

Let's Make Healthy
Change Happen.



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



Ontario

Hamilton Niagara Haldimand
Brant Local Health Integration
Network
Réseau local d'intégration
des services de santé
de Hamilton Niagara
Haldimand Brant

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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

Imagine what we can achieve together...when we care, listen, and act.

HNHB LHIN's vision for change was launched in the fall of 2017 as a call to action. It demonstrates the LHIN's strong commitment to quality, collaboration, and the delivery of excellent health care to the people and communities we serve. It compels us all to think broadly and innovatively, to focus on outcomes, and to always ensure we remain grounded in the foundational elements of caring, listening and acting. The vision statement has been introduced to our staff, shared with our health service providers and service provider organizations, and openly shared in public board meetings. It will continue to guide the LHIN's quality activities and initiatives throughout the upcoming years.

When first created in 2006, the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network's (LHIN's) mandate was to plan, fund and integrate the local health system. With the December 2016 passage and royal assent of the Patients First Act, 2016, the LHIN's mandate expanded to include the management and delivery of home and community care services. The LHIN's current mandate is to plan, fund and integrate the local health system and deliver and manage home and community care services.

The February 2015 release of Patients First: Action Plan for Health Care by the Minister, exemplifies the government's commitment to putting people and patients first by improving their health care experiences and outcomes through focusing on four goals:

- Access: Improving access by providing faster access to the right care.
- Connect: Connecting services by delivering better coordinated and integrated care in the community closer to home.
- Inform: Supporting people and patients by providing the education, information and transparency that people and patients need to make the right decision about their health.
- Protect: Protecting our universal public health care system by making decisions based on value and quality, to sustain the system for generations to come.

The government's strong commitment to putting people first by improving their health care experiences and health outcomes resonates with the HNHB LHIN, as these goals are reflected in the HNHB LHIN's strategic aim of dramatically improving the patient experience through quality, integration and value.

The HNHB LHIN has accountability for allocating nearly \$3 billion annually to health service providers (HSPs) across the continuum of care including hospitals, community services and long-term care homes (LTCHs). Each HSP is held accountable to the strategic directions of quality, integration and value through its service accountability agreement (SAA). Across the HNHB LHIN, there are 188 SAAs covering hospital corporations, LTCHs and community services.

In addition, under its expanded mandate, the HNHB LHIN has accountability for the delivery of home and community care services across its geography. The organization allocates approximately \$240 million, of the \$3 billion, through agreements with 11 service provider organizations (SPOs) for the provision of home and community care services.

Quality Improvement reflects the HNHB LHIN's commitment to fostering and sustaining a strong culture of quality, and continuously working in collaboration with HSPs towards improving performance, experience, and health outcomes for the people we serve. The HNHB LHIN supports the development and delivery of consistent, high quality services and programs, monitors system level outcomes, and manages performance. Within the expanded mandate, the HNHB LHIN is focused on delivering high quality, excellent home and community care. The HNHB LHIN reviews adverse events and complaints as learning opportunities and, in response, makes improvements to patient care, processes, and policies. The HNHB LHIN will work with local clinicians at a community level to support implementation of completed quality standards.

As directed by Health Quality Ontario (HQO), the focus of the 2018-19 Quality Improvement Plan will be on the HNHB LHIN's home and community care services.

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

Caregiver Distress Reduction

The HNHB LHIN received funding from the Ministry in the fall of 2016 to enhance caregiver respite support and services. With this support the HNHB LHIN used an evidence informed approach to identify caregiver distress and to develop care plans to support patients and their families.

The HNHB LHIN in partnership with the University of Waterloo focused on utilizing the Caregiver Distress Index (CDI) as a tool to assess and address caregiver burden. The CDI, an interRAI screening tool, identifies caregivers at high risk of adverse outcomes who could benefit from respite support. The CDI is now administered to all long-stay community patients as part of the assessment process, and the results help to inform the service allocation for respite personal support hours for the patients and their caregivers. In addition to the introduction of the CDI, HNHB LHIN introduced a flexible model of care allowing patients and caregivers to “bundle” all available hours to meet their needs. This caregiver-centred approach allows care coordinators to develop care plans that consider the strengths and needs of patients and their caregivers.

All of the caregivers who were re-screened 6 weeks after the implementation of the caregiver relief program, reported being pleased with the caregiver relief program, and 75% reported a significant decrease in caregiver distress.

Patient/ resident engagement and relations

LHINs aspire to understand what patients, families and caregivers value most in our health care system. In order to improve health outcomes and experiences, patients and families across Ontario must be engaged and empowered to have a strong voice to shape care delivery. LHINs are committed to partnering and listening to patients and families to ensure that changes in the health care system reflect the diverse needs and opinions of those it serves.

Expanding patient engagement across the health care system is a key commitment articulated in the Patients First Act, 2016. A key element of this approach was the establishment of a Patient and Family Advisory Committee (PFAC).

The PFAC will aim to assist in shaping programs, services and initiatives designed to improve care for patients, families and caregivers across the HNHB LHIN. The PFAC members apply their learning, collective experience and insights to:

- Identify and advise on opportunities to incorporate the patient’s perspective into initiatives to better integrate care across the region and across the health care system.
- Support effective patient engagement within the HNHB LHIN.
- Provide advice on recommendations about health care access or service delivery improvements from the patient and/or family caregiver perspective.
- Provide input on LHIN policies and standards guiding LHIN initiatives, particularly regarding patient care and patient engagement.
- Recommend strategies and practical ideas for improving patient care, and caregiver recognition and support.
- Work in partnership and engage in co-design with the HNHB LHIN CEO, LHIN staff, service providers and partners.
- Link and collaborate with other patient and family advisory groups within the HNHB LHIN and across the province as appropriate.

Collaboration and Integration

The goal of Home and Community Care (HCC) is to support people of all ages, in the communities in which they live, to remain independent and cared for in their own homes for as long as possible. This is achieved through the provision of one or more of the following services: care coordination, nursing care, physiotherapy, occupational

therapy, speech language therapy, dietetics, social work, personal support services, respite supports for caregivers, Long Term Care placement coordination services and home health care supplies and equipment.

Strengthening HCC also requires better integration of the health care services that patients receive from providers across the continuum of care to achieve a more seamless approach to service delivery and better patient outcomes. Patient navigation to assist in accessing these services, through system partnerships and collaboration, supports shorter hospital stays, and delays or avoids the need for admission to an institutionalized setting (such as a hospital or Long Term Care Home). HCC is necessary for the health system to deliver on the promise of right care, right time, and right place.

HNHB LHIN-delivered HCC services are also a key component in the health care continuum, connecting with many partners to provide health care services and supports to residents across the HNHB LHIN. An example of this is the role HCC has in advancing and supporting the HNHB Regional Palliative Care Network's (RPCN's) mandate.

Hospice palliative care is a philosophy of care that aims to relieve suffering and improve the quality of living and dying by helping individuals and families. The Patients First: A Roadmap to Strengthen Home and Community Care established goals and set out the following palliative and end of life (EOL) care priorities:

- Support greater patient choice for palliative and EOL care.
- Expand access and equity in the palliative system.
- Establish clear oversight and accountability.
- Introduce new supports for caregivers.
- Support enhanced public education on the issue of advanced care planning.

Engagement of Clinicians, Leadership & Staff

The 2018-19 QIP was developed to align with the HNHB LHIN Annual Business Plan and other key internal and external strategic documents. Development of the QIP was also informed by various other sources, consultations and engagements including:

- LHIN staff participating in quality and patient safety huddles, reporting safety events or complaints
- Discussions with hospital and community partners at the LHIN's Regional Quality Table
- Review of the proposed indicators with Service Provider Organizations

The draft QIP was reviewed by the Executive Team and the LHIN Board for input prior to being finalized and approved.

Population Health and Equity Considerations

Population health planning requires working collaboratively with citizens and service providers at a community level to develop a shared vision and improvement framework.

A sub-region is a geographic area within a LHIN that will enable health and social service planners and providers to better identify and respond to the needs of local communities, and ensure people are able to access the care they need, when and where they need it. This includes strengthening the role of patients and families in the planning for their own health care needs and an increased focus on cultural sensitivity in the delivery of health care services to Indigenous Peoples, French-speaking people, newcomers and other marginalized populations.

Population health planning will continue to occur at the LHIN and the sub-region level. Local planning will be informed by both LHIN-level planning and the needs of the local community.

The HNHB LHIN is organized into six sub-regions: Brant, Burlington, Haldimand-Norfolk, Hamilton, Niagara and Niagara North West. Each sub-region is supported by a Director of Sub-Region Planning and Integration, a Clinical Lead and a Director of Patient Care.

Public Health is an essential partner in population health planning. In 2017-18 the HNHB LHIN strengthened its relationship with the LHIN's five public health units through the establishment of a HNHB/Public Health Steering Committee to advance ongoing collaboration between the LHIN and public health.

Health equity is one of HQO's six dimensions of a quality system and is a priority area of focus in the HNHB LHIN. It is the LHIN's expectation that an assessment of health equity is a standard component of all LHIN activities including: planning, program development, integrations, capital projects, business cases and funding decisions. Understanding local populations at the sub-region level, through a health equity lens to identify high-risk populations, will be a priority and a requirement for sub-region tables.

Examples include: establishing culturally safe environments for receiving care or requesting to be connected with culturally-appropriate services.

- In collaboration with local Indigenous Peoples, develop and initiate a plan to deliver equitable access to high quality care and support for First Nations, Inuit and Métis Peoples living on and off reserve in both urban and rural areas.
- Engage designated Francophone Health Service Providers and the French Language Health Planning Entity (FLHPE) to advance opportunities to meet the requirements of the French Language Services Act (FLSA).

The HNHB LHIN acknowledges and recognizes the unique health care experience of First Nations Peoples living on and off reserve and continues to work alongside local First Nations to identify where the HNHB LHIN can build stronger relationships and be a partner in supporting equitable access to health services within and surrounding these communities.

Alternate Level of Care (ALC)

Improving transitions across the health care system specifically from hospital to community will be a priority goal in 2018-19. Focus will be on initiatives that maintain or improve a person's functional status, expand access to restorative transitional care settings, and increase access to subsidized supportive housing.

Activities will include:

- Implementation of the Rehab Care Alliance (RCA) provincial work plan, specifically:
 - developing a communication plan to inform patients, families and referring HSPs on what to expect when receiving rehabilitative care;
 - applying the provincial RCA evaluation framework to assess the implementation of the RCA provincial standardized definitions; and,
 - assisting in the development and testing of a simplified provincial approach to rehabilitative care capacity planning.
- Expanding the capacity of the HNHB Transitional Care Bed Program.
- Implementing a 28 bed Acquired Brain Injury (ABI) Stroke Community Transitional Program.
- Implementing and evaluating a ten bed supportive housing unit for persons with Dual Diagnosis.
- Implementing 51 subsidized supportive housing units for eligible persons waiting in hospital for supportive housing.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

To support the Patients First Act, 2016, the Minister's 2017-18 mandate letter, and Ontario's Opioid Strategy, the HNHB Mental Health and Addictions Advisory Committee, in partnership with HSPs and other key stakeholders, has focused on improvement efforts related to opioid prescribing for the treatment of pain and opioid use disorder.

Most notably in 2018-19, the HNHB LHIN, with the support of the HNHB Mental Health and Addictions Advisory Committee, and Mental Health and Addictions Patient Family Advisory Committee will:

- From a person and system perspective, evaluate the impact of mental health and addictions (MHA) programs supported with new funding in 2017-18 on outcomes related to opioid use at the sub-region and LHIN level.
- Engage sub-region Anchor Tables and Public Health on planning addiction services.
- Address factors that may contribute to repeat emergency visits by spreading and scaling local initiatives that reduce repeat use of EDs for MH issues and substance use.

- Support the ongoing development of the provincial opioid strategy and the implementation of the new and/or expanded programs funded with 2017-18 Community Investment Funding and/or Opioid Strategy Funding.

Workplace Violence Prevention

HNHB LHIN is committed to keeping not only our patients but our staff and service providers safe. Risk de-escalation guidelines and the launch of new event management tracking software allows for better reporting of risk events to help inform improvement strategies. As part of the work to ensure staff safety, the HNHB LHIN will be offering education related to mental health first aid. Continuous work is being done to update and ensure accuracy in the reporting of employee incidents of workplace violence through the event management tracking software as well as updating the policy and procedure related to the prevention of harassment and violence in the workplace.

In addition, an external consultant was brought in to work with HNHB LHIN ONA and Patient Care management to develop improved working relationships through strategies to enhance communication. Predictive Index - a behavioural assessment tool - was introduced to the organization in 2017-18 and will continue to roll out in 2018-19. This is a behavioural assessment that provides an accurate depiction, or pattern, of core drivers, and therefore insight into people's needs and behaviors. Ultimately, this understanding helps managers better work with each other and their direct reports by providing information about the type of leadership skills required to work successfully with others.

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Sign-off

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

Original signed by:

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