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

April 1, 2014

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

Baycrest is an academic health sciences centre that provides an exemplary care experience for older adults across a variety of institutional and community based settings. 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. As reflected in our 2013-2018 strategic plan, our vision is to transform the experience of aging through leading innovations in brain health, wellness promotion, and approaches to care that enrich the lives of older adults. Our quality improvement objectives for 2014-15 articulate this vision both for our hospital and long-term care environments and support our four strategic goals and imperatives that foster high quality aging and brain health services, disseminate our age-related and mental health expertise, attract and retain the best global human resources and achieve financial strength. In developing our QIP for 2014-15, we are steadfast in our commitment to deliver the safest patient/resident centred care and to ensure that our focus is on the areas where we can continue to make the greatest improvements in care delivery. Baycrest believes that a culture of quality and safety is the key to providing an exceptional client and family experience and are in the process of implementing a new quality framework to help us achieve this vision.

Our QIP is a reflection of our efforts to improve flow and access to programs and services within our organization and across the system. This includes a significant effort to reduce Emergency Department visits and acute admissions and to streamline the system for Ontario seniors, their families and caregivers who live with dementia, mental illness, or other neurological symptoms and age related diseases. Our QIP is also aligned with our ongoing improvement work through our Best Practice Spotlight Organization (BPSO) candidacy. The project is entering its second of a three year initiative and our organization has already made significant improvements in enhancing quality of care on our campus. Inter-professional working groups are driving the implementation of guidelines in the areas of falls prevention; promotion of continence; pain management; and screening and caregiving strategies for older adults with delirium, dementia and depression.

Our performance has improved significantly in many key areas including the reduction of pressure ulcers for our complex continuing care and rehabilitation patients, reduction of antipsychotic medications for patients without a diagnosis of psychosis, and we are seeing sustained improvements related to infection prevention and control. We continue to excel in our medication reconciliation process at admission, discharge and transfer and our C.Difficile infection rate has been reduced to 0.09 compared to the previous year. We recognize that there are opportunities for improvement across the organization and with Accreditation on the horizon in 2015, we will be actively focused on maintaining our high performance. Our culture of safety, which promotes active reporting and follow-up of patient and resident incidents, helps to inform our QIP. This is reflected in our focus on the prevention of falls and the management of responsive behaviors, two of the incident types most often reported in our internal reporting system, as well as our focus on improving the patient and family experience.

This year, we have included specific metrics for our long-term care facility (Apotex) into our QIP to demonstrate the alignment of all of our programs and strategic vision to transform the experience of aging across the continuum, both within hospital and in long-term care.

To this end by March 31, 2015, we aim to focus our quality improvement efforts in the following areas:
- Improve the length of stay for patients in rehabilitation
- Maintain employee engagement levels
- Implement campus wide strategies to manage responsive behaviors
- Improve organizational financial health
- Reduce unnecessary time spent in CCC and rehab for ALC patients
- Reduce unplanned visits to the Emergency Department
- Improve patient and resident satisfaction
- Reduce the worsening of new pressure ulcers for residents in long-term care
- Avoid resident falls

Other QIP metrics which we will continue to monitor include:
- Reduce worsening bladder control for residents in long-term care
- Increase proportion of patients receiving medication reconciliation on admission
- Reduce c.difficile infection rates
- Reduce the use of physical restraints in long-term care

Integration and continuity of care
Baycrest is proud to have been appointed by the Toronto Central LHIN as the health service provider accountable for leading the implementation of the Behavioral Supports for Seniors Program (BSSP), part of Behavioral Supports Ontario, a provincial initiative to transform the system of care for seniors, their families and caregivers who live with dementia, mental illness and other neurological conditions through local, regional and provincial partnerships. As part of this work, we have established a Transitional Behavioral Unit in our residential program to provide transitional support for individuals whose behaviors have become unmanageable in their current setting. This work, along with community behavioral geriatric outreach teams, a long-term care behavioral outreach team, and a wealth of education and training, will make significant strides in providing patients and their families with accessible, appropriate and timely care. Baycrest is already a key player in the delivery of psycho-geriatric services and hosts a number of programs and services for individuals with cognitive impairment, well positioning it to promote best practices and improvements in care for people with behavioural symptoms. This will continue to be an area of focus for Baycrest in the coming year.

Reflected in our QIP is a strong focus on improving access and flow both within our clinical programs but also across the system. In the spring of 2013, Baycrest transitioned our acute care unit to a transitional care unit. To ensure that the sub-acute clinical conditions can be managed internally and to avoid preventable transfers to acute care facilities, we embarked on a coordinated, multi-pronged capacity building initiative involving advance care planning, improved transition management and the implementation of capacity building tools and techniques for clinical staff.

Baycrest is working closely with our system partners, including the Toronto Central and Central CCAC, and North York General Hospital (NYGH) on the Integrated Community Care Team (ICCT), which was created to combat the fragmented care that complex, frail seniors frequently receive, and which often results in poor outcomes and unnecessary healthcare utilization. The ICCT provides a unique, comprehensive spectrum of integrated care for frail, older adults at high risk for emergency department visits and acute hospitalization. The goal of the team is to strengthen the relationship between primary, speciality, community and acute care in an effort to integrate the care for the most challenging older patients across the care continuum. Baycrest offers a geriatric assessment outreach team that provides specialty and primary care services, as well as access to its many inpatient and outpatient specialized services, including the Community Psychogeriatric Outreach Team.

In addition, Baycrest is well positioned to work with over fifteen community partners to form the North West Health Link with a focus on Seniors Mental Health & Addictions, Dementia and Responsive Behaviours; and Youth Transitional Mental Health. Although we are in a preliminary planning phase, we are poised to work with our partners to deliver coordinated, patient-focused and integrated services for our Health Links population.
Challenges, risks and mitigation strategies

Although we do not anticipate any challenges in executing our quality improvement priorities outlined above, we are acutely aware of the budget pressures we face. We are actively looking at ways to become increasingly efficient while ensuring the stability and sustainability of our clinical programs and services.

Information management

Baycrest leverages its business intelligence information system to provide clinical and operational staff access to real-time data on relevant clinical quality indicators from our MDS scorecards. This includes making patient specific data accessible to facilitate discussions on rounds and to support clinical decision-making. Baycrest is fully supported by a decision support team and our information management system is under constant enhancement to link clinical and operational data for outcome-oriented action planning. Access to this data furthers our growing culture of continuous performance improvement.

Engagement of clinicians and leadership

As part of our new quality framework and vision for quality, Baycrest has recently established a new quality structure which embeds quality and quality improvement initiatives into our clinical programs. We have introduced program quality sub-committees, with inter-professional representation and strong clinical leadership. Through these committees, we are engaging more broadly with staff and leadership to ensure that program specific quality initiatives are identified, monitored, critical issues or trends are identified and action plans addressed. The sub-committees and corporate quality steering committee work together to identify quality improvement opportunities and develop quality scorecards to guide the regular monitoring of quality indicators for the program including clinical performance, incident reporting trends, as well as our QIP goals and objectives.

Accountability management

Baycrest has on 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 14% of base salary. Outlined below is the manner in which executive compensation is linked to targets set out in the Quality Improvement Plan.

Each Executive listed below has 40% of the performance/at risk compensation linked to achieving the goal for change ideas associated with the following objectives:

Maintain employee engagement levels
- Implement campus wide strategies to manage responsive behaviors
- Improve organizational financial health
- Reduce unnecessary time spent in CCC and rehab for ALC patients
• Reduce unplanned visits to the Emergency Department
• Improve patient and resident satisfaction
• Reduce the worsening of new pressure ulcers for residents in long-term care
• Avoid resident falls

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.

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 Support Services
• Vice-President, Strategy and Chief Human Resources Officer
• Vice-President, Innovation and Chief Technology Officer

Health System Funding Reform

Baycrest is working hard to integrate the changes associated with Health System Funding Reform (HSFR) into clinicians’ daily practice. We are educating our clinical staff to ensure their clinical activity is more consistently captured through our MDS and other utilization tools so that our performance can be more accurately benchmarked against our peer hospitals. We have also launched an internal newsletter to better inform staff, patients/residents and their families about financial matters, including the impact of HSFR on clinical and administrative operations. Baycrest is also actively involved with various provincial working groups to ensure our clinical and research focus areas are captured within the funding model.

I have reviewed and approved our organization’s Quality Improvement Plan:

[Signatures]

Paul Katz
Vice-President, Medical Services and Chief of Staff

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

William E. Reichman
President and Chief Executive Officer

Jeffrey M. Blidner
Board Chair