform process improvements and to improve our communication with families by creating a dedicated page on the Baycrest website for family news, announcements and critical information.

Accountability Management

Baycrest has an overall Executive Compensation Strategy that has been developed by the Management Resources and Compensation Committee of the Baycrest Board of Directors. Baycrest has a pay for performance/at risk compensation system that is tied to annual performance goals for all Executives at Baycrest. Executive performance goals are set annually and are based on performance in areas related to the Strategic Plan, Organizational Performance and Strategic Leadership.

Executive is defined as the President & CEO, and all Vice Presidents/Chief Nursing Executive who report directly to the President & CEO. Executive pay for performance/at risk compensation follows an annual cycle, where at the beginning of the year, the amount of performance/at risk compensation is identified for each executive role. At the end of the year, an assessment is made to determine if performance has been achieved. The amount of performance/at risk compensation is identified for each executive role and the range varies from 8% to 15% of base salary. Outlined below is the manner in which executive compensation is linked to targets set out in the Quality Improvement Plan.

Performance Based Compensation [As part of Accountability Management]

Each Executive listed below has 40% of their performance/at risk compensation linked to achieving the goals (listed on the QIP under “Goal for Change Idea”) associated with the following strategies:

- Campus-wide implementation of education and practice competencies for all staff related to Responsive Behaviours
- Implementation of standards and processes to improve access to Rehabilitation
- Implementation of a multi-pronged strategy to improve employee engagement
- Development and implementation of a performance reporting system that generates and builds accountability at the unit/department level
- Implementation of an alternative level of care and discharge policy and procedure
- Continued capacity building in the Apotex to reduce the number of transfers to the Emergency Department for potentially preventable hospitalizations
- Development and roll-out of the components of the Baycrest Model of Client Experience on two pilot units
- Development and implementation of a Falls Prevention approach that incorporates knowledge translation concepts that enhance the likelihood of long-term sustainability

Executives who have 40% of their performance/at risk compensation linked to achieving targets set out in the QIP are:

- President and Chief Executive Officer
- Vice-President, Clinical Programs and Chief Nursing Executive
- Vice-President, Residential, Community and Brain Health
- Vice-President, Medical Services and Chief of Staff
- Vice-President, Education and Director Centre for Education
- Vice-President, Research and Director, Rotman Research Institute
- Vice-President, Finance and Chief Financial Officer
- Vice-President, Corporate Services and Chief Human Resources Officer
- Vice-President, Innovation and Chief Technology Officer

The remaining 60% of performance/at risk compensation is linked to individual performance targets and operating initiatives that are monitored outside of the QIP. In accordance with the overall pay for performance/at risk compensation approach at Baycrest, payment will be made in the first quarter of the following fiscal year, in order to allow appropriate time to fully evaluate achievement of performance goals.

Health System Funding Reform (HSFR)

Baycrest has completed extensive work this year examining our current service profile, flow improvements and operational efficiencies as they relate to HSFR. This has resulted in i) improvements in our documentation practices, ii) improvements in client and patient flow, and iii) strategic investments in both areas to ensure that Baycrest is aligning with health system priorities. In addition, through our participation in the TCLHIN rehabilitation reallocation exercise, Baycrest has made strong commitments to partner organizations to facilities the flow of hip fracture patients according to Quality Based Procedures (QBP) Best Practices.

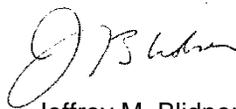
Sign-off

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



William E. Reichman
President and Chief Executive Officer



Jeffrey M. Blidner
Board Chair



Robert C. Kay
Chair, Clinical Strategy, Quality &
Safety Committee