



2019-2020 Quality Improvement Plan Narrative



Thunder Bay Regional
Health Sciences
Centre

healthy
together

En santé
ensemble

Overview

Thunder Bay Regional Health Sciences Centre (The Hospital) has a mission to deliver a quality patient experience in an academic acute care environment that is responsive to the needs of the population of Northwestern Ontario. Our hospital, with 375 beds, serves the people of Northwestern Ontario. Our region has a population of over 250,000 residents scattered over a geographical area the size of France. We offer a broad range of specialized acute care services. As a teaching Hospital, we are proudly affiliated with Lakehead University and Confederation College and are a host training facility for medical

students and residents from the Northern Ontario School of Medicine, as well as other Medical Schools. Our Hospital operates one of only four Ontario Cyclotrons and Radiopharmacy, capable of producing medical isotopes for clinical use. The research being done by our Scientists and Clinicians at our research arm, the Thunder Bay Regional Health Research Institute has also made us one of the Top 40 Research Hospitals in Canada. Advancing medical research means patients benefit from the chance to take part in clinical trials. Our facility has gained a worldwide reputation for its award-winning, innovative

architectural design. It is not your typical hospital. Situated on a landscaped site of nearly 70 acres, our Hospital was designed to provide a more inviting and less stressful atmosphere for patients, their caregivers, visitors, as well as staff. Thanks to support from our Health Sciences Foundation, leading-edge technology and equipment enhances patient care. We are the largest employer in Northwestern Ontario with nearly 2,800 staff, 500 volunteers and 100 Patient Family Advisors. The annual operating budget is more than \$350 million.

Underserved Populations

The Hospital's Seniors' Health strategic direction guides activities to enhance the care provided to an aging population. In addition to frequently requiring health care, seniors' needs differ from the general population. Our new geriatric program ensures senior patients receive the right care, at the right time, and by the right provider. Beginning in the Emergency Department, the program streamlines at-risk seniors assessment through collaboration with internal and external partners, consultation with geriatricians,

physicians, St. Joseph's Care Group, and the North West LHN's Home and Community Care. When at-risk or frail senior patients aged 65 years and older arrive at our Hospital, they are assessed using standardized tools. During the assessment, the Geriatric Care Coordinator looks for signs of geriatric syndromes, including mobility issues, weakness, frailty, functional decline, pain, cognitive impairment, dementia, delirium, and other risk factors often associated with seniors. The Geriatric Care Coordinator

also supports discharges for patients who no longer require acute care and coordinates with community partners to provide a smooth transition to home or other programs and services that best address their needs. Table 1 summarizes some of the patient numbers and dispositions of this program. By providing senior friendly care early, we can achieve improved continuity of care, enhanced patient experiences and better outcomes including delayed loss of autonomy.

Table 1: Geriatric Care Coordinator Program Statistics from April to December 2018

Number of patients screened	1871
Number of patients assessed	358
Number of prevented admissions	174
Number of patients directed to geriatric out-patient clinic at SJCG	29
Number of patients discharged to geriatric in-patient or other units at SJCG or convalescent care	39
Number of patients discharged with home care services	138
Number of patients directed to other community services	37
Number of Hospital Elderly Life Program (HELP) referrals and/or palliative care referrals processed for admitted patients	227
Number of post discharge from emergency follow up to home calls	226
Average length of stay for those admitted patients to ALC designation	4.0 days
Average length of stay in the emergency department from presentation to discharge (or admission)	7.2 hours

The second strategic direction of our Strategic Plan 2020 focuses on Indigenous Health by enhancing culturally appropriate care. The Indigenous community, the largest Indigenous population in Ontario, is the fastest growing population. That population experiences unique health challenges and barriers with significantly poorer health status than the rest of the population we serve. The Hospital is making progress in addressing some of the behavioural, cultural, geographical, and societal challenges affecting the Indigenous population. We're committed to ongoing learning and improving the care experience of the Indigenous patients and their families. Specifically, our Hospital has implemented a new Traditional Knowledge and Practices policy, which ensures patients and their families are appropriately supported. Traditional knowledge and Practices are the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences Indigenous to different cultures used in the

maintenance of health as well as in the prevention, diagnosis, and improved treatment of physical and mental illness. Through this policy, the Hospital supports patient access to Traditional Knowledge and Practices in a manner that values collaboration and supports consultation between patients, families and the health care team, while adhering to relevant legislation. Furthermore, we have four onsite Indigenous navigators in the Emergency and Renal departments, the Cancer Centre, and the Centre for Complex Diabetes Care (currently vacant). The navigators provide language translation services, assist patients in navigating the internal hospital system, external community programs, assist with accommodations, medical support services and communicate with nursing stations for discharge instructions on behalf of the patient. We are also partnered with Dilico Anishinabek Family Care to provide onsite discharge planners for patients from nine

communities that have primary care services through Dilico. The discharge planners connect patients to community services, ensuring that all arrangements that are part of the discharge plan are organized. This partnership has allowed patients to return home sooner, with the support they need. Finally, our focus on Indigenous Health has demonstrated the need for additional resources to address disparities in health status between Indigenous and non-Indigenous people in our region. In August, 2018, we recruited a Senior Director, Indigenous Collaboration for advocacy and engagement efforts with the Indigenous communities as well as federal and provincial authorities to improve health delivery and equity outcomes. The Senior Director ensures the Hospital's Indigenous Health priorities are authentic to the needs of the region's Indigenous communities, and that the Health Research Institute advances the health research priorities of Indigenous communities. A



Indigenous Navigators:
Jeannie Simon, Leona
Masakeyash, Susan Anderson,
and Kanita Johnson.

third strategic direction focuses on Acute Mental Health. Our commitment is to enhance acute mental health service throughout the Hospital. We see high volumes of patients experiencing a mental health crisis, which is likely due to a combination of socio-economic challenges across our region. The Emergency Department (ED) at the Hospital is one of the busiest in the province, with 6,320 visits related to mental health and addictions reported in 2017-18. The transfer of the adult and forensic mental health program management from St. Joseph's Care Group to the Hospital has led to the successful recruitment of three psychiatrists this year. Due to this recruitment, our Hospital has developed an Interprofessional Consultation Liaison Team, comprised of mental health nurses, psychiatrists, and

resident physicians. The team assesses the mental health needs of referred patients and collaborates with the treating team to plan the provision of the most appropriate care. Recommendations frequently include transferring the patient to the mental health inpatient unit, ongoing visits from the Interprofessional Consultation Liaison team, or providing medication and treatment options. This may also include recommendations for community follow up on discharge. The Interprofessional Consultation Liaison Team was initially piloted from April to June 2018 on two inpatient units. With the success of the pilot and positive feedback from staff and patients, the team's services have now expanded to support all Hospital inpatient units. During the three month pilot,

the Consultation Liaison Team received 66 referrals, of which 14 patients were transferred to the Adult Mental Health Unit for more appropriate care. In the first two months of the hospital-wide service, 88 referrals were received, with 12 patients being transferred to the Adult Mental Health Unit. In addition, the psychiatrists provide coverage in the emergency department and also provide tele-psychiatry consults via Ontario Telemedicine Network with patients in the catchment area for the hospital, when able. During the consults, the psychiatrists provide recommendations, including determining if the patient meets the grounds for Form 1 and requires transfer to the adult mental health unit. This additional consultation promotes continuity of care and improved patient flow.



Consultation Liaison Team:
 Dr. S Khalil, Psychiatrist, Dr.
 R Bismil, Psychiatrist, Erin
 Harasym, RN,
 Dr. D Wadhwa, Psychiatrist
 and Nadia Bottoset, RN.

Our Hospital's efforts to provide French Language Services (FLS) resulted in the North West LHIN rewarding the Hospital its Leadership Award for our Exceptional Practice in diversity and inclusion as an organization. We are unique in that we are a designated FLS provider, located in a region with few French-speaking people (less than 3 percent). Although this poses

challenges in terms of filling designated bilingual positions, notable progress has been made to enhance FLS for patients and their families. They include the implementation of a designated French Language Officer position; the implementation of linguistic variable questions at all points of admission and registration at the Hospital; the development of FLS resources for staff; ensuring

all signage in the Hospital and on Hospital grounds is bilingual; and the implementation of a new process to ensure all patient education materials are bilingual. These changes now mean that programs and services are easily accessible in French, improving the care experience for French-speaking patients and families.



Dr. Rhonda Crocker Ellacott, CEO, North West LHIN, Anita Jean, Patient and Family Advisor, Francophone Advisory Committee Member and Board Member, Thunder Bay Regional Health Sciences Centre, Tracie Smith, Senior Director, Communications and Engagement, Thunder Bay Regional Health Sciences Centre, Gil Labine, Chair, North West LHIN Board of Directors.

2019-20 Quality Improvement Plan

The Hospital's 2019-20 Quality Improvement plan (QIP) consists of 13 indicators. The indicators were selected based on mandatory indicators from Health Quality Ontario (HQO), indicators integrated with our Strategic Plan 2020, indicators that are a continuation of improvements from the previous year's QIP and operational indicators that need attention. This year, HQO introduced three priority themes for QIP indicators: Timely and Efficient Transitions, Service Excellence, and Safe and Effective Care.

Five indicators fall under the timely and efficient transitions theme. Time to Inpatient Bed, a mandatory indicator from HQO, is a new indicator for our Hospital, and will replace our previous year's 90th Percentile ER Wait for Admitted Patients Only indicator. In addition, HQO challenged organizations to

develop a collaborative indicator with a system partner. The Hospital collaborated with St. Joseph's Care Group to improve the wait time of Alternative Level of Care to rehabilitation services indicator for patients in Thunder Bay. Average Length of Stay, leveraged under Comprehensive Clinical Care Strategic Direction, is one of the main priorities for our Hospital. Discharge Summaries sent within 48hrs of Discharge and Patients with Complex Health Needs (Health Links) are continuations of last year's QIP in order to monitor whether our improvement efforts are making a difference.

Two indicators, Patients Receiving Enough Information on Discharge and Staff Satisfaction fall within the service excellence theme and are leveraged as part of our Patient Experience strategic direction.

Six indicators belong to the safe and effective care theme. Overall Incidents of Workplace Violence is a mandatory HQO indicator that is both a continuation from last year's QIP and a strategic objective under the Patient Experience Strategic Direction. Medication Reconciliation on Admission drove several improvement initiatives implemented during 2018-19; their appropriateness will be measured in 2019-20. 30-Day in-Hospital Deaths Following Major Surgery, Fall Rate per 1,000 Patient Days, and Infection Management are operational indicators that are falling behind and require further investigation. Finally, Respect Training is woven throughout the Indigenous Health, Seniors' Health and Acute Mental Health Strategic Directions; it was selected to assess the equity domain.

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

Opioid Digital Order Sets

Ontario is experiencing increasing numbers of opioid-related deaths and a growing prevalence of opioid addiction. The causes of the opioid epidemic are many, but the data demonstrates that higher prescribing rates for opioids are closely associated with higher opioid-related overdoses. More people in Ontario are being prescribed stronger opioids. For example, the number of people who filled a prescription for hydromorphone, which is approximately five times stronger than morphine, increased by nearly 30% over three years. Thunder Bay has the highest rate of opioid-related deaths in the province, with as many as 29 fatalities in 2017. The

Hospital recently observed a 67 per cent increase in the number the Emergency Department patients with opioid overdoses compared with last year. An Opioid digital order set was launched in October, 2018 at the Hospital. The opioid order set was developed as part of the Provincial Digital Quality-Based Procedures (QBP) Program, an initiative funded by the Ministry of Health and Long-Term Care focused on accelerating the adoption of Ontario's QBP Clinical Handbooks and Health Quality Ontario's (HQO) Quality Standards. The groundbreaking pilot project aims to improve outcomes for patients who require post-operative pain management. Most importantly,

the digital order set can reduce the use of opioids because it provides very specific evidence-based recommendations and considerations for various post-op scenarios. This guides decisions for pain management so that there is either a reduced need to prescribe medication, pain medication can be prescribed in lower doses, and medications may be required for shorter periods of time. In the first month of implementation, 174 order sets were submitted, along with 170 order sets in November and 115 in December. Controlling and decreasing pain leads to better post-surgery outcomes, improved patient experiences, and reduced opioid prescribing rates.



Acute Pain Service
Team: Julie Vinet, Terry Robertshaw, Dr. Melanie Toman, Dr. Mathew Silvaggio, Samantha Ward

Rapid Access Clinics

A new central intake and assessment model at the Hospital is improving patient experiences and making wait times more equitable for musculoskeletal patients across Northwestern Ontario. Mandated by the Ontario Ministry of Health and Long-Term Care, in partnership with the North West Local Health Integration Network (LHIN), the adoption of Rapid Access Clinics (RAC) combines the Regional Joint Assessment Centre (hip and knee) and Interprofessional

Spine Assessment and Education (lower back pain) clinics. The central intake, assessment, and management model of the RAC has proven benefits to both patients and providers. Previously, patients were often waiting months for an assessment or referral to a specialist, which delayed recovery and increased the risk of treatment complications. Now, all referrals go to one location, the RAC, an assessment occurs in 2 to 4 weeks to determine if surgery

is necessary. Patients who don't require surgery receive education, resources, a self-management plan, and follow-up visits to monitor their progress. This is the first step in an ongoing process to improve wait times for hip, knee and spine treatments. The long-term goal is to have all orthopaedic conditions streamlined through the RAC, allowing patients to receive optimal equitable treatments.



RAC Team Members: Shana Magee, Shayda McCurdy, Caroline Fanti, Dr. Travis Marion and Karen Murphy, Sari Kirchman and Kathy Jarvinen

Patient and Family Partnering and Relations

Patient and Family Centred Care (PFCC) is the provision of care that is respectful of, and responsive to, individual patient and family preferences, needs and values, and ensures that the patient is at the centre of all clinical decisions. In 2011, PFCC initiatives earned our Hospital a Leading Practice designation for Patient & Family Centred Care from Accreditation Canada and that designation has been dutifully maintained ever since. The Hospital demonstrates its commitment to PFCC and patient engagement through its Vision, Mission, and Values. Our Values state that “Patients ARE First”:

- We are respectful of and responsive to the needs, values, and expectations of our patients, families and communities. Patient values guide all decisions;
- We are responsible to advance a quality patient experience.

We commit to social and fiscal accountability to internal and external stakeholders and for the delivery of services to our patients;

- We honour the uniqueness of each individual and his/her culture; and
- We foster an environment of innovation and learning to advance a quality patient experience.

Through our PFCC philosophy, the Hospital is committed to engaging patients and families in our decision-making. The Patient Family Advisory Council, consisting of nearly 100 diverse and dedicated volunteers, is key to helping our Hospital achieve its Directions. Furthermore, Patient Family Advisors (PFAs) are members of all programs and services councils, Senior Leadership Council, Medical Advisory Committee, Board Patient Safety & Quality of Care Committee and the majority of

decision making committees. As key stakeholders, PFAs on these councils or committees contribute equally and are responsible to advance the patient experience. PFAs provide the patients perspective to guide and inform decisions related to the design, delivery and evaluation of patient care services. Our PFCC philosophy, patients and their family engagement are key in the ongoing improvement in the safety and quality of care we provide. There is an intentional integration of the patient voice in everything we do, including the development of the Quality Improvement Plan (QIP). The PFA Council was engaged during the selection of the 2019/20 QIP indicators and will participate in the committees to move the quality initiatives forward. Partnering with PFAs allows the Hospital to develop and implement meaningful strategies that improve the patient experience.



Jean Bartkowiak, President and CEO, Bonnie Nicholas, Patient and Family Centred Care Lead, Keith Taylor, Co-Chair of the Patient Family Advisory Council and Matt Simeoni, Chair of the Hospital's Board of Directors.

Workplace Violence Prevention

Workplace violence is a strategic priority for our Hospital. The 2018-19 QIP committed to reduce violence in the workplace as a strategic priority which was translated by the addition of the word 'safety' to the following goal: "Invest in staff development, engagement, safety, and wellness". A corresponding new objective, specifically: "Develop and implement supports and structures to keep staff safe at work" was added. The action plan to 'keep staff safe' includes four areas of focus: review the current security model to control and limit access in the facility; review the violent incidents to assess trends and determine root causes of such trends; identify needs and facilitate

the development of policies, procedures and processes to mitigate risk related to workplace violence; and develop training and educational requirements based on level of risk identified through workplace violence risk assessments.

Staff and patient incident reports are completed when harassment, violence, and aggression incidents are reported. Incidents are investigated, and controls or corrective actions and safety plans are initiated where applicable. Process reviews and required changes are completed by interprofessional teams. The Hospital is supported by a Thunder Bay Police Liaison Officer who

is contacted or consulted when suspected criminal situations are reported. Incidents are reviewed by Unit Managers, the Occupational Health and Safety (OHS) department, and the Joint Occupation Health and Safety Committee (JOHSC). Incidents of harassment between staff are also reviewed by the Human Resources department. Acts of aggression or violence are reported, tracked, and reviewed by the OHS department and JOHSC. Table 2 shows the number of workplace violence incidents investigated and their severity over the last six quarters. Our goal is to increase the number of reported incidents by 8-10%, but decrease their severity.

Table 2: Workplace Violence Incidents Investigated in 2017-18 and First Half of 2018-19

Fiscal Year	Total # of Workplace Violence Incidents	Incidents Requiring First Aid or Medical
2017-18 Q1	85	32%
2017-18 Q2	35	34%
2017-18 Q3	56	25%
2017-18 Q4	57	33%
2018-19 Q1	50	38%
2018-19 Q2	52	19%

Compensation

The Pay at Risk Compensation of our Executives applies to the following positions:

- President and CEO;
- Executive Vice President, Corporate Services and Operations;
- Executive Vice President, Medical and Academics and Regional Programs and Regional Vice President Cancer Care Ontario;
- Executive Vice President, In-Patient Care Programs;
- Executive Vice President, People, Culture and Strategy;
- Executive Vice President, Research and Development;
- Chief Nurse Executive; and
- Chief of Staff.

The following indicators will be linked to compensation in 2019-20:

1. Medication reconciliation compliance on admission;
2. Percentage alternate level of care days;
3. Length of stay (excluding alternate level of care days); and
4. Time to Inpatient Bed.

Two percent of the executive salary will be linked to achieving the quality improvement indicators. Each improvement target will be calculated equally at .50% per indicator (0.50% x 4 =2.0%). Following April 1, 2019 team achievements will be assessed against the above quality indicators. The executive will have the opportunity to earn back the reduced salary for each target that is achieved.

Each indicator will have the following sub-measures:

- No improvement over the prior year's actual = 0%;
- Improvement above prior year's actual by 75% of target will receive 75% of the maximum for that target; and
- Improvement above prior years actual by 76 to 100% of target will receive a directly proportionate 76-100% of the maximum for that target.

The resulting amount will be paid retroactively to April 1, 2019.