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Change Happen.



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



Ontario Shores

Centre for Mental Health Sciences

3/12/2018

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

Ontario Shores Centre for Mental Health Sciences (Ontario Shores) is a leading specialty mental health hospital providing a range of inpatient and outpatient services from adolescents to seniors. Patients benefit from a recovery-oriented environment of care, built on compassion, inspiration and hope. Ontario Shores actively engages in research, education and advocacy initiatives to advance the mental health care system.

The new Strategic Directions, *Be Bold, Be Inspiring, Be Caring, and Be Extraordinary* complement one another to collectively drive the organization forward over the next five years (2017-2022). These directions provide focus for us in a few areas: developing a coordinated mental health and addictions system, creating a culture of innovation, advancing recovery-oriented care, enhancing the health, safety and wellness of its people and setting the highest standards for practice, quality and performance.

Ensuring consistent, strategic and exemplary care for patients and families is at the root of our approach to quality and safety at Ontario Shores. Our Quality Improvement Plan (QIP) is one of the many ways we demonstrate that commitment. Through our Quality Improvement Plan, we were able to identify and make significant improvements that benefit our organization and allow for continuous quality improvement through robust measurement and monitoring practices. We have reached or exceeded our targets in many areas including inpatient satisfaction scores and a reduction in hours of seclusion. There is always more work to be done and we will continue to focus efforts on these areas both through the next QIP and other corporate quality improvement initiatives.

For the 2018-2019 QIP, our areas of focus have been deliberately chosen to demonstrate our ongoing commitment to quality. A robust engagement framework was carried out to ensure that all levels of the organization, including patients and families, were fully engaged to determine the 2018-19 QIP indicators. With a focus on safety, access, efficiency and the patient experience, we endeavored to ensure those that are most affected by our services had the opportunity to provide input on where improvements should be made from a quality and safety perspective. Additionally, we continue to align our QIP efforts and measurement with our organization's Balanced Scorecard as well as our program scorecards. It is only through consistent measurement and evaluation that we can effectively develop strategies to enhance quality and safety at Ontario Shores.

We have proposed six indicators for the 2018-19 Quality Improvement Plan that focus on making a positive difference for our patients, their families and our staff.

Indicator: Average number of days patients wait for outpatient services.

In 2017-2018, we shifted our focus to outpatient services as demands for these services continued to rise. We will continue to find efficiencies and streamline our processes from the time a patient is referred to our hospital for an outpatient appointment to the time a patient sees a clinician. Many initiatives are underway to address this indicator as we are now able to view the outliers by focusing on the average number of days.

Indicator: Average seclusion duration (hours)

Our organization has continued on its journey to eliminate the use of seclusion. We continue to work collaboratively with our hospital partners to understand the issues and drivers of change. The lowered target reflects the next step on our journey of change with an ultimate hope to reach a target of zero. Through our experience and the experience of other hospitals we appreciate that this indicator involves a lengthy process of change management and must be accomplished in a progressive manner over time.

Indicator: Number of incidents of workplace violence

Ontario Shores is committed to fostering a culture of workplace safety. As a new indicator, we will undertake the necessary steps to ensure our organization has the mechanisms in place to capture all workplace violence

incidents according to the definition set forth by Health Quality Ontario. A baseline target has been set as well as a developmental target in recognition of the work we will undertake over the next year.

Indicator: Improve patient satisfaction - inpatients (Patient Experience: "I have a plan that will meet my needs after I finish my program/treatment" (OPOC #28)).

After consistent high ratings on Ontario Perception of Care Tool (OPOC) question # 31, "I think the services provided here are of high quality", our organization has chosen to focus on question #28 on the same tool. As a priority indicator for HQO, question #28 assists us to understand how patients are feeling about how our organization is assisting them with planning for after they finish their program/treatment with Ontario Shores.

Indicator: Percent of patients that achieve the clinical pathway expected date of discharge (EDD)/length of stay (LOS) target on discharge.

The intent of this new indicator for the hospital is to understand the length of time our patients stay with us. By understanding the typical journey a patient takes through the various programs at the hospital through the implementation of clinical pathways, we can provide reasonable estimates to our patients of their length of stay and prepare them for a smooth discharge, and improve access for those who need our services.

Indicator: Schizophrenia Quality Standard Outcome Indicator – percent of discharged patients with improved positive symptoms (RAI).

The Schizophrenia Quality Standard will be measured to monitor the extent to which the standard has been implemented in our hospital.

QI Achievements from the Past Year

Ontario Shores is proud of our advancements in the areas of quality improvement and safety. Along with our Quality Improvement Plan and organizational quality improvement initiatives, formal Action Plans are developed and actioned on an annual basis to guide quality improvement initiatives. Each Action Plan directly aligns with strategic goals and provides clear methods to deliver concrete actions.

Some of our highlights from the 2017-2018 QIP indicators include:

- The percentage of inpatient discharge summaries sent to community care providers within 48 hours of discharge was very successful with an improvement of 40%.
- Great improvement in reducing the use of seclusion with an overall improvement of 41%. We will continue to focus our efforts on reducing the duration of these incidents in our next QIP.
- Continuously high scores on our patient satisfaction question #31 on the Ontario Perception of Care tool—"The services I receive are of high quality". This indicator improved 5% in 2017-18.

In addition to these QIP achievements, Ontario Shores has implemented several initiatives that are focused on quality improvement:

- Implementation of Health Quality Ontario's Quality Standards for mental health in the areas of schizophrenia, major depression and behavioural symptoms of dementia;
- Accreditation with exemplary standing - quality and safety in health care through the evaluation of practices to Evidence-Based Standards;
- Stage 7 revalidation which allows for automated processes, easier access to information and clinical decision supports within its EMR; and,

- Opening of a 20-bed Geriatric Transitional Unit to support the care needs of older adults with behavioral challenges in acute care settings and alleviate ALC pressures in the system.
- An investment in ambulatory services that have the highest wait times, namely, Transitional Age Youth, Borderline Personality, Trauma, Geriatric Outpatient and ECT services.

Resident, Patient, Client Engagement and Relations

Ontario Shores has committed to patient and family-centered care and has adopted the HQO framework of patient engagement in which patients are engaged in equal partnership and shared decision-making at the direct care, organizational and system level. This level of patient engagement is aligned with the expectations outlined in Accreditation Canada Standards, Excellent Care for All Act (ECFAA, 2010) and is embedded in our Recovery Action Plan.

We have well-established Patient and Family Councils that are 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 Councils.

We have a well-defined patient relations process that was influenced by patient and family feedback. Patients understand how to access these services. Patients and families are also regularly engaged to provide input into various initiatives and strategies.

We launched a Co-Design Framework – a formal process for the inclusion of patients and families in quality improvement initiatives, decision making processes and healthcare design opportunities. This framework has already been used for a wayfinding initiative, patient identification project and a Medication Leave of Absence Kaizen Project. Our co-design philosophy will now be embedded at all levels with a specific focus on direct care.

Collaboration and Integration

Integration and continuity of care relates to the many ways that care is provided and that patients flow through the health care system and Ontario Shores strives to be a leader to improve the continuity of care.

Ontario Shores is actively leading and participating in a number of initiatives that will ultimately create a more coordinated and collaborative mental health and addictions system. Our partners include hospitals from across the Central East Local Health Integration Network, community support services, housing providers and Durham Regional Police Services. Our staff are members of numerous external committees and working groups that engage regularly to address key issues with respect to patient flow and transition preparation that requires a collaborative approach.

Currently, Ontario Shores is co-leading the implementation of the Central East Regional Mental Health and Addiction's Plan in collaboration with Lakeridge Health. This large initiative involves several stakeholders in the region to create improved access to mental health and addictions' services.

We will continue to develop partnerships with both traditional and non-traditional groups to deliver and advocate for a health and social care system with more coordinated transitions.

Engagement of Clinicians, Leadership and Staff

Ontario Shores continues to work with our broader leadership team and frontline 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 frontline managers.

The organization continues to emphasize senior visibility to frontline staff. A senior team member visits the units where the most ill patients are on a daily basis to see the patient journey first hand, provide support to clinicians and help brainstorm possible new approaches.

There are also staff forums and CEO evening visits to the units as well as informal opportunities to connect with a senior leader.

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, email and social media to complement our communication strategy and provide regular employee engagement opportunities for staff to provide input into various initiatives and decisions.

Ontario Shores also conducts a bi-annual Employee Opinion Survey to collect their views about the workplace. As a result of staff feedback, corporate and program action plans are developed to address areas of improvement. In 2017-18 we had an overall engagement score of 75.8% and 90% of all survey questions scored on par or higher than external benchmarks.

Population Health & Equity Considerations

We now have a Strategic Plan in which we have a dedicated focus on population health. We are committed to continuing to learn how we can create a path forward to learn more about implementing population health strategies, the role of technology and how to maximize our analytics capabilities to improve health outcomes for our patients, families and communities we serve.

To improve access to services to a wider portion of the population, Ontario Shores, in collaboration with other partners, will improve access and reduce wait times for critical services in mental health care. For example, over the next two years, Ontario Shores will support a demonstration project to standardize access to cognitive behavioural therapy (CBT) within a new service model.

Ontario Shores advocates for a fair and equitable healthcare system that is accessible, collaborative and respectful of each person's diversity and background. Ontario Shores applies that same philosophy to the workplace. Over the past three years, we have been focused on developing our human rights capacity within the organization in key areas including service provision, policies and procedures, training and human resources. We now have material available to all staff that focuses on human rights awareness, education, information, news and events. In an effort to enhance staff members' understanding of Human Rights we have also created an eLearning module focused on the Human Rights Code.

We continue to heighten staff competency and awareness in demonstrating cultural competence and now collect socio-demographic information to help us better understand our organization. The collection of this information will assist us to protect and promote human rights and to prevent or address systemic barriers to accessing services and improve equitable service delivery.

Access to the Right Level of Care - Addressing ALC Issues

Caring for ALC patients is a significant challenge for hospitals across the Province and a symptom of a larger capacity issue across the continuum of care. For ALC long-stay mental health and addictions patients and ALC patients with behavioral requirements, remaining in hospital means they are not receiving the right care, in the right place at the right time. The right capacity needs to be created in the system so that patients receive the most appropriate care when needed.

Ontario Shores continues to implement best practices and work with our community partners in efforts to avoid new ALC designations and to mitigate existing ALC barriers to discharge. This is done through a variety of strategies including the implementation of the Home First philosophy, collaborating with the other 3 specialty mental health hospitals through the ALC Four Hospital Working Group, a Community Partners ALC Solution's Table, implementing the Level of Care Utilization System (LOCUS) and instituting a 59-day length of stay on select units.

Additionally, the Integrated Community Access Program investments for specialized clinics has allowed for increased volume capacity and decreased wait times for services. As well, in an effort to further integrate community geriatric mental health, the Geriatric Mental Health Community Outreach Team was established in September 2017 with a goal to support patients to live in the community as long as possible and to provide a smooth transition from hospital to home.

Ontario Shores will continue to advocate for greater capacity and work with our community partners to develop innovative approaches to address this issue.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

Not applicable to Ontario Shores.

Workplace Violence Prevention

Safety is one of our core values and Ontario Shores incorporates safety into everything we do. Everyone has an important role to play to provide the safest environment possible for staff, volunteers, patients, families and visitors.

Ontario Shores provides leadership to advance the safety and quality within our organization as well as throughout the mental health care system. At Ontario Shores, we have introduced a number of safety initiatives, including: daily safety huddles, implementation of Safewards, annual risk assessments, mandatory Safe Management Group training, personal alarm system, additional security officers and Recovery Rounds to name a few.

While safety occurrences are rare, incidents do take place and if they do, we ensure there is extensive and consistent support available for everyone involved. We work collaboratively with our staff, leadership team, Union Executive, and Joint Occupational Health and Safety Committee to address any safety concerns that are brought forward. We are developing an approach for the consistent measurement and evaluation of the data and how it can inform safety enhancements across the respective organizations.

Workplace violence prevention is included as a strategic priority for Ontario Shores. Embedded within our newly launched Strategic Plan is a goal to encourage the growth, development, safety and wellness of our people. The Leadership at our organization is committed to focusing on workplace violence prevention and ensuring clear strategies and associated activities are in place to reduce the number of workplace violence incidents at every opportunity. Ontario Shores has already fostered and established a culture of reporting and reviews and acts on all incidents at various committees.

We remain deeply committed to providing the safest environment possible for everyone at Ontario Shores.

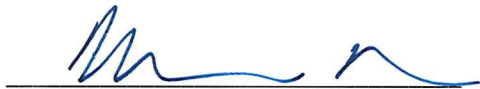
Performance Based Compensation

Ontario Shores continues to utilize a performance based compensation system (with a total percentage of at risk compensation of 10% for the Senior Management Team (percentage that is devoted to the Quality Improvement Plan is 5%). The CEO and Physician-in-Chief also have variable compensation tied to QIP attainment. 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 of the Board quarterly. All staff participate in an annual performance review process with their managers.

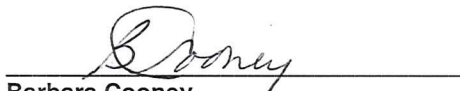
Sign-off

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



Michael Boyce
Chair, Board of Directors



Barbara Cooney
Interim Chair, Finance and Quality Committee



Karim Mamdani
President & Chief Executive Officer