

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



London Health
Sciences Centre



Children's Hospital
London Health Sciences Centre

3/31/2023

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

London Health Sciences Centre (LHSC) is one of Canada's largest research-intensive acute care teaching centres, providing care to our region and the province. LHSC is a tertiary and quaternary hospital that provides advanced levels of care for Southwest Ontario including rare disease management to groundbreaking therapies and procedures. LHSC provides exemplary patient experiences, discovers and translates research breakthroughs, and educates tomorrow's health-care professionals. We are the second largest hospital in Ontario boasting over 15,000 employees, physicians, and volunteers. Fully affiliated with Western University, we expertly train over 4,000 learners annually and commit to the creation of future providers with an intimate understanding of Quality and Safety.

Over the past year, LHSC has maintained a focus on quality, safety and accountability, while still addressing the global pandemic, higher incidence of Respiratory Syncytial Virus (RSV) and Influenza in our children and adults, experiencing overall higher volumes due to sicker and more complex patients and ongoing staffing challenges. While these challenges are shared with our peers provincially, the innovation, resiliency, and achievements accomplished over the last year would not have been possible without our many health-system partners and the support of our community.

In February 2023 LHSC underwent a successful accreditation survey, achieving exemplary status and submitting 40 leading practices, demonstrating our strengthened commitment to innovation and quality improvement. Looking forward to the 2023/24 Quality Improvement Plan, we are laser focused on providing exemplary care while we continue to recover from the COVID-19 pandemic.



The following Quality Improvement Plan indicators will be our focus in the coming year:

1. Length of Emergency Department Wait for an Inpatient Bed
2. Time to Physician Initial Assessment in the Emergency Department
3. Surgical wait times for lower priority surgeries (not life saving)
4. Patient Experience Survey Question – Involved as much as you wanted to be in decisions about your care and treatment
5. Discharge Summaries Within 48 hours
6. Overall Incidents of Workplace Violence

Team LHSC continues to exceed care expectations in the changing health-care landscape without compromising our commitment to safety for all patients while advancing research and training future providers. We are actively refreshing our strategic plan and well underway in the development of our Master Plan which will shape health care for Southwestern Ontario for decades to come. With the establishment of the new office of Quality, Risk and Patient Safety, and into our third year of the Centre for Quality Innovation and Safety (CQUINS) we will continue to:

- i. deepen our focus on quality improvement integration in all that we do;
- ii. improve our patient experience for those receiving care and;
- iii. train our workforce in Quality Improvement for system and cultural change.

As our change ideas are implemented this fiscal year to drive our priorities forward, we commit to reviewing and adjusting our path forward to achieve our targets.

How LHSC deepens Quality Improvement through the Centre for Quality, Innovation, and Safety (CQUINS)

Dr. Alan Gob's passion for quality improvement (QI) is rooted in his own journey of self-improvement. "I'm a bit disorganized and absent-minded by nature, so I need to create systems for myself to function effectively," explained Dr. Gob, a Hematologist at LHSC. "That really overlapped well with the concepts of quality improvement and setting up systems that are effective and safe. It was a natural fit for me to pursue quality improvement as a career."



Dr. Gob, who is also the Clinical and Education Lead at the Centre for Quality, Innovation, and Safety (CQUINS) – a partnership between LHSC, St. Joseph's Health Care London and Western University's Schulich School of Medicine & Dentistry – has channeled that enthusiasm to develop innovative methods of curriculum delivery that are changing the way Quality Improvement principles are taught to residents.

Typically, to teach quality improvement methods to a group of people, a large amount of human and technology resources are required, including teams of specialized quality improvement experts to act as coaches. Recognizing a gap between this ideal and the constraints of real-world resources, Dr. Gob set out to establish a teaching curriculum that would allow quality improvement programming to be taught at scale with minimal resources.

Patient/client/resident engagement and partnering

Patient and Family Partners are individuals who have had an experience (generally within the past three years) of being a patient or care partner of a patient at LHSC and work in partnership with the hospital to offer their perspective and integrate the patient voice across a wide range of hospital initiatives, programs, services, and policies. At LHSC and Children's Hospital, there are the following established Councils:

- Patient Experience Advisory Council (PEAC)
- Renal Patient and Family Advisory Council
- London Regional Cancer Program Patient and Family Advisory Council
- Family Advisory Council (FAC)
- Child & Youth Advisory Council (CYAC)

Our Patient Partners are integral to LHSC in all of our initiatives, planning and commitments to ensure we understand what matters most to our community. Our interactions with them follow the Health Quality Ontario framework which allows for a scaled and purposeful approach to partnership.



SHARE



CONSULT



DELIBERATE



COLLABORATE

At LHSC we have 71 active Patient and Family Partners who continuously provide support in various ways.



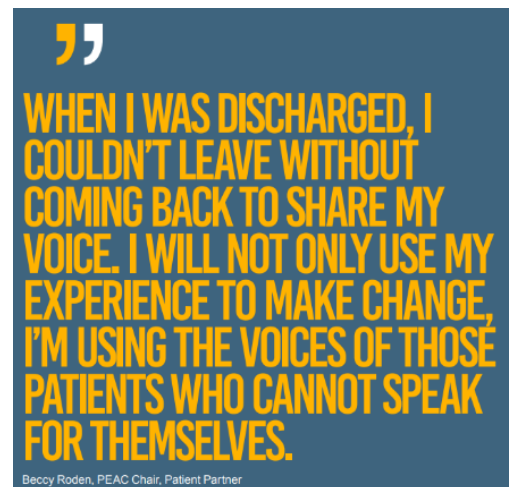
Patient and Family Partners at LHSC
and Children's Hospital (current)



Patient and Family Partnership
requests in FY 2021/22 & FY 2022/23

During the Quality Improvement Plan development process, we engaged our Patient Partners for indicator selection and target setting. The engagement was across our Patient Experience Advisory Council (PEAC), the Quality and Culture Committee where patient partners are part of the board sub-committee, as well as individual consultation.

The perspectives of our Patient and Family Partners are integral to our process and achieving success in our outcomes.



HEAR FROM SOME OF OUR PARTNERS

"As a Patient Partner, it allows me to use my voice along with the other members so that we are not just one voice but a collective of patient voices that want to assist our Health Care Centre to be the best in the Province and we do this with our voices. The voices are part of the ongoing quality improvement care and service that many customers of the system do not see but will experience That is why I am here."

Kirk, Patient Partner

"As a Patient Partner I have come to appreciate the value of partnership... This has been a very rewarding experience for me. I have learned so much and after undergoing cancer treatment myself, it is a pleasure to give back."

Diana, Patient Partner

"I love all the variety of projects I get to participate in as a Patient and Family Partner. It's awesome!"

Maggie, Patient Partner

Provider experience

Recognizing the unique needs of health care workers, LHSC's Where Wellness Works Team has developed a comprehensive multi-year **Wellness and Mental Health Action Plan**. This plan is aligned to the Excellence Canada Healthy Workplace Standard and includes a mental health action plan to support both individuals and teams as well as targeted interventions for leader wellness and engagement. This program was acknowledged during our Accreditation visit as a value-added program that demonstrates commitment to the wellbeing of LHSC's workforce.

Two Leader **Wellness Certificate Programs** focusing on the six pillars of wellness, personal and team resiliency, occupational stress injury education, and psychological health and safety in the workplace were created.

We continue to grow our **Wellness Champion Network** to further embed wellness at unit and program levels. There are now more than 120 wellness champions at LHSC.



The Wellness Team uses the **C-A-R-E Framework** throughout its programming and services to bring continuity to how we care for and support our people. The C-A-R-E acronym represents how people are **C**oping with stress, **R**emaining **A**ccountable to their self-care, **R**esilient, and being mindful of their **E**mootional wellbeing.



An integral part of our Wellness Program is our **Staff Support Program** which provides 24/7 pager coverage, 365 days a year for staff, physicians, learners and affiliates who need in-the-moment emotional support and referrals to resources. Additional training has been provided to all members of this on-call response team in supporting individuals in crisis and in suicide prevention and education.

Recognizing the positive impacts of physical activity, two newly renovated **Fitness & Wellness Centres** have been opened that allow for 24/7 access so people can exercise, stretch, pause and reflect while at work, before or after their shifts or on days off. We provide access to cardio equipment and weight machines as well as scheduled group fitness classes.

Workplace Violence Prevention

We are committed to reducing the risk of workplace violence as LHSC while encouraging an open reporting culture. All-staff training continues to be ongoing, comprised of a two-day course focused on health and safety awareness and legislative requirements under the Occupational Health and Safety Act, and more. The Joint Health and Safety Committee (JHSC) monitors trends at the organization and a workplace violence sub-committee also

focuses on risk reduction. Specific workplace violence training has been prioritized for the organization and is a requirement of all LHSC staff.

Patient safety

In April 2022 we introduced our new four-year **Patient Safety Plan**, 2022-2026. This Plan represents a new direction and a significant shift in patient safety culture throughout the organization. The Plan sets the organization on a path where we part from a reactive culture of patient safety and move towards a more proactive and resilient system of patient safety management.

Year one of the plan was seen as foundational and set the stage for this cultural shift. The development of the Plan, and its fundamental theme of shifting from a Safety 1 culture (reactive) towards a Safety 2 culture (proactive), was informed by current literature, an environmental scan, and internal data such as the results of the 2020 Patient Safety Culture Survey. Extensive stakeholder consultation took place, which included feedback from LHSC's Patient Experience Advisory Committee.



The Plan is founded on three foundational principles: Just Culture, Patient and Family Partnerships, and Health Equity.

LHSC's 2022-2026 Patient Safety Plan focuses on 6 Priority Areas:

- Teamwork and Communication
- Continuous Learning and Improvement
- Building Reliability
- Leadership
- Psychological Safety and Resilience Engineering
- Responding to Safety Events

The progress of the Patient Safety Plan is reported on a quarterly basis, and action items are determined on a yearly basis.

The **Patient Safety Plan** is available to the public:

<https://www.lhsc.on.ca/accountability/patient-safety-plan>

Health equity

LHSC introduces the inaugural Office of Inclusion and Social Accountability

On September 2, 2022, LHSC established the inaugural Office of Inclusion and Social Accountability, dedicated to addressing health inequities and advancing the health and well-being of all people.

Two teams have been established with a focus on Indigenous People and other equity-deserving communities. To effect hospital-level change, the Office is committed to fostering meaningful partnerships with local communities, advancing anti-oppressive practices, and working towards creating an inclusive environment.



Acting on LHSC's commitment to Truth and Reconciliation

In November 2022, the Indigenous Health Team participated in a local First Nation Community Health Fair. LHSC Employee Services joined the Indigenous Health Team at this event to showcase employment opportunities at LHSC and encourage the recruitment of Indigenous candidates (Truth and Reconciliation Call to Action #23.i.). The Office is currently working in partnership with Employee Services to actively recruit Indigenous people at LHSC.

San'yas Indigenous Cultural Safety training has been a requirement for all administrative, clinical, and medical leaders within LHSC since 2016. The multi-week course provides LHSC leaders an introduction to learn about some of the health inequities and stigmas that Indigenous people continue to face (Truth and Reconciliation Call to Action #23.iii).

Advancing inclusive care for patients who are gender diverse

The Office of Inclusion and Social Accountability partnered with the Electronic Health Record provider, One Chart, to modernize documentation practices regarding a patient's gender identity or expression and sex characteristics. This was undertaken as part of our continued efforts to provide a more inclusive, accessible, and culturally safe health care environment.



These changes were reflected in the patient's arm band, prescriptions, and organizational correspondence. Learning opportunities for staff and physicians were developed through a Pride Learning and UnLearning Series to support these changes in practice.

Executive Compensation

The Excellent Care for All Act (ECFAA) requires that executive compensation is applicable to all designated executives reporting directly to the Chief Executive Officer, as well as the Chief Executive Officer. Identified pay-at-risk is linked to the achievement of performance improvement targets identified in the plan and there are no mandated minimum number of measures to be linked to compensation. The Act mandates that hospital Quality Improvement Plans (QIPs) must include information about the manner and extent to which executive compensation is linked to the achievement of Quality Improvement Plan targets.

The proposed compensation plan for the Quality Improvement Plan is for 5% of the President and CEO's annual salary to be directly based on the organization's ability to meet or exceed the target as outlined for the five compensation-based indicators. **Each indicator will be weighted equally, with 'pay-out' only occurring if the target is achieved.** There is no performance corridor of achievement or scaled approach to compensation (Table 1). If the target is not met, the percentage allocated to the indicator as part of 'pay at risk' payment will not be paid. For the remaining executive staff, 3% of their annual salary will be at risk with the same method applied for 'pay at risk'.

Pay at Risk allocation to the President & CEO and all executives impacted by the Excellent Care for All Act (ECFAA). Outlined below are the indicators linked to executive compensation, the target that must be achieved and the percentage of 'pay at risk' allocated to each indicator.

Compensation, as it relates to the 5 listed indicators will be awarded as follows:

Length of Emergency Department Wait for an Inpatient Bed

- Greater than 24 hours = No award (CEO 0%, Executive Staff 0%)
- Less than or equal to 24 hours = Full award (CEO 1%, Executive Staff 0.6%)

Time to Physician Initial Assessment in the Emergency Department

- Greater than 6 hours = No award (CEO 0%, Executive Staff 0%)
- Less than or equal to 6 hours = Full award (CEO 1%, Executive Staff 0.6%)

Surgical wait times for lower priority surgeries (not life saving)

- Greater than or equal to 71% = Full award (CEO 1%, Executive Staff 0.6%)
- Less than 71% = No award (CEO 0%, Executive Staff 0%)

Patient Experience Survey Question – Involved as much as you wanted to be in decisions about your care and treatment

- Greater than or equal to 65% = Full award (CEO 1%, Executive Staff 0.6%)
- Less than 65% = No award (CEO 0%, Executive Staff 0.6%)

Discharge Summaries Within 48 hours

- Greater than or equal to 80% = Full award (CEO 1%, Executive Staff 0.6%)
- Less than 80% = No award (CEO 0%, Executive Staff 0%)

Contact Information

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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

Ms. Phyllis Retty
Chair, Board of Directors

Mr. Stephen Smith
Chair, Quality and Culture Committee

Dr. Jackie Schleifer Taylor
President and CEO