

Let's Make Healthy
Change Happen.



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



London Health Sciences Centre

3/8/2021

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

London Health Sciences Centre (LHSC) provides exemplary patient experiences (especially for those with complex or specialized health care needs), discovers and translates scientific breakthroughs and educates tomorrow's health care professionals. We are driven by a spirit of collaboration, not only with health care partners across southwestern Ontario (including our system hospital system, St. Joseph's) but with education partners such as Western University and research organizations, like Lawson Health Research Institute.

Over the past year, in the face of the COVID-19 pandemic, we have maintained a focus on quality, safety and accountability, despite the extreme pressures imposed by the public health emergency. This has required us to adapt to increased pressures and innovate quickly and effectively to deliver care in new ways. The result has been a rapid expansion of our capabilities in virtual care and a demonstration of our agility in devising and implementing solutions to respond to the pandemic.

While the pandemic has impacted the progress of our improvement strategies, we are committing to resuming and/or revising those initiatives that were paused in order to effectively attend to pandemic-driven needs. The following QIP indicators will remain our focus in the coming year:

1. Length of wait in ED at 90th percentile
2. Overall incidents of workplace violence
3. Discharge summaries available to primary care providers within 48 hours of discharge
4. Never events and falls with significant injury
5. Wellness of our people

This past year has been a year like no other in our history. Through it all, our people have risen to new challenges and overcome significant challenges, all while maintaining our commitment to safely care for our patients, advance research and deliver education opportunities. We are confident that we will achieve significant QIP results as we emerge from the present public health emergency.



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

There have been numerous quality improvement achievements from the past year at LHSC. As a team, LHSC has been able to face whatever came from the pandemic and adjust accordingly in the spirit of continuous quality improvement to continue to provide high quality care to **all** of our patients.

Pandemic Response

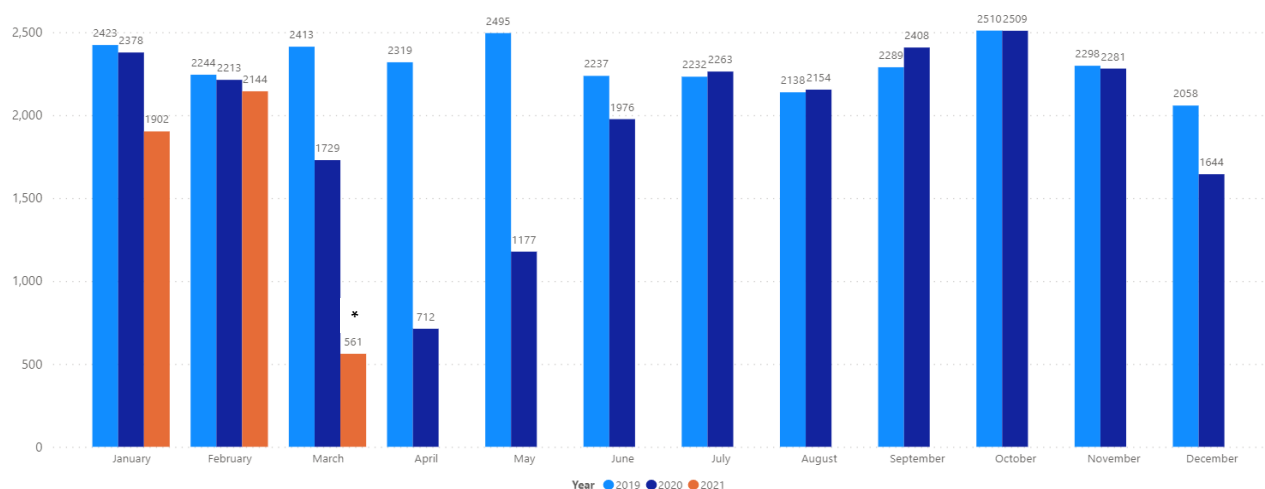
In short order, LHSC was able to move into various cascading pandemic response teams to ensure that as new information became available, it was reviewed and clinical or operational changes were made quickly (sometimes within hours). LHSC committed to continuous improvement of the changes, taking feedback from our frontline staff and providers as to how we could improve. Multiple new channels of communication were set up including a prominent COVID-19 website (as the “single source of truth” amongst many conflicting messages in the media), cascading teams throughout the hospital reporting to one central pandemic team, multiple daily calls to keep leaders informed as well as frequent virtual huddles inviting all frontline staff and providers to address “hot topics” and concerns. After Wave 1, LHSC launched a formal feedback process from all staff and providers and was able to use the “lessons learned” to improve our pandemic response in Wave 2.

High Quality Care Continued

Early in the pandemic response, providers became increasingly worried about the focus on COVID-19 care and the potential lack of space, equipment, staffing and overall resources for non-COVID-19 patients. The Pandemic Response teams began to consider how they could continue to maintain capacity for COVID-19

LHSC Surgical Cases* (Year to Year, Month to Month Comparison)

**Data from March 2021 is incomplete and only includes up to March 11th, 2021.*



patients, while also ensuring quality and safe care for the community requiring services. Scheduled surgical volumes slowed down immediately at the start of Wave 1 of the pandemic to create capacity for COVID-19 patients, but as soon as able to, LHSC ramped up these services. The graph above shows the surgical cases

in a year over year and month by month comparison. In the ramp up, LHSC Surgery continued to meet or exceed the prior year case count in attempt to make up for the time lost earlier in the year and in an effort to improve patient wait times.

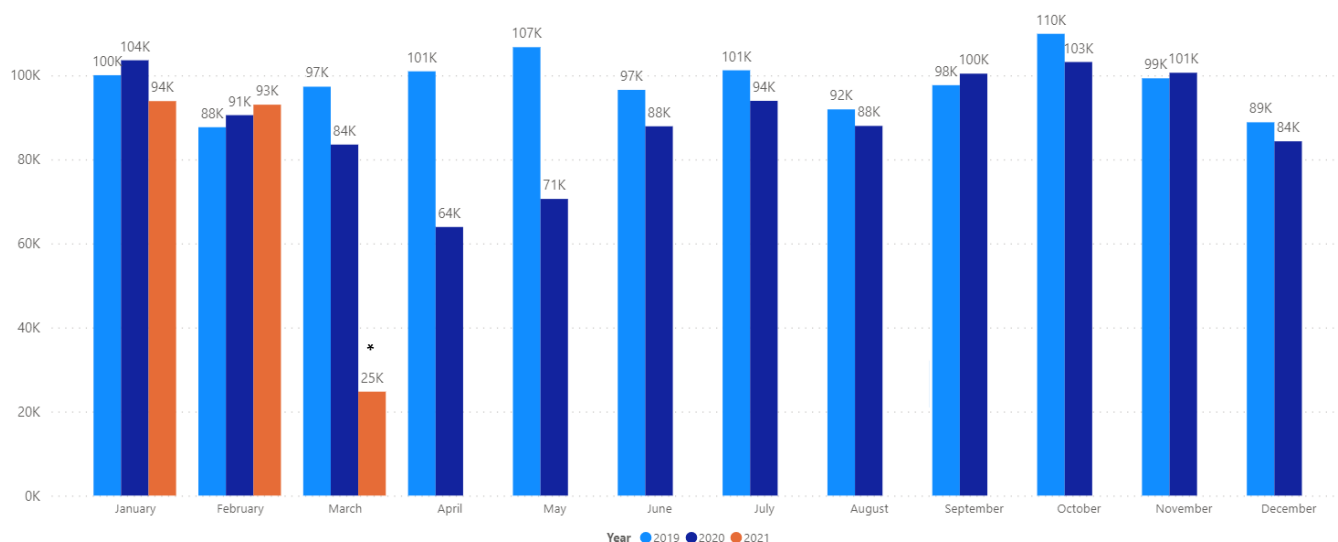
LHSC is very proud of the surgical services maintained as noted above. Below is a chart showing LHSC total surgical cases in the operating rooms compared to peers noting overall less reduced services at LHSC compared to others that have reported their data Data Source Integrated Decision Support.

	Inpatient Acute Cases			Day Care Cases			Total Cases		
	F1920Q2	F2021Q2	Variance	F1920Q2	F2021Q2	Variance	F1920Q2	F2021Q2	Variance
0936 - LONDON HEALTH SCIENCES CENTRE	8560	7534	-12%	5045	2796	-45%	13605.0	10330.0	-24%
0674 - ST. JOSEPH'S HEALTH CARE SYSTEM-HA	2865	2162	-25%	7541	4384	-42%	10406.0	6546.0	-37%
0714 - ST JOSEPH'S HEALTH CARE, LONDON	846	473	-44%	4633	2928	-37%	5479.0	3401.0	-38%
0942 - HAMILTON HEALTH SCIENCES CORPOR.	6854	5386	-21%	5796	3563	-39%	12650.0	8949.0	-29%
0947 - UNIVERSITY HEALTH NETWORK	7881	5566	-29%	4325	2771	-36%	12206.0	8337.0	-32%
0953 - SUNNYBROOK HEALTH SCIENCES CENT	5830	4345	-25%	2648	1592	-40%	8478.0	5937.0	-30%
0959 - HEALTH SCIENCES NORTH/HORIZON SA	3501	2740	-22%	4448	2527	-43%	7949	5267	-34%
0976 - SINAI HEALTH SYSTEM	2744	1804	-34%	1109	708	-36%	3853	2512	-35%
0980 - UNITY HEALTH TORONTO	6257	4616	-26%	7764	4041	-48%	14021	8657	-38%

Normal ambulatory volumes were also reduced at the start of the pandemic to decrease traffic of patients and visitors in the hospital as most visits were being done in person at the hospital. LHSC had to redeploy staff, and close off or repurpose ambulatory space and equipment in early 2020, but quickly ramped these services when able to safely do so always keeping an eye on overall traffic of staff, providers patients, families and visitors within the hospital walls.

LHSC Ambulatory Care Visits*
(Year to Year, Month to Month Comparison; includes Virtual Visits)

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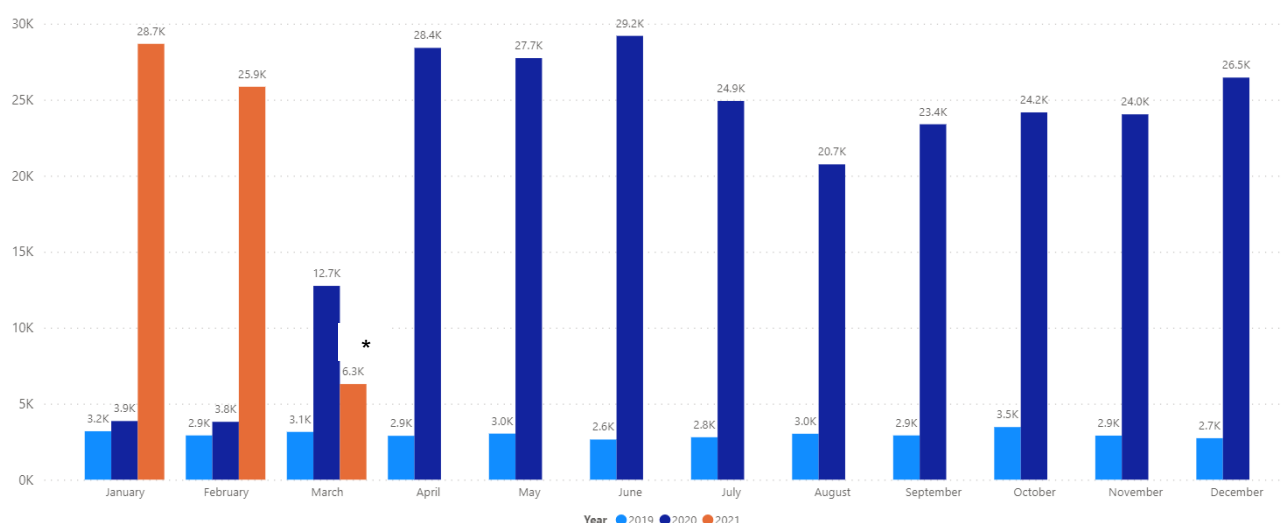


Virtual Care

Throughout the COVID-19 pandemic, many LHSC providers and clinics quickly adopted or increased their use of video conferencing and the Ontario Telemedicine Network (OTN) to connect virtually with patients and their families. This allowed for continuity of care despite being in a national and provincial lockdown. Virtual care appointments at LHSC grew to a high of 7,000 a week, which was an increase of almost 900% since the beginning of the pandemic (see graph below). Many compliments have been received by patients, caregivers and providers on the expansion of care made possible with virtual care innovations. The rapid adoption of virtual care demonstrates LHSC's commitment to continuing to provide care despite pandemic obstacles and demonstrates achievement of elements of the quadruple aim for an effective health system, namely, improving the patient and caregiver experience and improving the work life of providers.

LHSC Virtual Care Appointments* (Year to Year, Month to Month Comparison)

**Data from March 2021 is incomplete and only includes up to March 11th, 2021.*



New Virtual Clinic for COVID-19 Patients

To better support those who have been diagnosed with COVID-19, six physicians at LHSC developed a new care pathway to identify, triage, monitor, and manage the potential complications of the disease through a new virtual clinic. The LHSC Urgent COVID-19 Care Clinic cares for patients referred from the Middlesex-London Health Unit, Emergency Department, and family practitioners, as well as patients discharged from inpatient services.

The virtual clinic operates as a continuous quality improvement initiative. The team conducts multiple plan-do-study-act (PDSA) cycles to ensure the processes are as efficient and easy as possible for patients, while still producing meaningful data needed by the physician team to inform an appropriate care.



Dr. Marko Mrkobrada shows an example of an oximeter that is sent to high risk patients to help them self-monitor their oxygen levels.

Children's Hospital Virtual Emergency Clinic

As COVID-19 began to appear in Ontario, and the government directed hospitals to ramp down outpatient and non-emergency procedures, providers and staff in LHSC's Children's Hospital Emergency Department noticed a concerning trend - patient visits were beginning to decline.



"COVID-19 is encouraging us as health-care providers to find innovative ways to treat our patients." Dr. Rod Lim, Medical Director, Paediatric Emergency Department at the Children's Hospital.

The issue was not that children did not need to be seen, it was that they and their parents/caregivers were hesitant to visit the Emergency Department.

In response to the hesitation families may have had in attending the hospital in person, the Children's Hospital developed a virtual emergency clinic for those concerned that their child may require emergency care.

The virtual clinic does not replace in-person visits to a primary care physician or the Emergency Department; rather, it provides a way for families to reach out for care if they may be hesitant to visit the hospital because of COVID-19.

Additional Noteworthy QI Initiatives

A few years ago, LHSC embarked on a new way to drive quality improvement throughout the hospital and has continued on this journey in the past year despite the pandemic. Entitled “The Continuous Improvement of Care (CIC)”, this initiative is an evidence-based framework enabling LHSC to design, perform and continuously improve the health-care services we provide. CIC is comprised of four components (Daily Management System, Executive Management System, Continuous Improvement Team & Capability Building, and Improvement Initiatives):



The four components of the Continuous Improvement of Care (CIC) initiative.

The Executive Management System defines 'True North' (a small set of measures that give us a clear picture of our organizational well-being over time) and provides LHSC an overarching set of organizational goals for teams to focus improvement efforts.

The Daily Management System provides the structures, processes, standards and opportunities to engage and empower staff and physicians in daily problem solving and making improvements connecting their work to True North (LHSC's overarching organizational goals).

Continuous Improvement Team & Capability Building is an internal team that designs and builds the resources to sustain the transformation and empower staff.

The Improvement Initiatives will provide a standard approach to large projects using data driven processes that ensures solutions are sustainable.

The third cohort of teams receiving Daily Management System training was completed during the past year amid pandemic restrictions. This cohort included the Women's Care portfolio and the Patient Access and Flow department. Components of the Executive Management System were also launched within the year including Strategic Initiatives, Breakthrough Objectives and Corporate Project standard work, as well as Service Plans on a Page and Status Exchange training for leaders. Post Wave 1 of the pandemic, all leaders reassessed their quality improvement initiatives to ensure that the COVID-19 response was taken into consideration and the capacity existed to move forward.

LHSC was successful in maintaining the momentum of the CIC work despite COVID-19 restrictions by innovating to develop and deliver training and support teams in a virtual environment. The environment also served to demonstrate how CIC structures and behaviors can be fundamental to supporting teams through extraordinary pandemic circumstances. Staff and physicians continue to be the drivers of this change to improve their daily practices and the experience of patients and families.

Work will continue until all areas of the organization have been engaged and supported on this journey. It is expected to take up to five years to complete the roll out of the Daily Management System across the organization.



Sub-Acute Medicine Unit (SAMU) team members at Victoria Hospital engaged in daily huddle. Photo taken before the COVID-19 Pandemic.

Collaboration and Integration

The arrival of the COVID-19 pandemic led to tremendous collaboration across the health system like never before. The need to innovate rapidly and share resources required strong collaboration among government, hospitals, public health units, and community organizations to keep patients and communities safe.

Increasing Critical Care Capacity

LHSC was able to rapidly increase critical care capacity early in 2020 from 69 to 184 beds to be ready for increased critical care provision internally, regionally and provincially. Never before had the whole hospital and external partners come together as quickly as they did to find equipment, plan space changes and train staff to be ready to provide critical care. The Biomedical Engineering team, Infection Prevention and Control, People and Culture, Information Technology, Decision Support, Patient Access and Flow, Professional Practice, Surgical Care, Medicine, Sodexo, Security, Healthcare Materials Management System (HMMS) team and many more within LHSC came together to make this happen. LHSC also invested in new equipment purchases where possible and deployed equipment as fast as it was received. Partners in the community such as Western University's Arthur Labatt Family School of Nursing and School of Physical Therapy loaned the hospital 24 beds. Additionally, Fanshawe College loaned ventilators and General Dynamics Land Systems-Canada donated ventilators. By rapidly increasing critical care capacity LHSC was able to provide high quality care and continue to focus on achieving the quadruple aim through better outcomes for patients, improved clinician experience, improved patient experience and optimizing system resources.

Creating the London Field Hospital

To prepare for an influx in COVID-19 patients, London Health Sciences Centre (LHSC) worked with the City of London and Western Fair District Agriplex to create a Field Hospital. Discussions began mid-March 2020 and within three weeks, the field hospital went from being a concept to reality and ready to help manage the response to COVID-19.

Within LHSC, the Facilities Management and Information Technology Services teams worked together and reached out to other departments, such as Diagnostic Imaging, Linen Services, Security and Pharmacy, as well as clinical teams to make everything operational very quickly.



Through collaborative efforts, the field hospital manifested as a viable alternate care space for a potential influx of COVID-19 patients.

Carling Heights Assessment Centre Continually Improving

In March 2020, the Carling Heights Optimist Community Centre was transformed into the second COVID-19 Assessment Centre in London. Initially run by LHSC, the Middlesex London Health Unit, and St. Joseph's Health Care London, the centre offers assessments and testing to people who may have been exposed to or have symptoms of COVID-19.

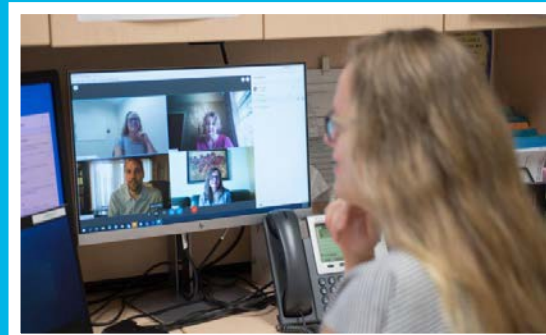
Process Improvement Consultants from LHSC worked within the assessment centre to improve flow and processes to benefit both staff and patients. A large component of the process improvement involved advisement from frontline staff.

Patient/client/resident partnering and relations

The Patient Voice During the Pandemic

This year the Patient Experience Program at LHSC adapted services and strategies to respond to the needs of our patients and families. When the COVID-19 pandemic arrived in March, information and updated policies were happening at a rapid pace. Ensuring patients and the public could understand the information being delivered was of utmost importance to the Patient Experience Program.

The Patient Engagement team created the Rapid Feedback Team to ensure the information being developed and disseminated to patients and the public met their needs. The Patient Engagement Rapid Feedback Team is helping to ensure the voice of patients and families continues to remain at the center of everything we do.



The Rapid Feedback Team is comprised of 15 Patient Partners who are passionate individuals dedicated to being involved during this time.

Virtual Visit Program

To minimize the impact of the pandemic visitor restrictions, the Patient Engagement office developed and implemented the virtual visit program. This program uses technology to connect patients with their loved ones who are in hospital via teleconferencing programs. The Virtual Visits Program started in April 2020 with an average of 80 visits scheduled per month.

Virtual Visit Family Member Feedback:

"I wanted to write and thank you, on behalf of our whole family, for being able to provide the opportunity to see him during this very difficult time. Like so many others, we are unable to see our loved one and be there for him due to the Pandemic. It allowed the entire family, from many different parts of Ontario, to be able to let him know we loved him and we were there with him in spirit. Words simply cannot express our gratitude."



The new Indigenous Healing space is easily recognizable by the magnificent Indigenous mural titled Ka-Bzindaadmin (Voice to Voice) created by Tsista Kennedy, an 18-year-old, self-taught Indigenous artist from Beausoleil First Nation, and Oneida Nation of the Thames.

Commitment to Health Equity

COVID-19 has underscored the inequities in the health system and highlighted how these inequities may be exacerbated in the context of a pandemic. A Health Equity office was developed earlier this year to focus on health inequities; and the access to and experience of care for marginalized populations at LHSC.

As part of LHSC's commitment to taking action on Truth & Reconciliation, LHSC announced the opening of an Indigenous Healing Space in partnership with Atlohsa Family Healing Services in November. An Indigenous Healing Services Advisor provides access to this culturally safe space; which is designed for Indigenous patients and their families to access traditional Indigenous medicine and practice.

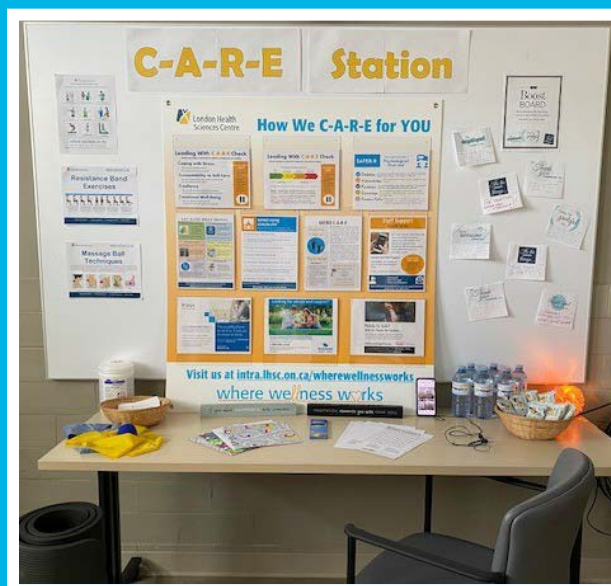
In addition to a dedicated Healing Space, LHSC committed to delivering education on Indigenous cultural safety to its staff. It is now a requirement that all Administrative and Physician Leaders complete the San'yas Indigenous Cultural Safety Training as part of their role.

Taking Care of Each Other

COVID-19 has impacted us all in different ways, and to various extents. One element of effective health systems as per the quadruple aim involves ensuring better provider experiences (that in turn we know will create better patient outcomes, better patient and caregiver experiences and lower overall costs). For staff and physicians working on the front-lines at LHSC, the pandemic impact was felt both at work and at home, as precautions were put in place to protect our hospital, our families, and the community at large. LHSC and St. Joseph's Health Care London collaborated on a COVID-19 City-wide Wellness Task Force focused on provider experiences by creating a variety of different resources and supports to help manage during this unprecedented stressful period.

LHSC's Wellness team has focused on creating a culture of wellness at LHSC. This year the Wellness Team offered a variety of programs to support our staff and physicians:

- **Leading with C-A-R-E:** This program gives leaders information, tools, and resources so that they can continue to support and/or improve the level of support they provide to their staff as it relates to wellness. It focuses on how people are **C**oping with stress, holding themselves **A**ccountable to self-care, personal **R**esiliency, and **E**mootional wellbeing.
- **Wellness - Boost Boards:** The Wellness Information Board is a hub where staff can go when they need a boost, celebrate their bright spots, and access Where Wellness Works information and resources. There are 110 boards located across LHSC, including offsite buildings.
- **Wellness Response Team (WRT):** Directors have been assigned a WRT Lead from Where Wellness Works. They meet with a Wellness Champion from the area for a weekly 15-minute check in to ensure timely and targeted wellness strategies are implemented.
- **Buddy Up to Show You C-A-R-E:** Staff provided with guidance and tools to create a buddy system to regularly check in on each other and utilize the Panic, Anxiety, Stress Support tool called PASSKits to prompt conversations about mental health, wellness and peer supports.



To help facilitate the sharing of wellness resources, supports and messages of gratitude, Wellness CARE Stations have been created.

Virtual Platform Launched

Classes offered live and saved to IGTV to be accessed anytime!



Executive Compensation

ECFAA requires that the compensation of the CEO and executives reporting to the CEO be linked to the achievement of performance improvement targets laid out in the QIP. The purpose of performance-based compensation related to ECFAA is to drive leadership alignment, accountability and transparency in the delivery of QIP objectives. ECFAA mandates that hospital QIPs must include information about the manner in and extent to which executive compensation is linked to achievement of QIP targets.

The proposed compensation plan for the QIP is for 10% of the CEO's annual salary to be directly based on the organization's ability to meet or exceed the targets as outlined on the three compensation-based indicators. For the remaining executive staff, 3% of their annual salary will be at risk. Compensation, as it relates to the three indicators, will be awarded as follows:

1. The three indicators below carry an equal weight of 33.3%.
2. For the three compensation-based indicators, there are three levels of achievement:
 - Less than 50% of target achieved - no compensation awarded for that particular indicator.
 - Midpoint between current and target, to approaching target performance - prorated compensation will be awarded for that particular indicator equal to the percent towards target achieved.
 - Equal to or greater than 100% of target achieved - 100% of compensation awarded for that particular indicator.

Measure			Compensation			
Indicator	Baseline	Target	Missed (fewer than or greater than 10% of target)	Partial (within 10% of target)	Met (within 5% of target)	Weight
ED wait for an Inpatient Bed (Hours)	16.6 hours	17.0 hours	>18.1 hours	18.1 hours to 17.1 hours	<=17.0 hours	33.3%
Indicator	Baseline	Target	Missed (<50%)	Partial (50-99%)	Met (>=100%)	Weight
People Wellness-self-perception of stress and self-perception of support*	Stress 40.8% Support 59.8%	38% 65%	>=55% <=50%	54.9% to 37.9% 50.1% to 64.9%	<=38% >=65%	33.3%
Discharge summaries available to primary care within 48 hours of patient discharge	58.5%	65%	<=57.5%	57.6% to 64.9%	>=65%	33.3%

***Note:** For People Wellness, both indicators need to be met for 100% compensation awarded. If one indicator is performing below the other, then the amount of compensation awarded will be based on the lowest performer.

Contact Information

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Other

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

Board Chair _____(signature)
Board Quality Committee Chair _____(signature)
Chief Executive Officer _____(signature)
Other leadership as appropriate _____(signature)