Let's Make Healthy Change Happen.

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

St. Thomas Elgin General Hospital

4/8/2020

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.

Overview

St. Thomas Elgin General Hospital (STEGH) is a 157-bed acute care hospital serving the City of St. Thomas and all seven municipalities within the County of Elgin. STEGH is a fully accredited hospital offering a full range of hospital services, including: outpatient care (surgery and ambulatory clinics), diagnostic imaging, inpatient acute care (medicine, surgery, maternal child), level 3 critical care services, emergency services, post-acute care (rehabilitation and continuing care), as well as regional satellite services (chemotherapy and stroke unit).

More than 850 individuals work at STEGH and over 200 credentialed professional staff (physicians, dentists and midwives) provide care and ensure the highest quality and safety to each and every patient. STEGH is also supported by 160 volunteers and 130 students.

STEGH has partnered with London hospitals to provide specialized services in our community, such as the District Stroke Centre and the Outpatient Chemotherapy Clinic. STEGH provides a broad range of outpatient ambulatory clinics and diagnostic imaging services – serving tens of thousands of patients every year.

The hospital participates in the Southwestern Ontario Medical Education Network as a community hospital training centre for residents in OB/Gyn, Pediatrics, Emergency Medicine, Surgery, Family Medicine, Internal Medicine, Hospitalists, Anesthesiology, and Maxillofacial Surgery.

Health care is constantly changing. To achieve the best possible health outcomes for our patients, STEGH continually seeks innovative ways to deliver services, engage our patients, staff, physicians and community, invest in our people, and collaborate with our health care partners.

In 2019 STEGH executed a new direction that enables us to achieve continued success. Our Strategic Plan – Imagine 2023: Creating a Healthier Tomorrow – maps out that direction and is guided by a Mission, a Shared Vision and a strong, redefined set of Core Values. Throughout the planning process, STEGH sought and received valuable input from our community and used that information to inform our roadmap and strategic direction.

IMAGINE 2023 is a comprehensive, four-year road map that takes a multi-pronged approach to transforming STEGH to meet today's challenges and take advantage of tomorrow's opportunities. It is anchored on the following commitments:

- To focus relentlessly on quality and draw on the best ideas, so that everything we do continually strengthens our Hospital and creates a healthy community
- To work closely with the people we serve – our patients and their caregivers
- To continually improve what we do and how we do it
- To continue to develop leading programs and services to better serve the needs of our community
- To deliver patient services in more coordinated, connected and responsive ways

STEGH Mission, Vision and Values

The Strategic Plan includes four strategic directions and these directions continue to move STEGH toward meeting and achieving our goals and objectives. The strategic directions include:

- Partnering with patients to enhance their care experiences.
- Empowering out team to reach their full potential.
- Creating collaborative networks to connect patients to services they need.
- Achieving operational excellence to ensure quality and sustainability.

Since 2010/11 STEGH has been a leader in continuous quality improvement, utilizing Lean Quality Improvement methodology. One of the key principles of Lean is to engage front-line staff in all aspects of process improvement. Over the years, STEGH has created a culture where all staff understand the value they bring to the patient and the organization. Our staff strive to effectively eliminate wasteful activities, allowing them to focus their attention on what matters most – quality care for our patients. In 2019/20, staff implemented over 1450 change improvement ideas. These initiatives were focused on improving the patient experience, the staff experience, building collaborative networks and operational efficiencies / effectiveness. Overall, we are proud of our progress in advancing our quality and safety agenda.

Lean is an approach that focuses on continuous improvement in the pursuit of excellence with an emphasis on respect for people - patients, families, providers, and volunteers. This approach has supports STEGH to achieve a multitude of successes and improvements, which directly translate to an excellent care experiences for patients and a positive work environment for staff. These achievements are due to the commitment, hard work, and passion of staff, physicians and volunteers.

STEGH has a proud history and legacy in our community with 65 years of service. We draw strength from our past and look to our future with more confidence than ever before. We have a clear plan, exceptional programs and services, dedicated, caring and engaged staff and physicians, and truly collaborative partnerships. STEGH is well poised to achieve our Shared Vision: Together, creating health care excellence for our community.

STEGH's QIP demonstrates commitment to our history, the strategic directions, mission, vision and values. As a leading hospital in the province in both Emergency Department wait times and advancing patient experience strategies, STEGH continues to deliver quality in all aspects of care and is committed to open, transparent dialogue with stakeholders.

The population we serve

Health is determined by complex interactions between social and economic factors, the physical environment, and individual behavior. These determinants of health include: food, housing, education, income, peace and justice, physical environment, healthy child development, and social supports. Health is everyone's responsibility and all sectors of society take part in influencing the determinants of health (government, community and health agencies, and individuals).

Local Community Context:

STEGH's primary catchment is Elgin County. According to a 2016 Census, the total population of Elgin is 88,978. The population only grew by 1.7% since the 2011 census. Elgin County has a large rural population with 35% of its residents in rural areas. The county covers a size of 1,845.41 km2 (712.52 square miles).

Seniors make up 18% of the population - a number that continues to grow. Conversely, children and youth account for 25% of the population, but that number is decreasing.

By understanding the people in our region, we continue to provide relevant and excellent care. A key input to the strategic planning process was an analysis of the population demographics and socioeconomic needs of the communities served by STEGH, namely the City of St. Thomas and multiple towns, townships and municipalities in Elgin County and surrounding areas.

Elgin County is a dynamic region that is home to a diverse demographic. From young families and professionals to aging adults and retirees, Elgin County offers a range of recreation and community service agencies to support various lifestyles. Elgin County's rich agricultural community has attracted populations of migrant workers to the area. STEGH also serves the Low German-speaking Mennonite community as well as Indigenous communities in neighboring counties.

Population Growth
The population in the Elgin census is expected to grow at an annual rate of 0.40% from 2016 to 2041. This rate of growth is lower than the province of Ontario (1.1%).

Aging Population
While the overall population in the Elgin census is expected to remain relatively flat over the next 25 years, the growth rate among older age groups – 65 years and older – is projected to increase by 80%. Health care needs are greater in older populations and STEGH will need to prepare its patient programs and services to accommodate this shift.

Education
The percentage of residents in our region who do not have a high school diploma is 17%, which is 10% higher than the provincial average. Education is crucial to health and prosperity as it equips people with knowledge and skills for problem solving, skills necessary to access and understand information, and other resources required to maintain or improve health.

Employment & Income
6% of residents are either unemployed or have a low income. These factors not only provide the means to purchase necessities such as food, warmth and shelter, but also influence quality of life, the ability to make healthy lifestyle choices, the ability to participate in society and the extent of one's coping strategies when stressful life events occur.

15% of residents reside in a single-parent household. Especially when headed by a woman, these households can be some of the most economically vulnerable.

To meet the needs of our patients and to provide the right services for our community, we must respond to the following societal trends:

- Changing Demographics: In the next decade, one in four (25 per cent) of Ontario's population will be over 65 years of age.
- Chronic Diseases & Conditions: Chronic conditions are increasing due to demographic trends and lifestyle behaviors, creating long-term and costly health problems.
- Patient & Family Engagement: Patients and families want more control over their own health experiences, which require effective models for education and engagement at all levels of the health system.
- Population Health: The shift to a population health mandate to proactively improve the overall health of the population requires a broader approach to the organization and delivery of health services.
- Accountability & Transparency: Advancing health research has raised the bar on quality and safety, and has paved the way for renewed expectations surrounding system performance, public reporting, transparency and accountability.
- Integrated Care: Care needs to be coordinated and consistent between health service providers to enhance patient experiences and health outcomes.
- Innovation in Health Care: Growing demand and opportunity to innovate in care delivery, particularly in the use of virtual technologies and ensuring patients can access their own health information.
- Greater Efficiency: Given the fiscal constraints of provincial budgets, providers will need to continue to realize operating efficiencies in order to meet the growing demands for health services.

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

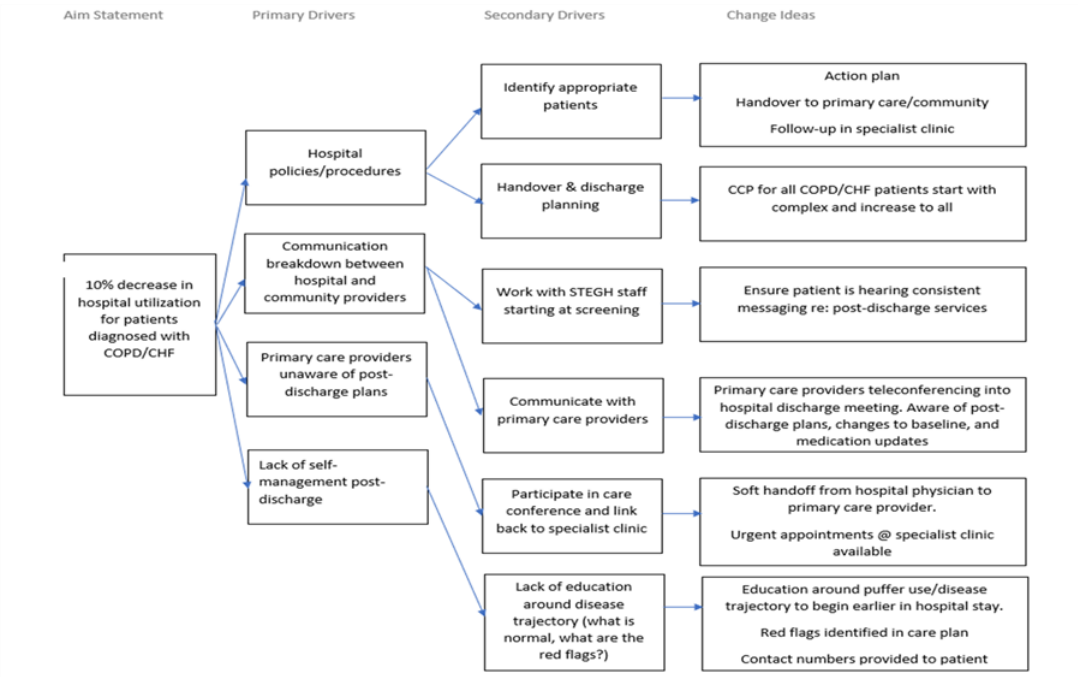
STEGH employs a continuous improvement model with a primary emphasis on developing an engaged team of problem solvers by building capacity across all levels of the organization. Throughout 2019/20, STEGH assessed its system approach to continuous improvement to highlight key areas to drive change. Through organizational reflection, changes were identified that have further connected the strategic vision, directions and goals and objectives to the everyday work at the sharp end of care and service in an effort to drive sustainable change throughout the organization.

Using our STEGH's continuous improvement methodology we have implemented an innovative program called – Preventing Readmissions and ER Visits in Elgin through Novel Transitions (Prevent). The following is a description of the project.

What problem were we trying to solve?
Patients with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) are at high risk of readmission following hospital discharge. Thirty-day readmission rates range from 23-25% for this population.

Current condition

The transition from hospital to community can be difficult to navigate for both providers and patients.



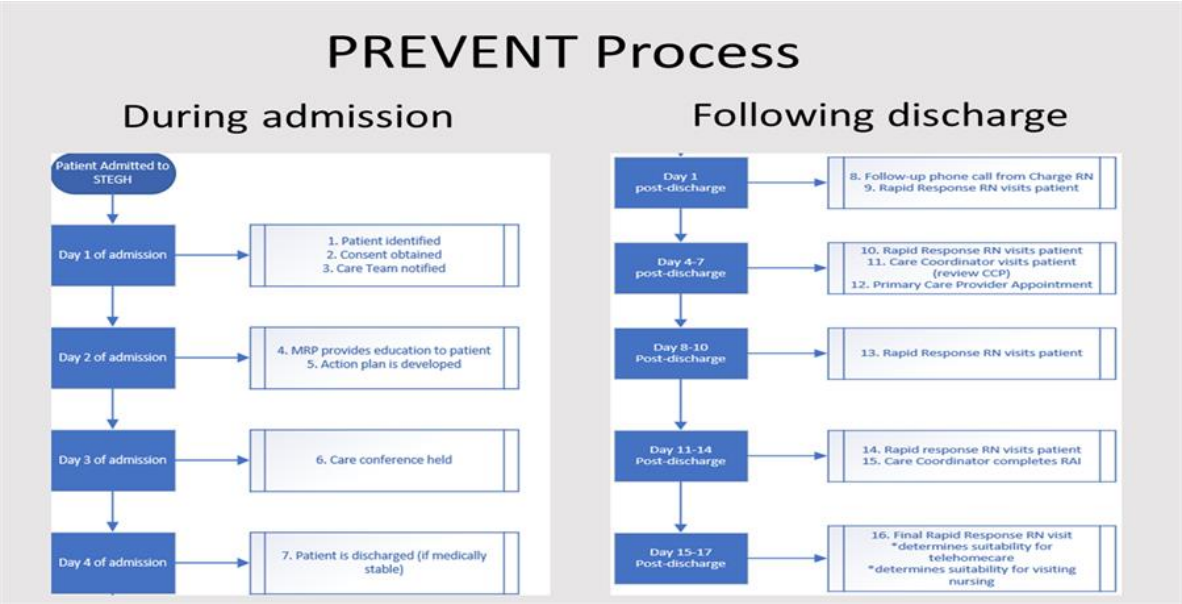
Target condition
PREVENT utilizes the Health Links coordinated care planning approach to facilitate communication among hospital, primary care, and home and community providers and improve continuity of care across sectors. We aim to decrease 30-day readmission rates and ER visits for CHF/COPD by 10% at the St Thomas Elgin General hospital (STEGH) by September 2019.

Experiments to Root Cause
Outcome measure
- 30-day readmission rate
- ER visits

Process measure
- % of patients enrolled in program who have a care conference prior to discharge
- % of care conferences with primary care provider (PCP) participation
- % of patients who follow up with PCP within 7 days

Balancing measure
- Length of stay

The current PREVENT process is shown below.



Results
Patient enrollment in the program began in January 2019. The program began with 1-2 patients enrolled each week. Each care conference provided the opportunity for additional refinement of the process.
Results to date:

- % of patients who had a care conference prior to discharge: 100%
- % of care conferences with primary care in attendance: 56%
- % of patients who followed up with PCP within 7 days of discharge: 33
- % of patients with first Rapid Response Nursing visit within 48 hrs: 100%
- % of patients receiving follow up from their home care coordinator within 14 days: 100%
- % who have been readmitted within 30 days of discharge: 20%

Learnings
Ongoing support from all stakeholders has been essential in this process.
The PREVENT process focused on changing workflow processes without increasing total workload. Key features to ensuring sustainability include:

- Cross-sector collaboration to eliminate duplication of work by different providers across and within organizations
- Streamlining documentation processes
- Leveraging existing resources
- Standardizing procedures to help embed the process in predictable workflow patterns
- All providers working from the same educational materials and care plans to ensure consistency
- Need for role clarity for all participants through Standard Operating Procedures
- Patient inclusion criteria refined during initial PDSA cycle

Next steps

- Expand capacity through process simplification to benefit a greater number of patients
- Develop capacity for primary care providers to request care conference
- Expand to include patients admitted from Long Term Care
- Continued education of staff and physicians
- 10% reduction in COPD readmission rates to STEGH (2020/21 QIP Target)

Collaboration and integration

STEGH has continued its spirit of collaboration with our many community partners. Examples of collaboration in 2019/20 continuing into 2020/21 include but are not limited to the following:

1. Partnered with Elgin Health Links and the SWLHIN Home and Community Care to develop a Coordinated Care Planning process for our patients with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD). The project is called PREVENT. For 2020/21, we are continuing this collaborative work but focusing on the COPD population for the QIP Indicator. We are targeting a 10% reduction in readmission rates for patients with COPD.

2. Collaboration with long-term care partners in Elgin to focus work on improving transitions from Acute Care to Long Term Care facilities.

3. In 2020/21 we are also focusing on transitions to and from the Emergency Room and Long-Term facility and avoiding unnecessary hospitalizations by long term care residents.

4. Continue to partner with Canadian Mental Health Association Elgin (CMHA) to streamline referrals and avoid unnecessary Mental Health admissions. CMHA has offices in our hospital and a presence in our Emergency Room to facilitate assessment and emergency department diversion.

5. Collaboration with Addictions Services Thames Valley to coordinate the transition of our ER and Inpatients requiring addiction services through the use of a new position supported by ASTV in the role of an Addictions Transition Coordinator. The service is located in the hospital Monday through Friday.

6. The Elgin OHT is still in the planning stage. There is multi sector collaborative planning committee designing a model for Elgin County.

7. Mental Health LOCUS implementation - The Level of Care Utilization System or LOCUS tool has been designed by the American Association of Community Psychiatrists (2009) to allow staff who work on inpatient hospital environments with patients with psychiatric problems (such as emergency departments, psychiatric sections of general hospitals or in psychiatric hospitals) to determine the level of care that an individual should receive. This is a collaborative project that include our Tertiary partner (St Joseph's London), primary care and our Local Elgin partners in mental health and addictions.

8. Redesign of Diagnostic Imaging and Mental Health outpatient referrals with primary care providers.

Patient/client/resident partnering and relations

Listening to and involving patients, families and caregivers in all stages of the care design and delivery process is a key driver of STEGH's operational platform. Patient and family engagement is critical to STEGH's daily work and continuous improvement efforts. Every discharged patient receives an internal patient experience survey; the survey is also available electronically online. STEGH maintains a return rate of 37% which provides robust and rich data on which to base quality improvement work. STEGH also uses the NRC Health Canadian Patient Experience Survey (CPES) and the Ontario Emergency Department Patient Experience of Care Survey (EDPEC) to identify trends and validate the information received through the in-house survey. The data collected from NRC also allows us to benchmark against other health care organizations, both provincially and across Canada. STEGH will be introducing a question to measure whether or not patients had follow-up care with a doctor or other health care professional upon leaving the hospital. The change in the patient experience question will capture transitional experiences with a clear question. The intention with this new question is to determine how STEGH is serving patients during moments of transition to other care providers. Transitions in care are critical moments for patients and their families and ensuring adequate follow up is important. This question is currently included in the CPES survey and has been added to STEGH's internal questionnaire for 2020-2021. The question is still new in use at STEGH and with less than a year of data available, the hospital has set a conservative target of 75% for the 2020-2021 year.

The Patient Experience Program has continued to grow and develop over the last year. With the support of dedication Patient and Family Partners, STEGH has introduced a "two-tiered" system for patient involvement. Patient and Family Partners can sit on the Patient Experience Council, which meets monthly to discuss corporate and organizational initiatives. Additionally, Patient and Family Partners have been involved in different unit specific initiatives, such as making improvements to unit handbooks or educational materials. Patient and Family Partners continue to provide feedback about their experiences and to assist with continuous improvement activities at both the unit and organizational level.

In alignment with the Continuous Improvement philosophy at the hospital, STEGH has begun implementing Experience Based Co-Design (EBCD) activities in 2019-2020 and will continue with this work in the upcoming fiscal year. EBCD is an approach that enables staff, patients and family caregivers to co-design services and/or care pathways, together in partnership. It focuses on the patient and staff experiences and empowers both groups to make changes together. Over the next year, this methodology will continue to integrate into the hospital's existing Lean Management System as a way of including the voice of the customer in our continuous improvement work.

Workplace Violence Prevention

STEGH implemented a Workplace Violence Prevention (WVP) committee in 19/20 with a goal of implementing solutions to reduce risks of violence. The unit based multidisciplinary Committee analyzes WVP practices and has adopted practices from leading organizations. All STEGH departments have implemented Workplace Violence Risk Assessment (WVRA) action plans which totaled 1,841 actions in 2019/20. STEGH has assessed the departments that may be under reporting and leadership is reinforcing, through standardized communication, the importance of reporting abusive patient and family behaviour. The Joint Health and Safety Committee reviews all incidents of violence for learnings and systemic improvement.

STEGH documents and monitors all incidents of violence and leadership follows up and investigates the majority of incidents within 48 hours.

Virtual care

Ontarians expect a health care system that ensures patients experience seamless transitions across care providers and settings, and provides the appropriate level of care in the appropriate setting, at the right time. In order to achieve this, STEGH has developed a 4-year IT Strategic Plan and roadmap to help manage trends STEGH will face into the future (STEGH IT Strategic Plan 2019)

Patient centered care is fundamental to executing the 4-year IT Strategy. Patient centered care is a regional and organizational priority and relates to patient access to information, and the ability to access care from locations, outside the walls of the hospital. The regional Thames Valley partnership offers benefits to STEGH to leverage regional technology implementations and progress toward digital health enablement.

There are number of IT priorities planned for STEGH over the next 4 years to continuously improve STEGH's digital health footprint to be a Smart Hospital and improve patient access to care, including self-service Kiosks and Remote Monitoring. Priorities related to the Patient Experience include:

- Implementation of Phase 1 of the OneChart initiative to improve communication across regional hospitals, ensure operational efficiency and advance care across the continuum
- Timely access to care by implementing eConsult and eReferral
- Understanding the hospital wide capacity through a bed management tool
- Empowerment of patients with implementation of MyChart where patients can create and manage their own personal health information, and physicians, caregivers, pharmacists etc. have access to patient information for effective care management
- Implement a Patient Appointment / Call Reminder system to improve electronic access for Patients through MyChart Patient Portal & My PocketChart
- Implement patient self-service options
- Continue to implement full regional Cerner integration and standardization (e.g. OneChart)
- Implementation of a patient engagement system
- Investing in opportunities to expand current virtual care visits done through OTN allowing external specialists to meet with patients locally.
- Continue making investment in security controls, infrastructure, and advanced security technologies and STEGH has taken steps to enhance mobile device cyber security.

Providing patients with technologies to enable an improved healthcare experience (e.g., accessing care from home via OTN), ensures that healthcare issues, and patient questions are addressed quickly. Combining these services with other options will provide the ability to transform how healthcare is provided to the STEGH region through digital care.

Executive Compensation

Under the Excellent Care for All Act (ECFAA) legislation, hospitals are required to link Senior Leadership compensation to the achievement of performance improvement targets. The STEGH Senior Leadership Team is held accountable for achieving targets that are laid out in STEGH's Quality Improvement Plan (QIP). The percentage of salary at risk for each individual executive has been set at 5% of base salary. For the 2020/21 STEGH's QIP, the pay at risk compensation is being

applied to four (4) Indicators (see below). This compensation formula applies to all the executive team.

For the 4 indicators identified below, 1.25% of executive pay will be applied to each of the individual indicators:

1. Continue to sustain Emergency Room Pay for Performance Results (P4R).
Three of six P4R measures will be at Ministry of Health and Long-Term Care - 90th target.

2. Improving transitions to home for Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) patients. For fiscal 2020/21, 10% reduction in COPD readmission rates to STEGH.

3. Patient Experience – When you left the hospital, did the hospital make sure you had follow-up care with a doctor or other health care professional?
For fiscal 2020/21, achieve 75% who responded 'Yes Definitely' on the internal patient experience survey.

4. Medication reconciliation at discharge for inpatient areas.
Continued implementation of medication reconciliation at discharge for inpatients.
Target 88%

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