

Let's Make Healthy
Change Happen.



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

Ontario Shores

Centre for Mental Health Sciences

2016

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.

ontario.ca/excellentcare

Overview

Ontario Shores Centre for Mental Health Sciences continues to be committed to improving safety and quality while providing exemplary care in a learning environment.

Our annual Quality Improvement Plan (QIP) is developed to enhance our organization's awareness and commitment to improving the results in key areas. Our areas of focus have been chosen to demonstrate our commitment to improving access, fiscal responsibility, best and evidence based practices.

Alignment

Our QIP continues to be aligned with our current five year strategic plan and our mission, vision and values. Our strategic plan is in its final year of implementation and our annual goals continue to be well aligned with system integration at all levels, patient experience, patient safety and quality. Our Quality Improvement plan reflects our balanced score card directions as well as our programmatic score cards. We are improving each year in ensuring that change is leveraged through our programmatic score cards through to our Board Quality committee.

We have proposed six indicators where we feel that a focused improvement strategy will make a difference for our patients.

Objective: Access to Care

We continue to work diligently to reduce wait times to our inpatient beds. We recognize that this is an important system indicator in support of our referring partners. For 16/17 we continue to find efficiencies and streamline our processes from the time a patient is referred to our facility to admission.

Objective: Reduce Alternate level of Care (ALC) Days

Ontario Shores recognizes this indicator to be a challenge as we have introduced effective ways of determining patient identification for ALC which have in turn increased this indicator's baseline over the past year. We continue to strive to work with external partners to develop innovative strategies in this area.

This indicator tends to fluctuate during the course of the year and is dependent on many external variables beyond our control. For that reason, we are using our current performance as our target.

However, we will strive to decrease our ALC rates while at the same time ensuring that we have safe discharge plans for our patients.

Objective: Improve Patient Satisfaction

We continue to identify new methods of measuring this indicator in a meaningful, consistent and timely manner along with our peer hospitals. In 2016, we are introducing a new survey tool called the Ontario Perception of Care for Mental Health and Addictions. This tool is a validated survey that will be used along with our peer hospitals, allowing us a collaborative approach at measuring patient experience across the Mental Health Sector. We ensure that action plans developed at the local level against low scoring indicators are thoughtful and sustainable. We also regularly receive feedback from our patient and family councils. We continue to focus our initiatives on inpatient units as our scores are lower in that area. We are seeking to continue to improve our results in this key indicator through collaborative engagement with our quality councils, front line staff, patients and families.

Objective: Reduce Use of Physical Restraints (2 indicators)

Our organization has continued on its journey to eliminate the use of physical restraints and eliminate the use of seclusion. We are working collaboratively with our hospital partners to understand the issues and drivers of change. We are currently engaged in a detailed quality improvement and research plan with four of our peer hospitals to continue this work.

Our targets reflect the next step on our journey of change. We ultimately hope to have targets of zero for both physical restraint and seclusion. However, the experience of other hospitals has influenced our appreciation of the fact that this is a lengthy process of change management and must be accomplished in a staged manner.

Objective : Medication Reconciliation on Discharge.

Ontario Shores recognizes the safety of our patient's discharge plan includes the active participation in Medication Reconciliation at discharge. In our efforts to reduce unnecessary re-admission that may relate to the improper use of medications, we are placing stringent monitoring processes in place to ensure safe discharge of our patients. During the year , we intend to improve communication processes at discharge with external pharmacies and increase our patients understanding of the importance of proper medication usage.

Integration & Continuity of Care

Ontario Shores strives to be a leader in working with other hospitals and community partners to achieve improved continuity of care. We are actively leading and/or participating in a number of initiatives that will ultimately strengthen the system. We recently received new funding with a community agency to increase high support housing in our immediate area.

We *participate in* the governance and design teams of the CELHIN Seniors Connect which strives to provide coordinated specialized geriatric services in our region.

Quality Improvement Achievements from the Past Year

Ontario Shores is proud to be focused on quality improvement activities every day. Along with our Quality Improvement Plan and organizational quality improvement initiatives, Formal Action Plans that guide quality improvement initiatives are developed and actioned on an annual basis. Each Action Plan directly aligns with strategic goals and provides clear methods to deliver concrete actions. Although there are many achievements this year, we would like to highlight the implementation of the Level of Care Utilization System (LOCUS) tool. LOCUS is an assessment tool developed by the American Association of Community Psychiatrists utilized to assess level of care needs for mental health consumers.

Since November 2014 Ontario Shores has implemented the tool across 23 programs, in both inpatient and outpatient areas. This tool allows for a better understanding of the patients current care needs and the level of service required to best support their Recovery Journey. With clear identification of discharge readiness based on the recommended level of *care*, inpatients are safely reintegrating into the community earlier allowing for improved patient flow within the organization. Data from LOCUS implementation has assisted in accurately identifying our ALC population, identifying program gaps in service, and improving access to the right level of service for a patient's needs. Senior leadership support has been key in the success of this implementation by supporting teams in mitigating discharge barriers through a well-articulated escalation process.

Engagement of Clinicians & leadership

Ontario Shores continues to work with our broader leadership team and front line staff to achieve quality goals. The broader leadership team is engaged through a goal setting process that cascades from the senior leadership team to our front line managers.

The organization continues to emphasize senior team visibility to front line staff. A senior team member visits the units where the most ill patients are on a daily basis to witness the patient journey first hand.

There are also staff forums and CEO evening visits to the units as well as Chat Time with a senior team member.

We have a robust internal communication plan that provides regular updates to staff on a number of key clinical and quality initiatives. We use the intranet and social media to complement our communication strategy.

Patient/Resident/Client Engagement

We have a well-established Patient and Family Council that is chaired by our service users and their families with staff support. Regular information and education sessions are held with these groups on topics which are selected by the groups.

We have a well-defined patient relations process that was influenced by patient and family feedback. Patients understand how to access these services.

We recently implemented a patient portal solution so that patients can easily access their own health care information including medication lists and future appointments. In addition, we are currently engaged in research regarding virtual methods for patients to remain connected to practitioners and be able reach out for extra support when needed in a virtually.

This year, we will introduce a formalized process of Co-design throughout the organization. The goal of this process is to support the staff and patients/families to increase their organizational partnership in every aspect of quality improvement and designing an environment that is patient and family centered.

Health System Funding Reform (HSFR)

Ontario Shores is not yet impacted by the quality based procedures funding model, we are participating in CELHIN wide planning tables to ensure that we understand what will be required in the future for the mental health sector. Recently, the four standalone psychiatric facilities and the Ministry of Health have commenced work to establish potentially three quality based procedures. We have successfully introduced clinical pathway guidelines in two clinical areas.

Other

Challenges, Risks & Mitigation Strategies

Ontario Shores continues to closely monitor processes around enterprise risk identification and mitigation. The leadership team reviews the risk matrix on a semi-annual basis to ensure that it is accurate and to identify new risks and mitigation strategies.

Our key risks for 16/17 include ensuring that there is timely access to our specialized beds and outpatient clinics. There are initiatives in place to improve access and quality in both areas.

We will also continue to collaborate with key community partners to implement innovative partnerships that enable our complex patient population to be safely discharged into the community.

We are also leading the initial stages of quality based procedure development with the other specialty hospitals.

Information Management

Ontario Shores is proud to have a fully integrated electronic health record that meets the standards for HIMSS Analytics Adoption Model Stage 7 criteria. We are the first hospital in Canada and first behavioural health hospital in the world to achieve this milestone. We have been recognized with the Davies Enterprise Award of Excellence which acknowledges the outstanding achievement of using health information technology to substantially improve patient outcomes while achieving return on investment. We are the first hospital in Canada to be recognized with this award.

We continue to develop clinical practice guidelines for internal use and sharing our work with the Quality Based Procedures Expert Panel.

Our ability to share performance indicators both internally and externally continues to strengthen through the use of a business intelligence system.

We continue to work with Waypoint Centre for Mental Health Care to share a common electronic health record.

Accountability Management

Ontario Shores continues to utilize a performance based compensation system. In addition to the QIP, the senior team's variable compensation is tied to the attainment of specific goals that are tied to the completion of the strategic plan. Furthermore, the QIP indicators are included in the balanced scorecard and the results are reported to the Quality Committee quarterly.