Hospital Quality Improvement Plan
2022-23 Narrative

Overview

Baycrest Hospital (Baycrest) is pleased to present our 2022-23 Quality Improvement Plan (QIP) with clients, family members, caregivers, and our community. In this narrative, we provide an overview of inpatient and ambulatory services and outline our key quality improvement priorities.

Baycrest is a post-acute care organization specializing in the care of older adults. Inpatient services include rehabilitation, mental health, complex continuing care, palliative care, and transitional care programs. With 262 beds across nine inpatient units, we serve approximately 1,500 seniors annually. Ambulatory services provide a wide array of home-based, virtual, and in-person health and social services to over 9,500 clients each year. Our ambulatory programming emphasizes a 'one-team' approach and prides itself on providing client-specific accommodations.

The hospital's annual QIP advances our "Inspired Aging" strategic plan and includes initiatives designed to create an exceptional, person and family centred health care experience through targeted initiatives and the advancement of safe and effective care and efficient transitions.

New this year is the introduction of a separate but complementary, Collaborative Quality Improvement Plan (CQIP), through which Baycrest will work with our system partners to positively affect alternate level of care rates, cancer-screening rates, and access to mental health and addictions services. While the quality improvement priorities outlined in the workplan that follows reflect internal hospital priorities, it is important to note Baycrest's commitment to improving the population health outcomes for Ontario residents cared for by the North York Toronto Health Partners and the North Toronto Ontario Health Team, monitored through CQIPs.

The improvement goals for Baycrest Hospital in fiscal year 2022-23 are as follows:

1. **Provide safe and effective care**

   Pressure injury prevention and management

   A pressure injury is an area of skin that has been damaged because of pressure and can lead to many other health problems, including injury to tissue, muscle and bone. Pressure injuries have a significant impact on patient quality of life, resulting in pain, poor mobility, slower recovery, increased risk of infection and longer hospital stay. Leveraging our team of pressure injury champions who have received additional training and mentorship, we will continue to focus on preventing pressure injuries in our clients admitted to complex continuing care, low tolerance rehab, and transitional care units.

   Delirium prevention and management

   Delirium is a preventable patient harm and medical emergency that disproportionately affects older adults with some studies suggesting delirium affects up to 30% of patients admitted to post-acute care. Delirium has serious consequences for patients and their families and caregivers, as well as the broader health care system. This is a new area of focus on this year's QIP and reflects Baycrest's desire as a geriatric centre to be a leader in the prevention and management of delirium, which may prevent up to 40% of cases.

Advancing a palliative approach to care

Palliative care is a philosophy of care that aims to relieve suffering and improve quality of life for people with a progressive, life-limiting illness, as well as their families and caregivers. Over the next year, we will build on foundational work already completed and optimize opportunities for patients and their family or caregivers to be involved in discussions regarding their goals of care.

2. **Provide exceptional client and family centred care**

Patients, families, and their caregivers are important members of the care team and key to improving the safety and effectiveness of care at Baycrest. Reflecting on her experiences with the complex continuing care program, a patient described her involvement in pressure injury prevention – "*I have gotten smarter about my health because of the team; they teach me and keep me informed. I used to have a wound but the team took good care of me. The nurses are my eyes; they look at my skin and help me see the risk areas."*

Pressure injury prevention, delirium identification and management, and providing a palliative approach to care are initiatives that require strong partnership with patients and families/caregivers in order to be successful. The focus for Baycrest Hospital over the coming year is to provide optimal information on admission to enable patient and family involvement in care.

3. **Ensure timely and efficient transitions of care**

Baycrest is committed to ensuring smooth transitions for clients discharged from our services. Building on successful work in fiscal year 2021-22 to improve the timeliness of discharge summaries for patients discharged from the Day Treatment Centre, we will spread this work to the Psychiatric Day Hospital program in the coming year.

Although not yet reflected in our QIP workplan, the ambulatory program is also entering into the initial phases of quality improvement work aimed at improving access to services.

4. **Keep our workplace safe**

Providing a respectful and safe environment for everyone who works, volunteers, learns, and receives care at Baycrest is an organizational priority. Baycrest remains committed to creating a workplace that encourages reporting of workplace violence incidents to inform ongoing prevention and safety initiatives.

Reflections since our last QIP submission

Although we frequently adjusted the timelines and the scope of planned quality improvement initiatives over the past year to accommodate pandemic-related work, Baycrest remains committed to quality improvement initiatives and methods. Noteworthy quality-related accomplishments in addition to those outlined in the progress report below include the following:

- The hospital hosted two Accreditation Canada site visits in 2021; successfully meeting standards and required organizational practices expected for Inpatient, Mental Health, Ambulatory Care, Medication Management, and Infection Prevention and Control programs. The organization also met all Leadership and Governance standards. These milestones represent the successful completion of the first two of three phases in our transition to a sequential survey model.
- Performance Board (quality) huddles are occurring regularly across all nine inpatient hospital units, providing an opportunity for staff to review data, problem-solve, identify opportunities for improvement, and celebrate successes.

- The ambulatory care program made significant contributions to our first collaborative QIP indicator established in partnership with LHIN Complex Transition Coordinators and the Community Transitional Team (a collaboration between Sprint Senior Care and Sunnybrook Health Sciences Centre). In addition to successfully connecting patients with interprofessional primary care, the experience provided significant learnings and highlighted the complexities of establishing and reporting on a collaborative indicator. These learnings are helpful as we apply them to the development of a full CQIP with our Ontario Health Team partners.
- The hospital's environmental services (EVS) team successfully launched performance huddles with staff leading discussions on audit results and opportunities for improvement. Health Standards Organization and its affiliate, Accreditation Canada, recognized the EVS team with a Leading Practice award for this work.

While Baycrest achieved significant quality milestones over the past year, given the unpredictable and continued demands associated with the pandemic, as well as residual staff and physician fatigue, we have made every effort to focus the 2022-23 QIP on a small number of quality improvement priorities with the highest potential to positively impact patients, families, caregivers, staff, and physicians.

Patient partnering and relations

We value the opportunity to collaborate with patients and families as we pursue our continuous quality improvement goals and the incredible access to the expertise available through the Baycrest Client Family Partner Panel. While quality improvement work may have progressed slower than expected over the past year, Client Family Partners were integral members of quality improvement teams, they were key to our successful Accreditation efforts through their participation in preparation activities and focus groups with surveyors, and they continue to help us define our quality priorities. Execution of the 2022-23 QIP initiatives will emphasize co-design and recognize clients and families as integral members of the interdisciplinary teams responsible for testing change ideas. Baycrest's commitment to 'doing with, not for or to' applies at the point of care but also to our approach to quality improvement.

Provider experience

Recognizing the unique demands and stressors associated with the COVID-19 pandemic, the People Support Group (an integral component of the Baycrest Incident Management Structure) executed a survey in June of 2020. This survey revealed that the majority of staff (72%) felt supported or extremely supported by Baycrest during COVID-19. The survey also garnered ideas to support staff and families, increase staff sense of safety, build a sense of togetherness with teams, support self-care and mental health, and help staff feel valued and recognized. A priority throughout the pandemic was ensuring timely and transparent communication with staff, physicians, clients / residents, caregivers, and visitors while also optimizing their safety (e.g., through rigorous infection, prevention and control practices and access to personal protective equipment).

Baycrest is planning to administer a staff and physician experience survey in fiscal year 2022-23.

Executive Compensation

Baycrest has a long history of utilizing a performance management framework and performance-based compensation strategy for the Senior Management Team. Each year, the Board and Senior Management Team reflect on the performance of the organization and consider what incentives will best support accountability and continuous improvement. This strategy involves the creation of team (40%) and individual (60%) based goals, which include both process, and outcome measures to ensure a balanced approach to performance that adequately reflects the organization's values, strategic priorities and annual objectives. In accordance with the requirements of the Excellent Care for All Act, 2010, Senior Management Team compensation is linked to performance on selected QIP indicators.

Executives who have 40% of their performance/at risk compensation linked to achieving team goals, including the identified QIP indicators, are as follows:

- President and Chief Executive Officer, Baycrest Hospital
- Vice President, Inpatient Services, Clinical Support and Chief Nursing Executive
- Vice President, Long-Term Care, Ambulatory and Chief Heritage Officer
- VP Medical Services & Chief of Staff
- Vice President, eHealth and Chief Information and Privacy Officer
- Vice President, Human Resources and Chief Human Resources Officer

Overall, executive performance/at risk compensation is linked to achieving improvements from the previous year's performance in the majority of QIP indicators and other team goals. In accordance with the overall pay for performance/at risk compensation approach at Baycrest, payment is made in the first quarter of the following fiscal year, in order to allow appropriate time to fully evaluate achievement of performance goals.

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Hospital Quality Improvement Plan, 2022-23 Workplan

Theme #1: Safe & Effective Care

Indicator	Current Performance	2022-23 Target	Target Justification
Pressure injury (PI) incidence rate, stage 2 or greater	0.28	0.18	The historical target of 0.18 from 2021-22 will be maintained for fiscal year 2022-23. The focus of planned change ideas is to understand and address the increase in pressure injury incidence and bridge gaps highlighted through the root cause analysis.

Change idea	Methods	Process measure	Target for process measure
Staff education to continue to bridge knowledge gaps and opportunities highlighted through the root cause analysis	Education concepts may include - Equipment use - Repositioning using the standardized positioning plan - Teach back, health literacy Clinical staff participation will be tracked and their feedback will be collected to evaluate education received. Working Group leads will report training participation and participant feedback to Executive Sponsors to inform training iteration.	Percentage of interprofessional clinical staff trained on the Complex Continuing Care (CCC), Transitional Care, and Slow Stream Rehab Units	80% of clinical staff trained by the end of Q2
Re-evaluate/modify the positioning plan template used at the point of care to further meet the needs of the patients and context	Gather feedback from the Occupational Therapy (OT), Physical Therapy (PT), and nursing groups regarding the usefulness of the current template. The current template will be modified to meet the evolving needs of Baycrest patients. The effectiveness of the modified template will be evaluated based on OT, PT, and nursing feedback to inform ongoing iteration.	Number of units with modified template implemented	All hospital inpatient units by Q3
Continue to explore real time reporting of pressure injuries	Engage clinical and operational leaders to develop a system to monitor for new onset pressure injuries to enable real time root cause analysis and education.	Standardized system in place across all inpatient units to enable consistent real time reporting of new or worsening stage 2+ pressure injuries	System in place and point of care staff education completed by Q3

Theme #1: Safe & Effective Care

Indicator	Current Performance	2022-23 Target	Target Justification
Number of patients with service Interruption* due to delirium (Rehab - 7W)	Collecting Baseline	N/A	This is a new area of improvement work and data collection for Baycrest Hospital. The aim is to ensure a robust and consistent approach to identify patients who have had a service interruption due to delirium.

Change idea	Methods	Process measure	Target for process measure
Build broad awareness of delirium-focused quality improvement work and performance against key delirium indicator(s).	Establish a sustainable data collection plan and include one delirium indicator on Baycrest quality scorecards. Scorecards are reviewed with interdisciplinary teams, hospital leadership, and the Quality & Safety Committee of the Board. The aim in fiscal year 2022-23 is to understand baseline performance.	Date by which a delirium-focused indicator is reviewed as part of quarterly quality scorecard discussions.	**August 2022** (Q1 baseline performance discussed during quality scorecard review meetings)
Assess baseline awareness of delirium identification, prevention and management across the interdisciplinary team on 7W.	Conduct a pre-intervention knowledge assessment to understand team confidence and awareness regarding delirium risk assessment / risk factors, delirium prevention, and the use of screening findings to inform patient-specific interventions.	Date baseline knowledge assessment complete.	**September 30, 2022** (After design period, data gathering to occur between Aug-Sept)
Assess the current approach to patient and family/caregiver education and involvement in delirium identification, prevention, and management on 7W.	To understand the current approach, information will be gathered from patients and families / caregivers as well as staff and physicians. Methods to be confirmed but may include interviews, group discussions, and surveys. Findings will be reviewed by the interdisciplinary Delirium Working Group and reported to the Hospital Quality & Risk Committee.	Date current state assessment complete.	**November 30, 2022** (Once the process for information gathering is confirmed, data gathering to occur between Oct-Nov)
Understand the approach to delirium prevention and management across peer organizations as well as evidence-based practices outlined in the literature.	Conduct a literature review and key informant interviews with peer organizations.	Findings from the literature review and key informant interviews themed.	**November 30, 2022** (This work can start immediately and will occur in parallel to the current state assessment described above)
Create an implementation plan to close gaps against best practices at peer organizations and / or outlined in the literature.	Engage Hospital 7W interdisciplinary team members, clients, and families in an assessment of current practice against the evidence based care described in the literature and the Delirium Quality Standard. This assessment will include the identification of any barriers to implementation and will be informed by practices at peer organizations. Proposed change ideas, aligned with desired future state for delirium management, will be presented to the Hospital Quality & Risk Committee for inclusion in the 2023-24 QIP.	Improvement opportunities identified and prioritized for action based on an assessment of impact versus effort.	**February 28, 2023** (Consolidate findings in Dec and engage the 7W team in activities to design the future state of delirium care between Jan-Feb)

***Service Interruptions occur when service is temporarily suspended due to a change in the patient's health status.*

Theme #1: Safe & Effective Care

Indicator	Current Performance	2022-23 Target	Target Justification
Percentage of admitted complex continuing care (CCC) patients admitted to Hospital 6E who have documented discussions about their goals of care in their medical record, within six weeks of admission or re-admission (returning from acute care)	Collecting Baseline	N/A	At Baycrest, the majority of patients admitted to CCC have complex diagnoses and comorbidities and would benefit from a palliative philosophy of care. The proposed focus for fiscal year 2022-2023 is to further understand and improve the process of Advance Care Planning, goals of care discussions and psychosocial support for CCC patients. Data collection and quality improvement efforts will be piloted on one CCC unit to inform opportunities for spread to other units.

Change idea	Methods	Process measure	Target for process measure
Understand the current process for goals of care discussions	Conduct process mapping and root cause analysis to identify barriers faced by staff, patients, families and physicians in goals of care discussions	Completion of root cause analysis and action plan in place	Completed by June 30, 2022
Understand current process for Advance Care Planning	Conduct process mapping and root cause analysis to identify barriers faced by staff, patients, families and physicians in Advance Care Planning	Completion of root cause analysis and action plan in place	Completed by June 30, 2022
Assess education materials received by patients and families on Advance Care Planning and goals of care discussions	Collect feedback from staff, physicians, patients and families on existing documents related to Advance Care Planning and goals of care	Opportunities to improve patient/family education prioritized, including timelines	Completed by September 30, 2022
Understand current process to provide psychosocial support to patients and families	Conduct process mapping to understand the current approach to assess patient and family needs related to psychosocial support Complete a gap analysis and create an action plan to address potential barriers faced by patients and families in receiving support	Process mapping, gap analysis completed with action items identified	Completed by September 30, 2022

Theme #2: Provide exceptional client and family centred care

Indicator	Current Performance	2022-23 Target	Target Justification
Percent positive responses (always and most of the time) to the question - *When you were admitted to the unit, did you get the information you needed?*	76% Calendar Year 2019-2021	80% Calendar Year 2022	Providing information on admission is essential to our efforts to partner with patients and families in their care and support their transition to a post-acute setting. Pandemic-related restrictions have created unique opportunities and challenges with respect to communicating changes and updates, particularly with caregivers and families. The sample size for calendar year 2020 and 2021 was very low due to fewer admissions, periodic survey pauses due to outbreak, and the continued restriction of volunteers from campus. Current performance reflects responses in calendar years 2019-2020 with 2019 representing the last full year with uninterrupted surveying. Sustained performance of 80% with a larger volume of surveys completed would represent an improvement for this indicator.

Change idea	Methods	Process measure	Target for process measure
Provide admission education leveraging revised admission packages, including unit-specific booklets.	Fields have been created in the electronic health record to facilitate documentation of admission education. Unit-level performance will be monitored during Performance Board huddles and aggregate results reviewed at the Hospital Quality & Risk Committee.	Percentage of new admissions provided with admission booklets	50% by Q3 (this is a new process and documentation field)
Increase survey response rates – exploring alternate dissemination methods and ideal timing of dissemination	Identify additional resources to administer the survey and focus efforts on increasing opportunities for caregivers and families to participate in surveying.	Number of completed surveys	150 surveys in calendar year 2022
Leverage Experience Based Co-Design (EBCD) methods to redesign the admission experience as it relates to information provided	Capture client experiences via EBCD methods such as client feedback sessions, experience questionnaires and journey mapping to hear client stories, identify emotions and process touchpoints in order to co-design the admission experience as it relates to information provided.	Number of client experience initiatives incorporating EBCD	One initiative implemented by the end of Q3

Theme #3: Ensure timely and efficient transitions of care

Indicator	Current Performance	2022-23 Target	Target Justification
Percentage of clients discharged from the Psychiatric Day Hospital (PDH) for whom a discharge summary was sent to the referring provider within 14 days of discharge	Collecting baseline	80%	Historically, PDH has not tracked performance on this indicator. A baseline data analysis was attempted, but due to data quality issues, we could not establish an accurate and representative picture of the current performance. The PDH team deemed the target appropriate for this year's improvement efforts.

Change idea	Methods	Process measure	Target for process measure
Standardize the process and expectations for sending discharge summaries to referring physicians and other health care providers in the circle of care	• Using quality improvement techniques, conduct a current state analysis to understand the gaps and changes required to improve the process • Redesign the process and instruments to streamline the process and increase data accuracy	Percentage of discharge summaries distributed according to the standardized process	80% by Q3
Provide timely notification of pending discharge summaries	Develop a report and process to provide the team with timely reminders regarding pending discharge summaries	Report created and process implemented	By August 30,2022
Share discharge summary performance with physicians and the team to enable continuous improvement discussions	• In collaboration with Business Intelligence and Informatics, develop a report to share performance data with the team • With input from the PDH team, determine the best method to review data and discuss further opportunities for continuous quality improvement	Embedded and regular opportunities to review and discuss data with the team	By August 30, 2022

Theme #4: Keep our workplace safe

Indicator	Current Performance	2022-23 Target	Target Justification
Number of workplace violence incidents	100	120	From January 1 to December 31, 2021, there were 100 reported incidents, none of which involved lost time or health care claims. The number of reported incidents is below target as a result of pandemic-related circumstances. There have been fewer families and visitors on campus, patients are restricted to their rooms during outbreak and there is more one-to-one care and programming with patients. The number of reported incidents has declined since 2019 and our goal in 2022 is to support a culture of reporting, aiming for a moderate increase (20%).

Change idea	Methods	Process measure	Target for process measure
Understand and prioritize risk factors for violence in the workplace.	Initiate a workplace violence risk assessment.	Physical space review and staff and physician interviews complete	December 31, 2022
In order to foster a culture of reporting, expand opportunities for on-unit education that reinforce the importance of reporting workplace violence.	Staff complete annual training through core curriculum with compliance rates monitored. The aim in calendar year 2022 is to augment virtual education with on-unit huddles and discussions. Discussion topics will include the benefits of reporting in terms of actions triggered, case scenario reviews, and the types of supports available to staff. Methods will also include increased frequency of review of workplace violence data at the unit level. Oversight of education efforts will be the responsibility of a Working Group comprised of Human Resources, Occupational Health & Safety, and Operational Leaders.	Percentage of hospital units and ambulatory programs participating in at least one facilitated huddle	100% of all hospital units will have had the opportunity to participate in at least one huddle by December 31, 2022
Reduce barriers by streamlining the reporting process.	Based on the findings emerging from a completed root cause analysis of barriers to reporting incidents, modify the Safety Event Reporting System (SERS) workplace violence-reporting template.	Modified reporting template live in SERS	Modified SERS template implemented by September 30, 2022
Extend violence prevention education beyond the Behavioural Neurology and Inpatient Psychiatry units in the hospital.	This change idea focuses on prevention and management versus increased reporting but remains an important aspect of Baycrest's workplace violence strategy. The commitment in calendar year 2022 is to create an education roadmap that prioritizes staff and physicians for training based on role.	Violence prevention education spread plan complete	September 30, 2022