

Let's Make Healthy  
Change Happen.



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

**Baycrest**

3/13/2019

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 2019-20 Quality Improvement Plan (QIP) with patients, family members and community. This plan describes the key improvements aimed at providing patients an exceptional person and family centred health experience.

This year, the 2018-2023 “Inspired Aging” strategic plan was launched which links every part of the organization to a common set of goals and guided by shared values and a new vision for the future. This five year strategic plan reflects the understanding that what makes Baycrest extraordinary for patients, residents, employees, students and volunteers is the spectrum of excellent health care services, best-in-class education and research programs, the culture of innovation and strategic partnerships.

The 2019-2020 Quality Improvement Plan is directly connected with the strategic plan as it describes the key improvements required to provide an exceptional person and family centred health care experience and to integrate innovative health care delivery models for older adults and their families. As we do each year, annual improvement priorities are selected considering several important factors including:

- Feedback from patients and families through client experience surveys;
- Themes from the client relations office;
- Safety priorities identified through safety reporting, care reviews, critical incidents and risk analysis;
- Staff safety priorities identified through safety culture and employee engagement surveys;
- Geriatric best practices;
- Provincial requirements including HSA;A;
- Local Health Integration Network priorities;
- Accreditation Canada required organizational practices and standards.

The improvement themes for this year reflect the priorities for Baycrest Health Sciences as well as priorities that impact the broader health care system. This Quality Improvement Plan is one mechanism to capture top improvement priorities and monitor performance.

The improvement goals on the Baycrest hospital 2019-2020 Quality Improvement Plan include:

1. Improve the patient experience. As we partner with our patients and families in their care, it is our goal to ensure patients always feel that they are involved as much as they want to be in decisions about their care and treatment.
2. Deliver safe care. We will continue improvement efforts to reduce hospital acquired pressure injuries for complex continuing care patients.
3. Deliver effective care for patients who may benefit from palliative 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, and for their families and caregivers too. Over the next year, early identification of patients who may benefit from a palliative approach to care, will be initiated and from that a comprehensive palliative assessment will be completed.
4. Improve staff safety. By providing a respectful and safe environment for everyone who works, volunteers, learns, and receives care here, we remain committed to a workplace free of violence.
5. Ensure timely and efficient transitions of care. When a patient leaves the hospital, it is critically important that their primary care provider receive the discharge information in a timely way. Continued work on improving the timeliness of discharge summaries for patients being discharged from our rehabilitation program is planned.
6. Provide patients with access to the right level of care. When a patient is occupying a hospital bed and does not require the intensity of resources or services provided, the patient is designated as requiring an alternate level of care (ALC). This issue is province and system wide, monitoring and improving our approach with ALC will continue as part of the 2019-2020 improvement plan.

7. Improve and centralize access to ambulatory care services. Through outpatient clinics and mobile, virtual, and home-visiting clinicians, Baycrest provides specialized, interdisciplinary, team-based ambulatory care, which offers patients a care environment that meets their functional, cognitive, and social needs. Our goal is to provide these services to more clients who need these specialized services.
8. Ensure all high risk ambulatory care clients have a coordinated care plan and ongoing care coordination. Together with the provider, the plan will be developed with the client, caregiver and/or their substitute decision maker.

### **Describe your organization's greatest QI achievement from the past year**

During 2018-2019, the hospital quality improvement focus was on patient experience including admission and discharge, alternate level of care (ALC), pressure injury rates, and workplace violence. Significant achievements in the area of quality relate to activation of work that will contribute to improving the patient and family experience. During 2018-2019 the Hospital established interprofessional teams that include operations and clinical leadership, patient and family representatives and point of care staff to champion improvement efforts focused on a variety of priority areas including fall and pressure injury prevention and treatment; patient experience; transitions in care; medication safety, among others. More than 70 people have been engaged and participating in this work, with upward of 1,400 hours already devoted to developing improvement plans to address current gaps.

For the first time over three fiscal years, within this past year the ALC rate was within target. Continued diligent work by the Baycrest interdisciplinary team, the LHIN Home and Community Care, and partner organizations has been ongoing. Continued collaboration is required to optimize the ALC rate at Baycrest and improve access for people to the appropriate care setting. The pressure injury prevention and treatment improvement initiative has included patient and family partners and extensive point of care staff engagement and leadership. This approach which is being spread beyond the initial pilot Complex Continuing Care has yielded positive results in pressure injury incidence. In our improvement efforts related to patient experience on admission, patients continue to answer favourably on the experience survey when asked about getting all the information that they needed on admission, as continued refinement and standardization of content and processes, based on patient feedback is planned.

Another success has been our work on improving the timeliness of discharge summaries sent from our high tolerance rehabilitation program to community care providers. In less than a year, working closely with physicians, health records and the interdisciplinary team, we successfully doubled the percent of discharge summaries sent within 48 hours. Recognizing the importance for safe and effective transitions, this work involved rapid tests of change including audit and feedback, process interventions as well as system enhancements. Over the next year, we aim to continue making improvements in this area and spread the successes to the slow stream rehabilitation unit.

Over the course of this past year, Ambulatory clinical services have also undertaken various quality improvement activities. One area of focus has been the introduction of Health Links, the integrated client-centered approach to ensure that patients with complex needs have a Coordinated Care Plan (CCP) and ongoing care coordination. This year, the team implemented a screening process to ensure we were offering our clients with complex needs the opportunity to receive a coordinated care plan. In this inaugural year we were able to build the processes and implement the screening in a few of our ambulatory areas.

As we embark on partnering and supporting our community partners through our newly funded Interprofessional Primary Care Outreach Teams we are focusing on this complex, high risk geriatric population and will build on the work from the 2018/19 QIP to ensure that all our ambulatory clients have their self-identified needs addressed through a coordinated and seamless care plan.

## Patient/client/resident partnering and relations

Listening to patients and families and partnering with them on issues that matter to them, enables Baycrest to provide an exceptional patient and family centred health experience. One important way in which voices of our patients and families is incorporated is by analyzing our patient experience survey results. This is one mechanism we use to understand our patients' perspectives about the care they receive at Baycrest. This feedback and trends identified are reviewed on a quarterly basis at the unit level and at hospital leadership committees to further enhance integration of quality and safety initiatives within hospital programs.

One of our accomplishments over the past year is the development of a Hospital Carer Survey. 'Carer' is a term used to refer to a family, friend, caregiver, support person, or Substitute Decision Maker. Requesting feedback from carers creates both the opportunity to listen and the commitment to improve the client and carer experience. With input from carers, the survey was designed to capture the voices and experiences of patients with cognitive and/or physical impairment, who are unable to participate in traditional surveys. Integration of quality content is integral to the patient and family experience and core to the Baycrest Strategic Plan 2018-2023. Ongoing engagement with patients and family representatives on ten quality improvement working groups is underway. These members are being engaged as change ideas are explored and are participating to implement and evaluate incremental changes. As an organization we are committed to listening to our patient and family voices that are true guideposts for action and markers for progress in the years ahead.

Within the Ambulatory services portfolio, a patient and family representative has been engaged at all levels of planning and co-design for the clinical service improvements, such as the Central Intake Steering Committee, improvement workshops and on each of the three working groups, for example. Through deliberate community engagement the Interprofessional Primary Care Team is being co-designed with local citizens who may also become patients (town hall meetings have been conducted in condo buildings and at new immigrant settlement agencies). Patient and family feedback is continuously sought through interviews, focus groups and surveys.

Client and Families have helped steer Ambulatory service throughout the year, in big and small ways, each of which have been instrumental in providing meaningful experiences. From helping to choose the carpeting in our memory clinic, to providing feedback on our print materials such as our new Lumbar Puncture brochure, to responding to surveys on our services in mental health, we value their feedback and help shape our work.

## Workplace Violence Prevention

In 2018, Baycrest embarked on a new strategic plan, where our mission includes delivering a highly personalized and comprehensive approach to wellness promotion and health care because of the dedication and talent of our staff and our passionate commitment to education, research, innovation and quality improvement.

One of our strategic goals is to provide exceptional, person and family-centered residential and health care experience; we believe that a high quality employee experience is an enabler of this. Our employee experience includes making employee safety a strategic priority and is foundational. Baycrest is committed to providing a safe environment for all staff, volunteers and physicians. Workplace violence prevention has been a key priority within Baycrest's overall health and safety management system for a long period preceding the advent of Bill 168 in 2010. A relentless focus on this priority at the highest level of our senior management is critically important to our overall safety culture.

At Baycrest, we believe it is essential to continue to build a culture that supports reporting of all the incidents by all staff, this including near miss, no harm, first aid, medical aid and critical injury. Due to the nature of our work, the risk of violence will always exist, however increasing reporting will build our systems and processes that will help us to prevent severe incidents from occurring. We monitor people-related key performance indicators, including lost time injuries as related to Workplace Safety Insurance Board.

Our change ideas intend to balance our need to support the culture of reporting while at the same time aim to ensure we reduce the risk/severity of any workplace violence incident by enabling prevention. This year, our goal is to increase reporting of incidents by 5%; should we surpass this goal, this will be viewed as a success in our culture of reporting.

It is important for Baycrest to understand the key issues and opportunities to improve workplace violence prevention. Baycrest continues to invest in conducting a Workplace Violence Risk Assessment once every 3 years. In 2018, the Public Services Health and Safety Association partnered with Baycrest to complete this risk assessment. The scope of the report included all of Baycrest's facilities and it benchmarked our performance on workplace violence against the Occupational Health and Safety Act and relevant best practices in Healthcare and across other industries. The recommendations arising from the Risk Assessment will be a priority for Baycrest in 2019/20 and used to develop a three year workplace violence prevention action plan. In 2019, Baycrest will embark further our journey of workplace violence prevention by conducting a psychological safety survey of our staff.

In order to monitor our progress with respect to workplace violence, the Joint Occupational Health and Safety Committee receives reporting of workplace violence reported events that can be monitored and reviewed to support continuous learning for the organization to improve performance.

## 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 that a balanced approach to performance that adequately reflects the organizations values, strategic priorities and annual objectives. In accordance with the requirements of the Excellent Care for All Act, 2010, compensation of the executive's team goals are linked to achieving improved performance on selected QIP outcome measures and achievement of improved performance on the majority of measures.

Specifically, these indicators include:

1. % of patients who respond they are always involved as much as you want to be in decisions about your care and treatment
2. ALC rate
3. Pressure injury incidence rate
4. % of hospitalizations where patients with a progressive, life threatening illness have their palliative care needs identified early through a comprehensive and holistic assessment
5. % of discharge summaries sent from hospital to community care providers within 48 hours of discharge from the hospital
6. # of workplace violence incidents
7. # of new patients accessing Ambulatory care services
8. % of referrals assigned to the appropriate program within 3 business days
9. # of patients who are offered a new coordinated care plan developed through the Health Links approach to care

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

- President & CEO
- VP Medical Services & Chief of Staff
- VP Research & Sandra Rotman Chair in Cognitive Neuroscience
- VP Education & Director, Centre for Education
- EVP Residential & Community Programs
- EVP Corporate Services & Chief Human Resources Officer
- VP Innovation & Chief Technology Officer and Interim Director CABHI
- VP Finance & Chief Financial Officer
- VP Clinical Programs & Corporate Performance
- 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.

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