

## Hospital Quality Improvement Plan, 2021-22

### Hospital Narrative

#### Overview

Baycrest Hospital (Baycrest) is pleased to present our 2021-22 Quality Improvement Plan (QIP) with clients, family members, and our community. This narrative provides reflections on last year's quality improvement achievements and challenges and summarizes our priorities for the upcoming fiscal year. Our QIP is closely aligned with our "Inspired Aging" strategic plan. It includes initiatives designed to create an exceptional, person and family centred health care experience and to promote the development and introduction of innovative health care delivery models for older adults and their families.

Baycrest is committed to providing high quality care and using quality improvement approaches that allow us to effectively respond to evolving client and system needs. The workplan that follows reflects a number of considerations unique to fiscal year 2021-22, including the organizational energy that continues to be expended on pandemic response efforts and the impact of prescribed restrictions on client and family experiences. Keeping our clients, staff, and broader community safe will remain a priority throughout the pandemic and while effort has been made to identify indicators, targets, and change ideas that will advance quality care at Baycrest, it will be important to stay flexible and responsive to emerging priorities.

The improvement themes for fiscal year 2021-22 reflect internal hospital priorities as well as Baycrest's commitment to system improvement and transformation efforts. Baycrest's active participation in two Ontario Health Teams (OHTs) offers a unique opportunity to collaborate with other providers and organizations to identify and implement cross-sector interventions with the goal of achieving the Quadruple Aim - improved client and provider experiences, improved population health, and lower health care costs.

The improvement goals for Baycrest Hospital in fiscal year 2021-22 are as follows:

1. **Protect our clients from harm.** As the pandemic continues, the health and safety of clients, families, visitors, staff and volunteers is of paramount priority and resources will be dedicated to COVID-19 response efforts accordingly.

We will also continue to focus on preventing pressure injuries in our clients. Older adults with complex care needs are at a higher risk for developing pressure injuries that can significantly impact their quality of life. Our focus will be on sustaining reduced incidence rates on our complex continuing care units and continuing to spread prevention practices to the low intensity rehabilitation and transitional care units.

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

#### *Ambulatory Services*

Baycrest will resume work to standardize client experience surveying across our ambulatory care programs. Virtual care has grown significantly over the past year as a means to maintain access to services while pandemic-related restrictions were in place. We are committed to understanding and improving client, family, and staff experiences with virtual care and we will start by gathering information from stakeholders to evaluate this evolving approach to health care delivery.

### *Inpatient Services*

Volunteers play an instrumental role in administering client and carer surveys at Baycrest and their exclusion from campus has impacted our ability to gather experience data. We also recognize the unique challenges clients and families face due to COVID-19 restrictions. Baycrest will adapt survey methods to gain a better understanding of current client and family experiences which will inform the development of change ideas.

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

#### *Ambulatory Services*

Day Hospital Programs are committed to ensuring smooth transitions for clients once they are discharged from our services. In addition to ensuring information is shared in a timely way, we will continue to collaborate with clients and families and obtain feedback from referring providers to ensure discharge summaries are meeting their information needs.

#### *Inpatient Services*

Aligned with the *Transitions between Hospital and Home* Quality Standard, Baycrest will build on successful efforts to improve the timeliness of discharge summaries for clients discharged from our inpatient rehabilitation program while also spreading this initiative to our mental health programs.

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 is determined to create a workplace that encourages reporting of workplace violence incidents to inform ongoing prevention and safety initiatives.
5. **Remain an effective and responsive system partner.** Baycrest endeavors to ensure clients receive the right care, at the right time, in the right place. While we continue to measure our Alternate Level of Care (ALC) rate, many of our improvement initiatives are designed to support the broader system that is experiencing access to acute care pressures, accentuated because of the pandemic. In order to support regional efforts to maintain acute care hospital access, it is possible that we may experience higher internal ALC rates in the coming year.

We are also co-designing initiatives with the potential to reduce system ALC rates over the longer-term in collaboration with our OHT partners. One such initiative is *North York Community Access to Resources Enabling Support (NY CARES)* which has been launched by the North York Toronto Health Partners OHT. The program is designed to provide care and supports to clients, allowing them to safely stay in their home while they wait to transition to a long-term care home.

We want to highlight two additional initiatives that are not reflected in Baycrest's workplan but are high priorities for the organization. One is identifying, documenting, and addressing the palliative care needs of clients with progressive, life-limiting illness. After a reassessment of current state early in fiscal year 2021-22, we will identify an outcome indicator, target, and change ideas that will have the most positive impact on these clients. The second is a commitment to optimize our collection of Health Equity data. As our data become more robust, identifying groups of clients with relatively poorer outcomes can inform future program planning and quality improvement efforts.

## Our greatest quality improvement achievements

Every year Baycrest is proud to profile our greatest quality improvement achievements from the inpatient and ambulatory services portfolios. Despite the unprecedented challenges for clients, families, staff, and physicians resulting from the pandemic, the past year also provided an opportunity for Baycrest to reaffirm our commitment to quality improvement. While some of the quality initiatives planned for fiscal year 2020-21 were deliberately paused due to the required focus on COVID-19, others were prioritized and accelerated.

### Virtual Care

Included in our 2020-21 Quality Improvement Plan was a goal to increase virtual care offerings across four ambulatory programs – the Sam & Ida Ross Memory Clinic, the Integrated Community Care Team, the Day Treatment Centre, and the Interprofessional Primary Care Team. These teams together provided almost 6,000 virtual care visits by the end of the third quarter, far exceeding our target of 200 visits. Virtual care was accelerated to maintain access to important Baycrest clinical services in the face of Provincial Directives that required health care organizations to restrict onsite ambulatory care services. Beyond increasing the volume of visits, resources were created with input from client and family partners to support families before, during and after their virtual visit and the Virtual Volunteer Program was initiated. This program allows clients to be matched with Baycrest volunteers who can provide technical support and guidance when needed.

### Pressure Injuries

Baycrest takes pride in providing exceptional care to a geriatric population with very complex needs and the prevention of hospital acquired pressure injuries is a particularly important area of focus in this regard. Pressure injuries have a significant impact on client quality of life and are associated with increased mortality, length of stay, and cost. Over the past year, the team focused on sustaining improvements on the complex continuing care units and spreading interventions to two additional units - the Transitional Care and Low Intensity Rehabilitation Units. Critical to sustainability and spread efforts, the Advanced Practice Nurses (APN) team recruited 13 champions who received additional training on wound assessment and gained skills that enable them to conduct pressure injury prevalence and incidence studies. Champions are supported through the co-assessment and co-documentation of pressure injuries with the primary nurses under the guidance of APNs.

### Partnership and Collaboration

For the first time, Baycrest is including a collaborative indicator on our QIP – *Number of Clients Connected to Interprofessional Primary Care*. Our ability to achieve the target jointly established for this indicator will depend on the collective contributions of the Baycrest EPICS team, LHIN Complex Transition Coordinators, and the Community Transitional Team (a SPRINT / Sunnybrook Collaboration). Baycrest is committed to advancing integrated care for older adults and identifying a collaborative indicator with our system partners is an important first step towards the development of a Collaborative QIP, a future expectation of Ontario Health Teams.

## Executive Compensation

Baycrest has a long history with utilizing a performance management framework and performance based compensation strategy for the Executive Team. Each year, the Board and Executive Team reflect on the past 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*, compensation of the Executive Team's goals are linked to achieving improved performance on selected QIP outcome measures and achievement of improved performance on the majority of measures.

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

- President & CEO
- VP Medical Services & Chief of Staff
- VP Education & Director, Centre for Education
- EVP Clinical Programs
- EVP Residential & Community Programs
- EVP Corporate Services & Chief Human Resources Officer
- VP Innovation & Chief Technology Officer
- VP Finance & Chief Financial Officer
- Executive Director Hospital Services & Pharmacy and Chief Nursing Executive

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 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.

## Hospital Workplan, 2021-22

### Theme #1: Protect our clients from harm

Indicator	Current Performance	2021-22 Target	Target Justification
Pressure injury (PI) incidence rate, stage 2 or greater	0.16 (Q1 P&I study not complete)	0.18	<ul style="list-style-type: none"> <li>The proposed focus for fiscal year 2021-22 is to sustain the improvements made over the previous two fiscal years leveraging improvement ideas identified through completion of the NHS Sustainability Model.</li> <li>It is recommended that the target established for the current fiscal year be carried forward.</li> </ul>

Change idea	Methods	Process measure	Target for process measure
Strengthen the PI champions program	Through education and experiential learning, increase the number of staff who can complete prevalence and incidence studies and revisit current project content.	Number of newly trained staff who can complete P&I studies	Eight additional staff members with the training and capability to complete P&I studies by Q3
Re-evaluate the effectiveness of existing interventions, creating an action plan to close gaps	A current state inventory of interventions and a gap analysis will be conducted to help determine the action plan. The effectiveness of each intervention will be re-evaluated based on staff and client/family input.	Percentage of interventions re-evaluated for effectiveness	100%
Implement a system to enable opportunities for documentation review and root cause analysis when new or worsening pressure injuries are discovered	Using a validated tool(s), engage the interprofessional team in guided discussions to support root cause analysis.	Date system for root cause analysis established	System in place a by Q3
Enable process improvement discussions via the relaunch of performance and idea boards	Build capacity for PI champions to facilitate performance board huddles.	Number of units with performance board huddles in progress	All inpatient units to have performance boards and huddles implemented by the end of Q3

**Theme #2:** Provide exceptional client and family centred care (inpatient)

Indicator	Current Performance	2021-22 Target	Target Justification
Percentage of respondents who answer “always” to the question:  <i>“Are you involved as much as you want to be in decisions about your care and treatment?”</i>	N/A	Collecting new baseline	<ul style="list-style-type: none"> <li>Client surveying was paused for most of the calendar year due to the restriction of volunteers from the campus.</li> <li>Visitor / programming restrictions introduced with COVID-19 have undoubtedly changed the experience for admitted clients.</li> <li>For the above reasons, discussions are ongoing to establish a target and more specific change ideas.</li> </ul>

Change idea	Methods	Process measure	Target for process measure
Modify or supplement current survey administration methods	<p>Explore capacity of hospital staff to support survey administration and explore online survey methods to supplement in-person surveying.</p> <p>Based on a larger number of completed surveys, capture and review real-time client and carer feedback to better understand client needs with respect to involvement in decision-making.</p>	Number of completed surveys	Collecting new baseline (target to be revisited by the end of Q1)
Leverage Experience Based Co-Design (EBCD) methods to improve client experience	Capture client experience 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 experiences captured.	Number of client experience initiatives incorporating EBCD	One initiative implemented by the end of Q3
Refresh unit-specific admission booklets for clients and families across all units in collaboration with client and family partners	Close gaps in current admission booklets across the inpatient units in collaboration with client and family partners.	Percentage of units with refreshed unit-specific admission booklets	100% of units by the end of Q3
Optimize client experience survey questions, co-designing questions with clients and families who have experienced admissions during COVID-19	Co-design survey questions with the Client Experience QIP Working Group to determine if and how survey questions should be modified given the impacts of COVID-19.	Date modified survey in use	Survey modified by Q1

**Theme #3:** Ensure timely and efficient transitions of care (day hospital programs)

Indicator	Current Performance	2021-22 Target	Target Justification
Percentage of clients discharged from the Day Treatment Centre for whom an interdisciplinary summary was sent to their primary care provider within two weeks of discharge	0%	60%	<ul style="list-style-type: none"> <li>Historically, Day Treatment Centre performance has not been tracked. Baseline data suggests that discharge summaries are currently not sent within two weeks of discharge; however, there is on-going communication with referring providers throughout clients' participation in the program.</li> <li>Psychiatric Day Hospital data are currently unavailable and the goal for the upcoming fiscal year will be to establish a measurement plan and collect baseline data.</li> </ul>

Change idea	Methods	Process measure	Target for process measure
Redesign the process to document client goals to meet the information needs of our clients and referring partners	In collaboration with client and family partners, develop a standardized report to consolidate the client goals that have been set with each discipline. This report will be part of the discharge summary shared with clients and their primary care providers.	Percentage of clients who received a discharge summary package upon completion of the program	100% by the end of Q1
Standardize and streamline physician documentation in the discharge summary report	Create an automated report that compiles physician notes for inclusion in the discharge summary package.	Percentage of discharge summaries sent to primary care physicians which include the physician's report	100% by Q2
Survey primary care providers and clients to obtain feedback regarding the information received following discharge	Establish a survey to collect primary care provider and client feedback to inform further enhancements to the process.	Number of surveys received from primary care providers and clients	10 responses from primary care providers and 5 from clients by Q2
Provide the clinical team with real-time information regarding outstanding discharge summaries to support work prioritization	Create automated alerts to flag outstanding discharge summaries.	Date alerts created and launched	End of Q2

**Theme #3:** Ensure timely and efficient transitions of care (inpatient units)

Indicator	Current Performance	2021-22 Target	Target Justification
Percentage of clients discharged from hospital for whom a discharge summary was sent to their primary care provider within 48 hours of discharge (Rehab and Mental Health Units)	80.9%	80%	<ul style="list-style-type: none"> <li>The FY2020 target was 85% for the rehab units</li> <li>The lower target in fiscal year 2021 reflects the inclusion of the mental units in the indicator calculation</li> <li>The target is based on a weighted average target for both services                             <ul style="list-style-type: none"> <li>Rehab: 85%</li> <li>Mental health: 50%</li> </ul> </li> </ul>

Change idea	Methods	Process measure	Target for process measure
Share performance reports with the attending physician and specialists in the Inpatient Mental Health Unit and the Behavioural Neurology Unit	Decision Support will generate a monthly performance report including data stratification by unit. This will support sustainability and the identification of opportunities for further improvement	Percentage of attending physicians and specialists receiving monthly performance data	100% of physicians in the Mental Health and Behavioral Neurology units by Q2
Streamline the documentation process required of the attending physician on the Mental Health units	In collaboration with the attending physician, specialists and the unit staff, develop a standardized process and template to ensure required information is available in a timely manner	<p>Percentage of discharges from Behavioral Neurology with an interim discharge note from the attending physician</p> <p>Percentage of discharges with the final discharge note from the specialist signed within 7 days</p>	<p>100% by Q2</p> <p>80% by Q2</p>
Complete the implementation of countermeasures identified by the Rehabilitation units	<p>Building on quality improvement work from the previous year, our focus will be on completing the implementation of a process to ensure:</p> <ul style="list-style-type: none"> <li>Primary care provider information is identified at admission</li> <li>Timely notifications of transfers</li> </ul>	<p>Percentage of clients with unknown family physician on file</p> <p>Percentage of transfers flagged for the attending physician</p>	<p>25% or less for both Rehab units by Q2</p> <p>80% By Q2</p>

**Theme #4:** Keep our workplace safe

Indicator	Current Performance	2021-22 Target	Target Justification
Number of workplace violence incidents	91	200	From January 1 to December 31, 2020, there were 91 reported incidents, of which there were no lost time claims and four health care claims approved. The number of reported incidents is below target as a result of pandemic-related circumstances. There are less family and visitors on campus, clients are restricted to their rooms during outbreak and there is more one-to-one care and programming with clients.

Change idea	Methods	Process measure	Target for process measure
Continue to take action to address recommendations from the 2018 Workplace Violence Risk Assessment	All recommendations were categorized as high, medium or low priority. All high priority recommendations were addressed in fiscal year 2019-20. The focus in 2021-22 will be to address recommendations classified as medium priority.	Percentage of medium priority findings with action plans identified	The top ten medium priority items that are appropriate to implement in a COVID-19 environment will have accompanying action plans by Q4 of 2021-22
Conduct a Psychological Safety Assessment for staff	Conduct a Psychological Safety Assessment for staff that is appropriate to undergo in a COVID-19 environment.	Number of hospital inpatient units and ambulatory programs engaged in the psychological safety assessment	All hospital inpatient units and ambulatory care programs will have the opportunity to participate in the Psychological Safety Assessment by Q4
Aligned with efforts to foster a culture of reporting in which workers report all incidents of workplace violence, introduce tools and education regarding psychological safety	A multi-model education / awareness building approach will be utilized. Methods will include electronic and virtual communications with staff as well as possible intranet and Core Curriculum content revisions. Methods will also include increased frequency of review of workplace violence data at the unit level.	Number of hospital inpatient units and ambulatory programs engaged in workplace safety events	All hospital inpatient units and ambulatory care programs will have the opportunity to participate in targeted events and discussions by Q4
Conduct root cause analysis of barriers to reporting incidents of workplace violence through our online reporting system (SERS)	Conduct root cause analysis with stakeholders to understand what barriers may exist and what corrective action may address the barriers.	Date root cause analysis is completed	Root cause analysis completed by Q4

**Theme #5:** Remain an effective and responsive system partner

Indicator	Current Performance	2021-22 Target	Target Justification
Alternate level of care	11.30%	13.97%	The ALC target aligns with expectations outlined in Hospital Service Accountability Agreement.

Change idea	Methods	Process measure	Target for process measure
Facilitate enhanced interdisciplinary review and problem-solving for clients at high risk for challenging or intensive discharge needs	<ul style="list-style-type: none"> <li>Develop an approach to identify clients at high risk for complex discharge</li> <li>Enhanced interdisciplinary review of identified clients with the aim of proactively planning for discharge</li> </ul>	At least three enhanced interdisciplinary team meetings per quarter to review at risk clients	100% across Q1-3

**Theme #5:** Remain an effective and responsive system partner

Indicator	Current Performance	2021-22 Target	Target Justification
Number of clients newly connected to Interprofessional Primary Care via the Baycrest EPICS team, LHIN Complex Transition Coordinators and Community Transitional Team (SPRINT / Sunnybrook Collaboration)	Collaborative Indicator with System Partners  Total # new connections to Interprofessional Primary Care in Q3 2020/21: <b>21</b> Community Transitional Team referrals + <b>23</b> LHIN Complex Transition Coordinator new referrals + <b>150</b> Baycrest EPICS referrals  <b>= 194 TOTAL in Q3 2020/21</b>	≥ 750 new connections to interprofessional primary care in 2021/22	The target of 750 new connections in 2021/22 aims to maintain current volumes of clients during the pandemic. The goal for this year is to understand current unmet client needs, in order to set a growth target for the following fiscal year.

Change idea	Methods	Process measure	Target for process measure
Support primary care clinics with identified interprofessional team needs / gaps that can be met through a relationship with the EPICS team	a) Determine interprofessional team capacity across select NT OHT primary care clinics with the aim level loading team composition (i.e., understand the availability of nurse practitioners, social work, registered dietitians, home care, mental health professionals to fill needs). b) Using data from participating clinics' electronic medical records (EMRs), complete an analysis that will reveal the aggregate level of need for rostered clients.	a) Functional assessment complete b) Roster needs assessment complete	End of Q3
Recruit, develop, and motivate family physicians to provide comprehensive care in the community.	Train family physicians for a focused practice in Care of the Elderly and apply for GP Focused Practice Designations.	Identify one family physician eligible to apply for a GP Focused Practice Designation every 6 months	Two physicians identified by Q4
Provide a seamless experience when accessing primary care, specialized geriatrics, and psychogeriatric outreach care at Baycrest	Continue efforts to integrate three Baycrest outreach programs – the Geriatric Psychiatry Community Service (GPCS), Integrated Community Care Team (ICCT), and the Interprofessional Primary Care Team (IPCT)	Progression from Level 3 (Basic Collaboration Onsite) to Level 5 (Close Collaboration Approaching an Integrated Practice) as defined by the Center for Integrated Health Solutions	End of Q3

**Theme #5:** Remain an effective and responsive system partner

Indicator	Current Performance	2021-22 Target	Target Justification
Number of days clients received high intensity services in their home through NY CARES	N/A (program started in December 2020)	4200 by Q3	<ul style="list-style-type: none"> <li>The maximum number of clients that can be supported with current funding levels is 20. The target is based on carrying a caseload of 20 clients for 80% of fiscal year 2021-22.</li> <li>This target is conditional on continued funding for the North York CARES program into fiscal year 2021-22.</li> </ul>

Change idea	Methods	Process measure	Target for process measure
Ensure the proper client profile when admitting clients to the NY CARES program to ensure safe management at home	Confirm admission criteria and educate referring sources on confirmed admission criteria	Percentage of clients readmitted to hospital for management of their primary condition because they cannot be managed at home	Less than 10% of clients readmitted to hospital between Q1-Q3
Provide clients and their caregivers with access to the Community Paramedic Home Visits program	Include community paramedics in the treatment team and conduct joint visits where appropriate	Number of clients receiving home and virtual visits through the Community Paramedic Home Visits Program	Collecting baseline
Offer clients virtual care and remote monitoring options	Using a senior-friendly approach, clients will be provided with virtual care and remote monitoring options with modalities tailored to the goals of the client	Percentage of clients leveraging remote monitoring options	60% of clients between Q1-Q3

