

Let's Make Healthy  
Change Happen.



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



Ontario Shores  
Centre for Mental Health Sciences

**2014 -2015**

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## Overview

Ontario Shores Centre for Mental Health Sciences continues to be committed to providing exemplary care in an environment that nurtures quality and safety.

Our annual Quality Improvement Plan (QIP) supports the organization's desire to focus on the indicators and strategies that will increase quality, safety and enhance the patient experience. Our areas of focus have been chosen to reflect our commitment to improving access, fiscal responsibility, best practices in clinical care and patient experience.

## Alignment

Our QIP continues to be aligned with our strategic directions and our mission, vision and values. The new strategic plan is in its second year of implementation and our annual goals are well aligned with system integration, patient experience and patient safety. Our QIP is aligned with both our HSAA and our balanced scorecard. Our balanced scorecard tracks organizational indicators but is also aligned to our programmatic scorecards. Information is consistently tracked from the program to our operational quality committee to our Board Quality Committee.

We have developed six indicators that ensure that we are focusing on areas where we can track quality improvement to make a difference in the overall patient journey.

We have eliminated two indicators from our 13/14 plan as we believe that we have achieved optimal performance on these indicators. These two indicators will continue to be tracked through our balanced scorecard. We have added an indicator that is aligned with changes to our operating plan and consistent with our commitment to ensuring access.

### Objective: Access to Care

We continue to strive to reduce wait times to our inpatient beds while striving for efficiency and cost reduction. For 14/15 we will focus on decreasing wait times for admission to our key inpatient programs.

### Objective: Improve Organizational Health

Our organization continues to demonstrate sound financial management in a very challenging fiscal environment. We have strong operating procedures aligning clinical and financial efficiencies. We have made good progress in reducing overtime and will continue to seek innovative ways to reduce sick time.

### Objective: Reduce Alternate Level of Care (ALC) Days

While we have realized some improvement on this challenging indicator, we continue to work with our partners to create innovations that will reduce ALC days while at the same time ensuring that our complex patient population receives adequate community supports. We continue to create a culture where innovation in discharge planning is encouraged. Our internal strategies include early identification of discharge issues, new community partnerships and sustained attention to the internal and external landscape.

We are working actively with the CELHIN to develop strategies to decrease ALC days in mental health beds.

Our ALC indicators are monitored through Wait Time Information System, our balanced scorecard and our HSAA.



**Objective: Improve Patient Satisfaction**

We have had some challenges in measuring this indicator over the past year as we continue to strive to benchmark our efforts against our peers. We have focused on developing action plans for low scoring indicators and ensuring that these action plans have local accountability at the unit level. We also continue to work proactively with our patient and family councils as well as our peer support program.

**Objective: Reduce Use of Physical Restraints**

Our organization has made great strides in the reduction of physical restraints. We continue to work collaboratively to measure and implement best practices with other specialty hospitals. We are relentless in our drive to be a leader in the reduction of physical restraints. As such, we continue to provide senior team leadership and support to our clinicians as well as ongoing training around trauma informed care, cultural competency and de-escalation techniques.

**Objective: Medication Reconciliation at Discharge**

We have developed solid practices around medication reconciliation at admission and are now turning our attention to ensuring that patients who are discharged have their medications reconciled. We strive to be leaders in the industry and will utilize our Electronic Medical Record and focus on strengthening our relationships with community pharmacies.

**Integration and Continuity of Care**

Ontario Shores strives to be a leader in working with other hospitals and community providers towards improved continuity of care. We strive to enhance our current partnerships and develop new ones in 14/15. We are actively participating in the Durham East Health Links initiative, Regional Geriatric Services, and Service Collaboratives. We are providing leadership to the CELHIN Mental Health and Addictions Strategy. We are currently partnering with a community mental health agency to develop a four bed housing program for high needs patients.

We are pleased to have developed a Family Resource Centre that provides a comfortable and safe environment for patients and families to gather and are currently working on developing new strategies to enhance opportunities for family education and resources.

Our patient experience team regularly engages with patient and family stakeholders to identify opportunities for improvement.

**Challenges, Risks & Mitigation Strategies**

Ontario Shores continues to strengthen its enterprise risk identification and mitigation strategies. The leadership team reviews the risk matrix on a semi-annual basis to identify and mitigate new risks that are identified due to internal or external changes.

A key risk for the 2014/15 quality improvement indicators is community and stakeholder engagement with our new operating plan, particularly around discharge and community re integration for our alternate level of care patients. We will evaluate changes to our staff mix complement and continue to seek new opportunities for regional and provincial collaborations that make a difference to patient care.

We will also monitor the future impact of the implementation of quality based procedures in mental health.

### **Information Management Systems**

Ontario Shores is pleased to have a fully integrated electronic medical record (EMR) that has met the HIMSS Analytics EMR Adoption Model Stage 6 criteria. We are continuing to optimize the EMR in our inpatient and outpatient environments. We regularly use the data from our EMR to initiate clinical change at the bedside. Recent examples include smoking cessation strategies, physical restraint and medication errors.

We have also developed clinical practice guidelines for schizophrenia which will be documented and tracked through our EMR.

Our ability to share and report performance indicators internally will be strengthened by the Business Intelligence solution that will be implemented in the first quarter of 14/15.

We continue to build strong decision support and clinical informatics processes to support clinical innovation.

### **Engagement of Clinical Staff and Broader Leadership**

Ontario Shores continues to build capacity for our front-line staff and as well as our broader leadership team in the areas of quality, safety, inter-professional practice and financial accountability.

Annual goals and objectives are cascaded through the leadership team which focuses on implementing key actions that are crucial to our strategy and quality improvement plans.

At the front-line level, considerable focus is placed on senior team visibility. This includes staff forums, regular visits to the patient care units by the CEO and other members of the senior team. Our internal communications plan also provides our staff regular updates on the development of key clinical strategies related to our performance indicators and professional practice initiatives.

We are currently providing up to 100 staff the opportunity to participate in the IHI Open School.

Accountability Management at Ontario Shores has a long and successful history with the use of our performance based compensation. In addition to the QIP, the senior management team's variable compensation is tied to the attainment of goals specifically tied to the organization's strategic plan. For 14/15 half of the senior team's variable compensation is tied to this QIP. The CEO and PIC also have their variable compensation tied to the QIP.

### **Health System Funding Reform**

Ontario Shores is currently not impacted by HSFR. However, we continue to participate in local and provincial technical planning tables to ensure that we are prepared for funding reform in the mental health sector.

We are continuing to focus on operational efficiencies to ensure that quality, volume and cost structure are well aligned. We continue to drive quality through quality improvement processes and service capacity planning.

## Sign-off

I have reviewed and approved our organization's Quality Improvement Plan.

Original signed by Michael Nettleton

Michael Nettleton, Board Chair

Original signed by Scott Dudgeon

Scott Dudgeon, Finance & Quality Committee Chair

Original signed by Karim Mamdani

Karim Mamdani, President & CEO