

Let's Make Healthy
Change Happen.



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



03/22/2021

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.

DEVELOPED IN PARTNERSHIP WITH
Sault Area Hospital
Patient and Family Advisors

ontario.ca/excellentcare



Overview

Serving a population of approximately 115,000 with an approved complement of 293 beds, total assets of \$331 million, and a total annual operating budget of \$214 million, Sault Area Hospital (SAH) provides primary, secondary and select tertiary services to residents in Sault Ste. Marie and the District of Algoma. SAH is proud of our 1850 dedicated staff, 370 physicians (active, supportive, and locums) and 525+ volunteers who, until March 2020, provided almost 65,000 hours of service each year.

Sault Area Hospital's Mission, *'Exceptional people working together to provide outstanding care in Algoma'* and our Vision, *'Trusted Partner. Outstanding Care.'* are the cornerstones of quality improvement for our hospital and our role in the broader health system as a key partner the Algoma Ontario Health Team. Our iCcare values support our strategy to provide our patients access to the safest and highest quality of care as close to home as possible. Through incorporating these values into the daily care, we provide:

- **Integrity** – We say what we mean and we mean what we say
- **Compassion** – We show concern and care for others
- **Collaboration & Partnership** – We promote teamwork
- **Accountability** – We are answerable for our actions and decisions
- **Respect** – We care about the well-being, dignity and uniqueness of everyone
- **Excellence** – We deliver our best every day and encourage innovation to continuously improve

Our 2021 / 2022 Quality Improvement Plan (QIP) is guided by the following principles:

- Commitment to patient safety and quality
- Alignment with hospital objectives and strategic priorities
- Provides the highest impact on quality measures
- Drives improvement through discussion and consensus

The development of our QIP was informed by the following:

- The 2020/2021 mandatory and priority indicators as established by Ontario Health - Quality
- Needs of patients, clients, and residents
- Insight gleaned through the patient relations process, patient experience surveys, and critical incidents
- Results and initiatives pertaining to employee and physician engagement
- Commitments outlined in Strategic Plans and Hospital Service Accountability Agreement, Local Health Integration Network and Ministry of Health & Long-Term Care priorities
- Accreditation Canada's standards and processes
- Federal, provincial, and local directives related to pandemic activities

Describe your organization's greatest quality improvement achievement from the past year

Over the past year, Sault Area Hospital's greatest quality improvement achievement has been our COVID-19 Pandemic Response. When news reports began to increase around the COVID-19 virus, SAH proactively and quickly mobilized a team of physicians, leaders, staff, and subject matter experts who immediately began planning. When the pandemic was declared by the World Health Organization on March 11, 2020, SAH was well positioned to respond and adapt to the ever evolving guidelines and directives with the mindset of keeping our patients, workers, and community safe – all while continuing to provide quality care to all patients who came through our doors.

We created an efficient Command Centre, established a COVID-19 Assessment Centre, drafted surge plans, erected tents in our parking lot, redesigned our Emergency Department, inpatient units, and clinics, navigated significant supply chain issues, established a Field Hospital, implemented Safety Leads, enhanced our Occupational Health and Safety, Infection Prevention and Control, and Laboratory services, and rapidly adapted how we delivered care to all patient populations across all our programs.

We enhanced and embraced the delivery of care using technology. Virtual care has become embedded into the daily practice of many physicians, staff, and hospital programs. New innovations are constantly being explored and leveraging technology has quickly become the norm.

An important component of the success of our COVID-19 response has been the role of our community partners. The often creative and innovative collaborative efforts of so many different organizations, businesses, and all levels of government have ensured that the hospital and community are well positioned to respond should the worst happen.

The efforts of our community have included incredible gestures of gratitude honouring the dedication of our staff and physicians. Highlights included community mobilization to sew masks for our workers and patients, donations of personal protective equipment and hand sanitizer, heartwarming donations and drop-offs at the door; a parade of cars and trucks at shift change; the thoughtful notes of thanks from our patients; the signs outside businesses in the community; monetary donations to our Sault Area Hospital Foundation, purchase of 50/50 draw tickets, and the display of support by our incredible first responders outside our doors. Our community reflects a shared commitment to stay strong and be safe.

The COVID-19 pandemic has had an unprecedented effect on the patients and workers at SAH, our community, and all of Ontario's health care system. The ongoing effect of COVID 19 will continue to be felt for the coming months and years and because of the incredible amount of work over the past year, SAH is well positioned to succeed.

Collaboration and Integration

Sault Area Hospital, in collaboration with our community partners, was successfully designated as the Algoma Ontario Health Team (AOHT) on July 23, 2020.

The AOHT is structured with a core group of organizations, primary care providers, patients, and advisors with lived experience of the health system, whose collaborative efforts result in delivering better care and outcomes for the people we all serve.

AOHT Vision

An integrated health system focused on the unique needs of Algoma residents; where users receive seamless, effective care where and when they need it.

AOHT Mission

The AOHT will collaborate in a model of care that is person-centred, efficient, and simplified for both individuals and providers. In our first year of operation (2021-22) we are committed to advancing the following priority areas:

- 1. Strengthening Care Closer to Home:** We will integrate care to improve patient experience and access, particularly:
 - redesign care for community-dwelling frail older adults and their caregivers;
 - improve health and social care coordination and transitions for those with conditions better managed in the community; and
 - support the efficient and equitable roll-out of the COVID19 vaccine in the community.
- 2. Engaging Patients and Communities in Co-Design:** We will use upstream engagement and on-going connection to improve health system outcomes
- 3. Building a Foundation for Collaboration:** We will create a unified network of organizations to better serve our community.

Multiple collaborative projects are underway that are focused under the three broad strategic areas. Several successful efforts to-date have been realised, including the joint-delivery of community flu clinics, the launch of a mobile outreach service for underserved populations, and the development of a Quality Improvement Committee that will develop a mechanism to measure performance and enable continuous rapid learning across organizations. By the end of 2021-22 AOHT members are asked to establish a Collaborative Quality Improvement Plan (cQIP).

The AOHT has initiated work to measure three quality improvement indicators focused on difficult transitions of care, with an eye to improving the relationship between community services, the hospital, and primary care by the end of 2021-22. These include:

- Proportion of patients who are contacted by their primary care provider within 7 days of discharge from the hospital
- Number of visit to the Emergency Department with a main problem that is “better served in the community”
- Median wait time for community care.

Patient/Client/Resident Partnering and Relationships

Sault Area Hospital demonstrates a commitment to enhancing our patient-centred approach to the way we deliver care by recognizing patients as experts in their own care needs. This is reflected in our commitment to a Patient & Family First Culture, whereby patient and family advisors are involved in key decisions in the organization, ensuring that patients and their families have timely access to information and can have their questions answered. SAH commits to seeing patients and their families as partners of the health care team.

The implementation of Patient and Family Advisory Councils (PFACs) in multiple departments has contributed to high-quality patient outcomes by listening to the voice of the patient. Hearing the patient voice is at the heart of an exciting shift within health care. By working together, better health care outcomes, wiser allocations of resources, and greater patient and family satisfaction will be achieved.

The Senior Leadership Team and leaders across the hospital reinforce this belief and have partnered with patients and family members on our councils. This partnership presents patient and family members with the unique opportunity of working hand-in-hand with key decision-makers within the hospital to ensure the best possible care is delivered to the patients and families of Sault Ste. Marie and the Algoma District.

To ensure our patients are directly involved with quality improvement, patient and family advisors are represented on all hospital committees. Advisors are also actively involved in the Algoma Ontario Health Team with tri-chair representation along with the contributions from 11 additional SAH advisors.

Currently, 95 patient and family advisors participate in hospital-wide work with the common goal of improving the overall patient experience. Advisors participate through placements on four program-based councils (Algoma Regional Renal Program, Algoma District Cancer Program, Mental Health & Addictions, and Emergency Department), one corporate-wide council, and a resource pool that fulfills ad hoc requests throughout the hospital. Recent PFAC engagements that have had an impact on quality improvement initiatives include:

- Representation on all hospital committees
- Expanding our advisor led rounding program that allows advisors to speak virtually with patients and their families about their experience at SAH and provides staff with an opportunity to perform real-time service recovery
- Essential Care Giver ID program (highlights below)
- Participation in activities of the Algoma Ontario Health Team including the Flu Vaccine Clinic and the Risk of Falls project
- Engagement in the redevelopment of the SAH website
- Consultation in SAH's strategic planning process to ensure the voice of the patient/family is at the center of our work

The Essential Caregiver ID program is a pilot project that launched in early 2021 in the 2B wing of SAH. A collaborative committee with representatives from SAH staff, community partners, the Algoma Ontario Health Team, and PFAC has been working diligently to develop the program and launch a pilot in early 2021. The intent of the program is to ensure the caregiver is integrated as part of the care team to provide supportive care to the patient while in the hospital.

The Role of the Caregiver is:

- Assisting the patient with daily tasks of eating, bathing, mobility, and personal care
- Emotional, communication/language, and cognitive support
- Assisting the patient with pre-transition to going home

- Other items (as agreed upon by the health care team)

Should this prove to be successful, the plan is to later integrate this in other branches of health care in the community and other areas of the hospital.

Workplace Violence Prevention

In 2003, SAH developed our Workplace Violence Policy with the purpose of minimizing and/or preventing workplace violence, and to foster the safety and security of those who work at SAH. This initiative was bolstered by a comprehensive Workplace Violence Prevention Program whose mandate is to create a clear understanding that workplace violence will not be tolerated, to provide employees with the necessary education and tools to address potential and actual incidents, to encourage reporting of incident, and to heighten general awareness. The hospital's Workplace Violence Prevention Committee meets monthly to monitor and update existing programs and policies, and identify new initiatives to support a safer workplace.

In 2017 / 2018, SAH undertook a review and refresh of its Strategic Plan. The addition of 'Healthy, Well & Safe at Work' as a priority initiative reconfirmed our strategic commitment to ensuring staff, physicians, and volunteers work in an environment that is safe and promotes a culture of health and wellness. The hospital engaged frontline workers, physicians, and volunteers in order to collect feedback which then was used to inform our multi-year plan to support our strategic priority initiative of Healthy, Well and Safe at work. Improvements in workplace violence was a focus of these consultations and is a key component of our plan.

In June 2020, after several years of planning, a new incident reporting system was implemented. The design took into consideration best practices, legislation requirements, and feedback of workers. This has resulted in a system that is easier for workers to complete and captures the relevant details pertaining to workplace violence.

Alternate Level of Care

Alternate level of care (ALC) patients are those that are not in the right place to receive the most appropriate level of care required for their care needs. SAH recognizes the importance of supporting patients and families during their hospital stay to achieve their most appropriate discharge destination.

There are a myriad of reasons why a patient, regardless of age, may be at risk of or designated as ALC. At SAH, the majority of these patients are over the age of 65 and as such, we recognize Senior Friendly work as our work and support the philosophy of Home First. Many of our defined initiatives include early identification and assessment for restorative potential, referral and navigation to the most appropriate level of care, and interventions to progress or maintain function. These strategies assist our ability to appropriately support our seniors at risk for ALC status.

Over the past year, SAH has experienced mounting ALC pressures as the health system navigated COVID-19. Ministry directives imposed restrictions on Long-Term Care, Retirement Homes, and other community services that would typically support a robust discharge planning process. Despite these challenges, SAH has continued to engage with community partners to support complex discharges and identify new ways to work together with the patient and family at the centre. Community partners include Home and Community Care, Red Cross, March

of Dimes, Algoma Regional Community Hospice, retirement homes, assisted living, supportive housing, and local long term care homes.

Sault Area Hospital also recognizes the importance of addressing ALC risks before a patient is admitted to hospital. In the Emergency Department (ED), SAH utilizes a multifaceted approach to admission avoidance with embedded resource teams. The goal is to support individuals of all ages in the community by ensuring referrals for the appropriate services are in place. A component of this team is Geriatric Emergency Management (GEM). When presenting at the ED, the GEM program conducts a geriatric assessment on frail seniors which is instrumental in determining areas where the program can aid in avoiding admission to hospital and transitioning back home safely. They help patients navigate the system and access the right care at the right time.

With the support of our community partners, following the Home First philosophy, and our Senior Friendly work, SAH continues with focused discharge planning efforts and defining a new normal for managing ALC.

Virtual Care

Virtual care is a key aspect of SAH's Digital Health Strategy, and work is underway to expand services in 2021/22. According to recent literature, virtual care must become a permanent outcome of the COVID-19 pandemic in order to support the sustainability of the Canadian health care system (Deloitte, 2020). Virtual care allows SAH to optimize operational efficiencies, reduce/eliminate unnecessary travel for patients, and provide increased access to care when and where patients need it.

Sault Area Hospital has traditionally used the Ontario Telemedicine Network (OTN) to arrange confidential and secure appointments between patients and an array of providers in the circle of care. The health care team uses the OTN to collaborate with key team members, conduct interactive conversations, and ensure care is well coordinated. Virtual care using OTN technology enables SAH to provide care that is truly patient and family-centred, which improves the patient/client experience overall.

The practice of virtual care is being carefully appraised in terms of ethical guidelines, privacy and technological impact, and use of the latest innovations in the field. Two recent pilot programs and a proven change in practice in Mental Health and Addictions, can be highlighted as salient examples of virtual care being applied in different clinical areas using novel technologies.

A new virtual care pilot program started in November 2020 in the Ambulatory Care Department. The "Virtual Care Wound Clinic" involves the use of a portable tablet and mobile cart to allow physicians to examine patient wounds and provide guidance/medical orders via a secure private network. Early program evaluation results are positive and staff are very engaged with the process. So much so, that plans are underway to increase patient volumes in the clinic and attempt to operate at full capacity (in concert with the regular in-person wound clinic). There is also interest in trialing a different configuration of the program, whereby a physician can provide services from a home office to patients who receive care at the hospital clinic.

Another virtual care pilot project has been launched using "Careteam" which is an electronic platform that features the ability to link patients to health care professionals and their personal support teams, integrate care plans, and communicate instantly. This project arose from an opportunity provided by Canada's Digital Technology Supercluster's COVID-19 response program. Beginning with a focus on the Geriatric Clinic, the pilot

project provides support to patients and their caregivers, facilitates large-scale remote monitoring, and increases coordination between disparate health and social services.

A successful change in daily standard work utilizing virtual care and OTN began in March 2020, in the Inpatient Mental Health and Addictions Program. Within the span of one month, all psychiatrists were completing daily OTN assessments of their inpatients. This was a significant change in the model of care delivery. The benefits were realized almost immediately. Plans of care were updated daily, the care team felt more connected and cohesive, and it was well received by patients and families. This success led to an expansion whereby the on-call psychiatrist began assessing Emergency Department patients via OTN. Patients are now assessed well into the evening/night providing them with timelier access to the appropriate level of care.

Sault Area Hospital is responding to opportunities to receive dedicated funding for virtual care in other health sectors. The aim is to engage in trials where patients can participate in their own health journeys using their smartphone, tablet or computer – where they can be guided through clinical pathways via reminders, education and interventions sent by their care providers. These virtual care platforms allow care providers to monitor patient/client dashboards, receive alerts, assess analytics, coordinate care, and track recovery remotely.

Virtual care has enormous potential to remove barriers to care such as distance, time, and cost associated with travel to hospital. This is an exciting new horizon in healthcare service delivery—and one that SAH is actively pursuing in efforts to respond to the needs of patients/clients, providers, and our rapidly evolving healthcare industry.

Compensation

Sault Area Hospital has implemented and publicly posted its Executive Compensation Framework in accordance with the Regulation under the *Broader Public Sector Executive Compensation Act, 2014* (BPSECA). An element of performance-based pay is included in this Framework that applies to the senior leadership team. This performance-based pay is determined by an assessment of achievement of SAH's hospital objectives and QIP targets. Under the *Excellent Care for All Act, 2010*, hospitals must link executive compensation to the quality improvement targets set out in the hospital's quality improvement plan. Six of SAH's Quality Improvement Plan (QIP) indicators are also hospital indicators/performance metrics supporting SAH Hospital objectives, namely: Workplace Violence, Length of Stay for Top 5 Most Responsible Diagnoses, Mental Health and Addictions Revisit Rate, Emergency Department Length of Stay for Admitted Patients (median), Time to Inpatient Bed (90th percentile), and Patient Experience (% excellent). Hospital Objectives are Improve Engagement, Optimize Length of Stay, Enhance patient Experience, and Be Fiscally Responsible.

On an annual basis, the Board of Directors approves a focused set of hospital objectives that represent the strategic priorities of the organization. The Board-approved QIP targets support the hospital, securing the highest impact on quality.

Contact Information

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Other

The 2021 / 2022 QIP has been developed from the direct input of our patients and their families involved in an advisory capacity and indirectly through letters, phone calls, and conversations with members of the SAH team. This QIP is a reflection of their voice and has been vetted through consultation of the Patient & Family Advisory Council, Medical Advisory Committee, Operations Team, Director Team, Senior Leadership Team, relevant Managers and frontline staff, and the Quality & Service Committee of the Board.

In developing and publishing this Quality Improvement Plan, Sault Area Hospital demonstrates its commitment to providing patients with safe and outstanding care every day.

Sign-off

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

Board Chair – Sharon Kirkpatrick



Quality Committee Chair - Jim McLean



Chief Executive Officer – Wendy Hansson

