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Change Happen.



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

Holland Bloorview

Kids Rehabilitation Hospital

3/18/2015

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

Holland Bloorview continues to lead in paediatric rehabilitation through a focused commitment to advancing quality, creating the safest environment for care and co-creating our quality journey with our clients and family. We continue to focus on three strategic quality objectives:

Eliminating Harm through the reduction of hospital acquired infections, reducing medication errors across the continuum of care and minimizing falls and acquired pressure ulcers during the course of care.

Improving Access and Integration of our services through close monitoring of our wait times, ensuring connection with families during their child's transition home and using our public resources wisely and effectively.

Authentically Partnering with Our Families through meaningful engagement, resolving concerns and issues quickly and improving the care experience through patient satisfaction.

Our Quality Improvement Plan (QIP) continues to be aligned with our system partners, ensuring we are focused on the broader 'system' needs as well as local needs to impact paediatric rehabilitation. Our internal and external planning processes include partnership and engagement with: Accreditation Canada, Canadian Association of Paediatric Health Centres (CAPHC), Toronto Central Local Health Integrated Network (TCLHIN), GTA Rehabilitation Network, Rehabilitation Care Alliance, Toronto Academic Health Sciences Network (TAHSN) and organizational operational planning and strategic planning.

Integration and Coordination

For many of our clients and families the healthcare system that currently exists often requires transitions between organizations and providers. These transitions are often the most difficult and confusing point for clients and families. System integration is key to ensuring that care is maintained as clients leave the hospital, and transition to other points across the care continuum. Our goal is to make this transition seamless and to reduce risks that may result in harm. Bridging the gap to ensure that clients and families are supported when they transition to the community requires the co-creation of a system view of care ensuring that families receive support, feel safe and processes are evaluated at each point of transition to demonstrate value and effectiveness.

With this in mind, Holland Bloorview has focused its efforts on system integration through three focused measures of activities:

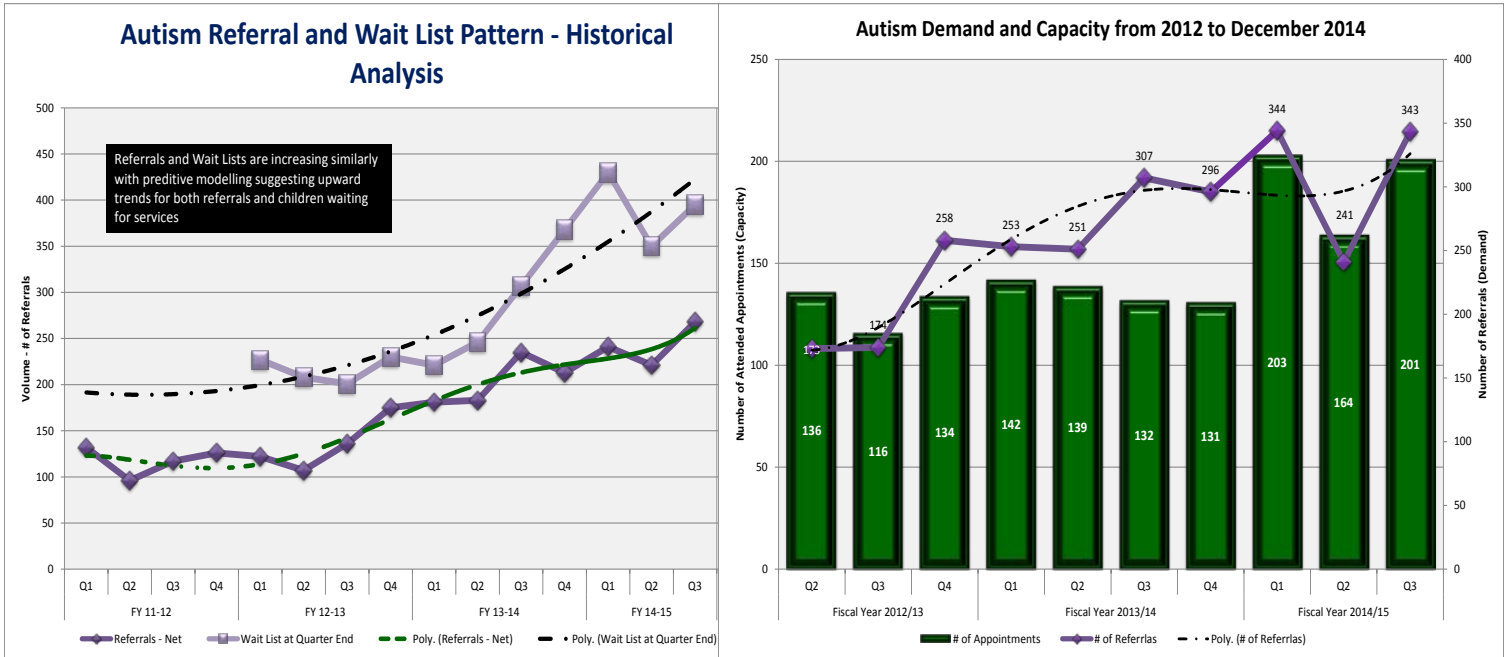
1. **Medication Reconciliation:** Medication reconciliation is a key safety activity that often is measured solely at admission to a healthcare facility. Evidence suggests that transition points are often areas of risk and where incidents occur. Since the inception of the QIP, Holland Bloorview has advanced medication reconciliation through the continuum of care and across each transition point. This lens of seamless transition ensures integration and coordination of care of clients across all Holland Bloorview programming.



2. **Safe Transitions Home:** Discharge is often one of the most challenging elements within a client and families journey through the health system. This aspect of care often signals to families that they can continue the recovery process at home and within the community. Transitioning from a safe and highly regulated environment such as a hospital setting back home often creates anxiety and concerns for many families as there are significant amounts of information, and specific required follow through. While this process can be seamless and uneventful, through focus groups and surveys with families we recognized having a touch point shortly after discharge is of benefit. Reaching out to our clients and families enhances the patient discharge experience, provides families the opportunity to ask questions surrounding their child's care and enables the organization to identify and plan improvement initiatives. Our 72 hour post inpatient discharge calls will ensure safe transition and ensure opportunity for follow-up.
3. **Authentic Family Partnerships:** Measuring 'how' we partner with our families is critical to ensuring a meaningful voice within the care journey. Clients and families want to be empowered to advocate for their needs, or their child's needs to allow them to be the 'integrator and system connector' for themselves or their child. At Holland Bloorview, partnership extends beyond tokenism and general involvement to active participation in decision making and having an equal voice in initiatives that impact care. Our bi-annual survey of families allows us to hear their perspective on whether our engagement with them represents 'authentic partnership' utilizing a unique tool that explores meaningfulness, respect and partnership.

Challenges, Risks and Mitigation Strategies

The dimension of access continues to be a key challenge for Holland Bloorview (in particular as it relates wait times in autism and neuromotor services). Over the past several years the organization has experienced a significant increase in autism assessment referrals (over 98%) since fiscal year 2012/2013 with predictive trending identifying ongoing increases. While we have leveraged Lean methodology to remove inefficiencies, enhanced the model of service delivery and increased our ability to see children, we continue to experience referrals that are outpacing our ability to meet the needs of the system.



Among the identified risks continues to be the wait times for those children seeking assessment services for autism, where the diagnosis is a condition for accessing some government funding sources as well as educational, cognitive and health services. While improvement science methodologies (e.g. Lean) have been put in place to maximize efficiencies, the system need continues to outpace Holland Bloorview’s ability to meet service demand and will be an ongoing challenge.

Mitigation Strategies: Holland Bloorview continues to maximize internal capacity through augmenting scope of practice of other professional health disciplines, reviewing the assessment model for autism services and implementing weekly wait time reviews to actively predict surges or bottlenecks within the flow. Understood organizationally is the issue of ‘wait time’ is a longer term concern requiring focused strategic planning at various levels to address this at a system and local level.

We continue to align with and lead local, regional and national initiatives tackling wait time for rehabilitation services (e.g. Paediatric Rehabilitation Reporting System – PRRS). Part of our mitigation strategy is to learn from other health systems to address our local needs.

Information Management

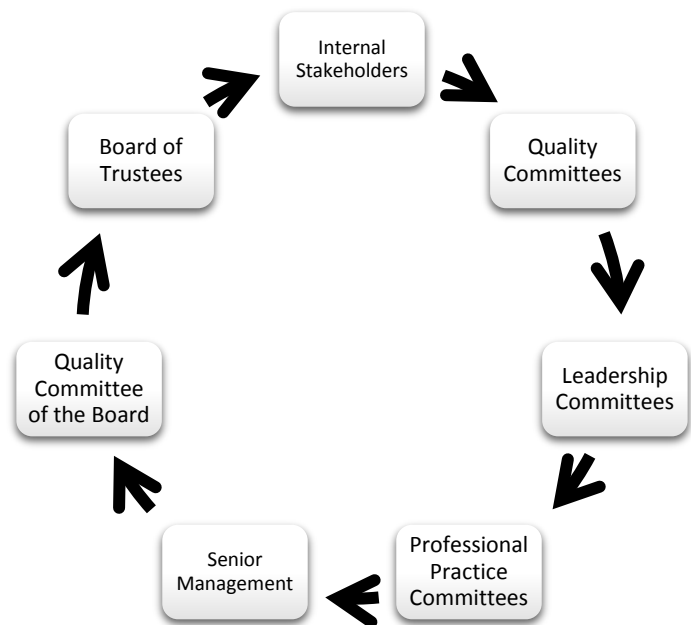
Adoption of electronic systems continues to be a key driver for many organizations to allow a centralized and integrated approach to care. Our organizational electronic medical record adoption model (EMRAM) score for 2013/14 was 4.228 well above the Toronto Central LHIN score of 2.7036 and our peer’s score of 1.4840.

In 2014, we secured funding to create and implement an external portal for clients and families to access. The hospital partnered with Canada Health Infoway to develop our portal connect2care. This was a strategic and purposeful effort to empower families with the information they need to make informed decisions and better communicate with their child's provider. The online client and family portal allows families to access their child's Holland Bloorview healthcare record, view appointments and connect with members of their health-care team in just a few clicks. Since launching the portal a few months ago, over 180 families have enrolled. In addition to families accessing their health record, our families will be able to communicate with our client and family relations service to suggest future improvements.

We continue to use our electronic systems to inform our improvement journey through the collection of incidents, performance, client satisfaction, compliments, complaints and resource utilization.

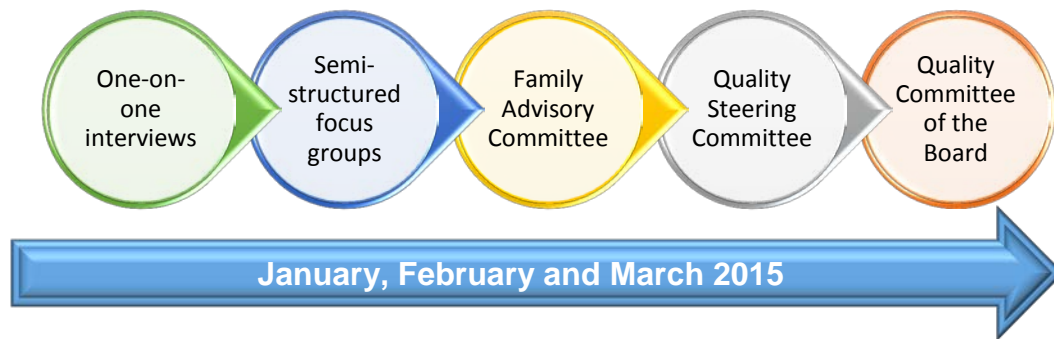
Engagement of Clinical Staff & Broader Leadership

Quality continues to be a shared commitment and accountability throughout all levels of the organization. Engagement is the cornerstone of our development, planning and implementation of improvement initiatives that impact care. Staff across the organization participates actively in various quality committees, working groups and quality huddles to advance the organization's integrated quality management plan (IQMP). We continue to measure our success through our incident reporting system where staff feels safe to report concerns or provide ideas for improvement. Our QIP development process continues to be one of multiple stakeholder engagement, review, feedback, revision and modification. Over the duration of the QIP process we engage over 50 clinicians and leaders, 15 committees (multiple times) and family leaders. Our process is open, transparent and educational for staff.



Patient Engagement

Client and Family Centred Care (CFCC) is a key strategic focus of the organization. Ensuring that clients and families partner in a meaningful way is critical to ensuring an organizational understanding of family priorities, key challenges and opportunities to create models of care. Holland Bloorview has actively engaged clients in the QIP process for the past 5 years through various mechanisms and formats to gather information, understand client and family perspectives and integrate client and family priorities into the QIP. Our process for engagement can be captured in the figure below with multiple iterative steps which occurred for feedback.



The Family Advisory Committee endorsed the 2015/16 QIP and felt its voices and engagement was well represented within the plan.

Accountability Management

Accountability and transparency are key elements of our process. Developing a framework of evaluation, monitoring and course correction has ensured a principled approach to performance and creates organizational trust with internal and external partners. Holland Bloorview reviews performance on a weekly, monthly and quarterly basis at various levels of the organization to allow for discussion, analysis and strategy development. Performance review is across all levels of the organization commencing at the operational level and rolling up into the Board of Trustees. Through structured and predetermined frequency of reporting, leadership will be able to remove barriers and reallocate resources to ensure the strategic priorities move forward in an integrated fashion.

Performance Based Compensation

Holland Bloorview's executive compensation framework has embraced the ECFAA principles, created indicator specific guiding principles and applied uniformity of accountability across all executives with equal weighting of all indicators selected. The selection of the 2015/16 indicators is aligned with the strategic pillars of the hospital, and reflects ongoing system pressures. Executive compensation is anchored to high priority activities linked to the strategic objectives of the organization and where performance would require a stretch. In 2015/16 the 'pay for performance' indicators will be pulled from the safety, effectiveness, access and integration and coordination dimensions.

Table 1

Dimension	Measures	Target	Performance Corridor		
			Zero payout	100% payout	120% payout
Safety	% of eligible staff and volunteers receiving influenza vaccine annually	95%	Less than 85.5%	85.5% to 95%	Greater than 95%
Effectiveness	Ensure our total financial margin is within a range of 0 to 1%	0.5%	Less than 0%	0% to 1.0%	Not applicable**
Access	80 th percentile of clients (measured in days) waiting to access Autism Spectrum Disorder (ASD) services	137 days	Greater than 151 days	137 days to 151 days	Less than 137 days
Integrated & Coordinated Care	% of clients contacted 'post discharge' from inpatients within 3 business days to assess community reintegration	80%	Less than 72 %	72% to 80%	Greater than 80%

** For the financial indicator having a greater margin is not indicative of greater performance and may not be desirable. As such, the 120% payout is not applicable to this indicator.

The 2015/16 QIP will continue to ensure the equal weighting of indicators, as well equally distributed in responsibility across the executive management team.

The percentage of QIP 'at risk pay' for each executive is uniformly twenty-five percent of total at risk pay, with 3.75% of the President & CEO salary at risk and 2.5% of all other Vice President's salary at risk for QIP measures and targets.

Health System Funding Reform (HSFR)

The HBAM funding formula and Quality Based Procedures (QBPs) do not currently apply to Holland Bloorview as it is a specialized, paediatric rehabilitation hospital serving the Province. However our focus on fiscal stewardship and examination of service models and clinical practice evidence based guidelines is evident. Our strategic plan under 'Transform Care' focuses on clinical practice guidelines, business optimization, decision analysis that will not only provide the best care to clients, but in the most efficient and effective way.

Collaborative Practice and Evidence to Care is a key part of our culture in ensuring that the right care is provided at the right time, by the right people, anchored in evidence. Not only will we ensure the uptake and use of outcomes, guidelines and standards within Holland Bloorview, but we will be contributing knowledge that can be utilized by health professionals throughout the health system.

Our consistent use of data to better understand demographics of our population, demand and capacity issues, variation within processes, and resource utilization has been the cornerstone of all of our quality improvement initiatives and decision making processes. A strong performance framework has enabled solid and evidence based decision making, while allowing for opportunities for improvement in patient to emerge.

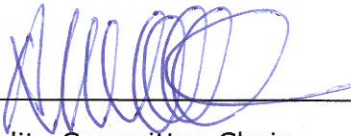
Sign-off

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
Dr. Janet Morrison



Quality Committee Chair
Dr. Ron Laxer



President & Chief Executive Officer
Julia Hanigsberg