

Let's Make Healthy  
Change Happen.



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



3/30/2017

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

On October 1st 2016, the Children's Hospital of Eastern Ontario (CHEO) and Ottawa Children's Treatment Centre (OCTC) amalgamated into a single, new organization (CHEO-OCTC). Over the first 18 months, a new mission, vision and strategic directions will be developed, so that by April 1st, 2018, the staff and programming of the two organizations will be truly one, serving our patients and families in a newly coordinated and integrated way.

The CHEO-OCTC Quality Improvement Plan (QIP) is a foundational document for many of our organization's quality improvement activities and communicates our overall strategic plan. For 2017/18, CHEO-OCTC has committed to continue our substantial quality improvement efforts across the entire organization, such that our QIP is directly aligned to the organization's strategic plan, as it has been for the past few years. As a backbone measure of our progress, the QIP is designed to ensure improvement in numerous aspects of care delivery, care outcomes, our academic mission, and the engagement and satisfaction of our patients and families, as well as our staff and physicians.

For 2017/18, the QIP focuses on the existing core mission, vision and strategic directions of CHEO, the acute care hospital in the amalgamation. Through the coming year, OCTC clients, programs and staff will be included in the relevant key performance indicators as we work towards a new shared mission, vision and strategy for implementation in 2018-19.

CHEO's mission: We help kids and families be their healthiest.

CHEO's vision: Our care will change young lives in our community; our innovation will change young lives around the world.

Our Strategic Directions:

- Exceptional Patient Experience - we will improve access to safe, quality care and provide an exceptional experience for every patient and family.
- Connected Care - we will extend our impact by connecting services both within and beyond our walls for children, youth and families.
- Education, Innovation & Discovery - we will educate, innovate and discover to drive the highest quality care and outcomes.
- Responsible Stewards - we will be an effective steward of our assets, making the most of each resource to advance our mission.
- One Team - we will foster a One Team culture in which every employee, physician, trainee, volunteer & partner feels part of a single team that is equipped, empowered, educated and engaged; united with purpose on a single vision.

With quality improvement as a driver for CHEO-OCTC to successfully reach the goals set out in our strategic plan, our 2017/18 QIP will continue to focus on the metrics that are most relevant for CHEO-OCTC in driving our corporate strategy forward. CHEO-OCTC has again selected 6 corporate Key Performance Indicators for our 2017/18 QIP. Each is aligned to one of the five Strategic Directions, with the final indicator being aligned to overall patient experience. Many of the HQO

priority indicators are captured within these 6 indicators, and we will continue to monitor and report all indicators, as appropriate.

Our selected KPIs are:

- Safety First (Exceptional Patient Experience) - CHEO-OCTC will work to eliminate preventable serious harm events for patients, staff and physicians.
- Faster Access (Connected Care) - CHEO-OCTC will strive to provide care to all patients within condition- and acuity-specific targets, because every day matters in the life of a child.
- Improvements Made (Education, Innovation & Discovery) - CHEO-OCTC will make big and small changes to help move our strategy forward within a culture of continuous improvement.
- Staff Time Found (Responsible Stewards) - CHEO-OCTC will make the most of each hour of our time.
- Inspiring Workplace (One Team) - CHEO-OCTC will engage our team to improve satisfaction in their work and work environment.
- Patient Engagement (Exceptional Patient Experience) - CHEO-OCTC will follow the results of 39 engagement questions on various Patient Satisfaction surveys to see that we continue to receive high scores for this important domain.

Following reflection on our learnings and achievements over the past year, all 6 of the metrics will remain exactly as they were last year, though with updated targets. These 6 metrics will be followed monthly at all levels of the organization. They are the backbone to our CHEOnext dashboard and Executive Team Visual Management Room, where our leaders review performance and adjust plans to promote success in these endeavors. Individual units will focus their quality improvement plans to address 1 or 2 of these corporate metrics, with the belief that alignment and focus of effort is key to success.

In 2017/18, CHEO-OCTC will focus its corporate-wide strategic activity on five transformational initiatives. These are: 1) CHEOworks (CHEO's Lean-inspired Management, Improvement and Human Development Systems), 2) Epic (CHEO's integrated electronic health record), 3) Master Programming (Planning for Integrated Service Delivery, which includes forecasting regional pediatric needs and CHEO-OCTC's role into the future), 4) the Kid's Health Alliance (a pediatric-oriented network to improve coordination and quality of care for Ontario's children and youth), and 5) the CHEO-OCTC amalgamation (aligning and streamlining care delivery, as well as operational and academic activities for our common patients). Layered on top of these transformational initiatives will be the development of the new Strategy and Strategic Plan for the organization - including a new core purpose, key strategic directions, core measures, and targets for the next 3-5 years. Through greater focus, CHEO-OCTC will achieve greater success in its quality improvement endeavors.

## QI Achievements From the Past Year

CHEO celebrated many quality improvement accomplishments in 2016/17, with improved alignment to our strategic directions and QIP. This increased strategic alignment was facilitated by our ongoing commitment to our Lean management, improvement and human development systems, known as CHEOworks. These systems help all members of our team, our leaders and our Board of Trustees be focused on improvement

initiatives that yield meaningful results to the things that matter most to our patients and families.

Some examples of our initiatives to spread and strengthen CHEOworks include the CHEOworks Pathway, a comprehensive assessment and training guide that allows teams to identify the types of problems they are struggling with and matches the appropriate tool or tactic to help them. In this way, teams and our leaders are gradually building their capacity to sustainably solve problems and make improvements by focusing their development on areas most relevant to them, and at a pace that makes sense for them. As a result, staff logged more than 2,500 participant hours of CHEOworks training in 2016-17.

Several key initiatives related to patient safety were achieved. These included the creation of a new structure and database to manage recommendations coming from critical incidents and M&M rounds. We also completed the assessment and planning phase to join the Solutions for Patient Safety, a collaborative sharing network of over 110 paediatric hospitals in North America aimed at reducing and eliminating preventable harm. The initial implementation phase will be a major part of our safety work in 2017/18.

Several achievements related to patient access, length of stay and staff productivity were achieved. Inpatient length of stay for our most common CMGs was significantly reduced through a number of initiatives to identify and eliminate wasted time, as well as engage patients and families earlier in the plan for discharge. Improvements for surgical wait times and access to outpatient clinics and diagnostic tests were realized through enhanced management of schedules and wait lists. The introduction of the CHEO Mental Health Program Choice and Partnership Approach (CAPA), where patients and service providers work together to choose the right care plan based on individual strengths and goals, led to a dramatic reduction in the wait for mental health services (the wait time from a referral received, to a first session (Choice appointment) reduced by 61.5%; from an average of 200 days in fiscal 13/14 and 14/15 to a median of 77 days currently). In 2016-17, CHEO also expanded the number of providers and services participating in the LHIN e-Consult portal, providing timely high quality advice to community providers and their patients. Use of e-Consult has been shown to significantly reduce unnecessary in-person consultations and maximize the community work-up of patients who require specialty consultation, thus improving wait-time and access metrics for our busy ambulatory care environment.

Finally, CHEO achieved some significant milestones along our journey to implement an integrated electronic health record, with a goal of "One Patient. One Record". Implementation of Epic Bed Board, Radiant (radiology) and HIM (Health Information Management) modules were completed in 2016/17. As well, under the umbrella of the Kids Health Alliance, CHEO and the Hospital for Sick Children (Sick Kids) entered into a partnership to deploy Epic on a single instance across both organizations, creating a common platform to standardize and improve the quality of paediatric care in the province. Finally, significant development occurred in 2016/17 in preparation for implementation of the Inpatient, Emergency, Oncology, and Pharmacy modules in Q3 2017/18, so that more than 90% of all care and documentation will be captured within Epic by the end of the upcoming fiscal year.

## Population Health

CHEO-OCTC is a tertiary care paediatric hospital and children's treatment centre serving children and youth from across Eastern & Northern Ontario, Western Quebec and Nunavut. In conjunction with community partners, we strive to have the youngest

and most vulnerable members of society be their healthiest and reach their full potential. This work spans optimizing maternal health and the care of sick neonates through the Champlain Maternal Newborn Regional Program, providing the full breadth of specialty paediatric medical and surgical care through our Inpatient units, Ambulatory Care Clinics and Emergency Department, leading the delivery of many developmental programs such as Autism and rehabilitation services, and coordinating mental and behavioural health care to youth as they transition to adulthood through our Young Minds Program.

As leaders in our region for paediatric health, CHEO and OCTC are chairing a LHIN-sponsored regional paediatric capacity planning exercise, known as THRIVE. This work considers the full spectrum of paediatric health care needs and will be making several recommendations to improve the integration and effectiveness of our regional health system. This builds on work we've been involved with to develop a regional Special Needs Strategy, plan and deliver improved integrated care through the CHEO-OCTC amalgamation, and develop and deploy a new mental health strategy (Young Minds). The regional capacity plan will also inform our own master programming and master planning activities slated for 2017/18.

## Equity

CHEO-OCTC continues to be leaders in advocating and caring for the most vulnerable children and youth. The amalgamation of CHEO and OCTC was undertaken with a goal of ensuring equitable access to specialized services for all patients. CHEO has been recognized for its work in refugee health, complex care, and its partnership providing specialty paediatric care for indigenous children and youth from Nunavut. CHEO-OCTC commits to provide services in both official languages, and actively engages interpretive services to serve patients and families speaking other languages.

A special population required our attention in 2016/17: Syrian refugee children and their families. In response to the unique health and cultural needs of these patients and their families, CHEO has implemented a Refugee Navigator program that has been recognized nationally for its patient-centred focus and integration with several community partners. Several CHEO leaders have also been engaged in developing national care guidelines for paediatric refugee health through the Canadian Paediatric Society and other organizations.

## Integration and Continuity of Care

In addition to the many initiatives described above (CHEO-OCTC amalgamation, THRIVE, eConsult, etc.) aimed at improving the integration and effectiveness of the paediatric health system, CHEO-OCTC has recently partnered with the Hospital for Sick Children and Holland Bloorview Kids Rehabilitation Hospital to establish the Kids Health Alliance (KHA). The goal of KHA is to improve the coordination and quality of paediatric care across Ontario through discovery, optimized clinical care and education. This network, once fully active, will create a better child and family experience, improve health outcomes and generate greater economic efficiency. It will also allow members to collaborate more effectively in approaching new funding models such as payment for bundled services. The Alliance will use its brand identity to communicate excellence and expertise in caring for children within a complex ecosystem that includes public health, schools, recreation, and daycare/early intervention, thus ensuring social and economic inclusion. It will work to recognize the multiple determinants of- and the broad range of approaches to- improving health as an integration point and source of expertise for this broader ecosystem.

# Access to the Right Level of Care - Addressing ALC Issues

CHEO-OCTC works with community providers to improve paediatric care as close to home as possible. This includes use of telemedicine, providing outreach education to community providers, running clinics in remote locations, and providing advice to clinicians through the eConsult portal. These efforts have helped to strengthen our relationships with community providers and increase the quality of care received by all paediatric patients.

Through our work leading the Champlain LHIN Regional Paediatric Capacity Plan, we are identifying large variations in the capacity and capabilities of paediatric home care services. This results in longer lengths of stay for the most complex patients requiring community supports to return home. Work is underway to streamline our Community Discharge Planning team activities and work with community partners to improve specialty paediatric home care capacity, which will help reduce ALC issues.

## Engagement of Clinicians, Leadership & Staff

For the second year, CHEO has been recognized by Forbes Magazine as the top health and social services sector employer in Canada, and moved up 2 spots this year to 10th overall. In 2014, CHEO was named as one of Canada's most admired corporate cultures, and we have repeatedly been recognized as one of the National Capital Region's top employers. These recognitions highlight the engagement and commitment of our staff, physicians and volunteers in making CHEO-OCTC such a unique organization - small enough to care, and big enough to make a difference.

This engagement is evident in the planning and execution of our QIP. Using the infrastructures and behaviours created by our CHEOworks Management System and Strategy Deployment, our corporate and local level action plans are developed with input from all staff, clinicians and leaders. This ensures that key initiatives are supported by the organization while ensuring that all activities remain focused and aligned to what is most important to our patients and families. We host Quality Improvement Fairs to celebrate and share the many improvements that our staff are identifying and making.

Maintaining high levels of staff satisfaction and engagement cannot be taken for granted. Hence, one of our strategic directions and QIP KPIs is focused on this important contributor to our overall success: safe, effective, high-quality care can only be consistently achieved when all staff and clinicians are engaged, equipped and empowered to identify and solve problems. Engaging the organization in a culture of continuous improvement is the core reason behind our transformational program, CHEOworks. In response to worrisome declines in nursing satisfaction and engagement, an extensive consultation is underway to identify and prioritize initiatives to support members of our largest clinical discipline.

## Resident, Patient, Client Engagement

CHEO-OCTC benefits from high levels of patient and family satisfaction and engagement across all domains, as evident in our high patient satisfaction scores. This is also manifest in the commitment shown by members of our Family Forum and Youth Net groups who provide important guidance to our leadership, staff and

physicians in developing and monitoring our strategic and quality improvement plans. The CEO regularly attends the meetings of Family Forum and Youth Net to discuss the organizations' strategic directions, initiatives and progress, as well as to seek input from these groups. Many members of these forums participate on corporate and local-level improvement initiatives to provide the "voice of the customer" to our work. Personal stories exemplifying the care, compassion, innovation and teamwork of CHEO's staff and physicians are often used in the launch of new initiatives to remind us of the importance of our work.

With the amalgamation of CHEO and OCTC, the Board of Directors launched a significant project to integrate child, youth and family engagement activities across the organization. This included a review of CHEO and OCTC's Child/Youth/Family Engagement Frameworks (including, but not limited to advisory group functions), a review of the literature and strategies used in other organizations. Initial recommendations for next steps for integrating Child, Youth, and Family Engagement at CHEO-OCTC were presented in February 2017. These recommendations will now be discussed more extensively with youth and families prior to the development and implementation of a new framework.

## Staff Safety & Workplace Violence

Staff safety is of paramount concern for our organization. As such, our Safety First KPI includes serious safety events leading to work time lost by staff and physicians, in addition to serious safety events affecting patients and families. Our Joint Health and Safety Committee is active and engaged, both at our main campus and several satellite locations, to help identify hazards and make recommendations to CHEO's senior team.

In response to concerns raised by staff and physicians that they feel unsafe and insufficiently prepared to deal with violence/aggression in the workplace, we have completed an extensive review of our Workplace Violence Program to identify possible gaps in policy (social media, video-taping), process (flagging, restraints, reporting, security, communication), the physical environment, training and culture. This work has developed and prioritized an extensive list of recommendations for implementation during 2017/18.

## Performance Based Compensation

In 2017-18, the Executive Team includes the President & CEO, the Chief of Staff (COS), Senior Vice-President and Chief Financial Officer (CFO), the Vice-Presidents (Acute Care & Chief Nursing Executive (CNE); Child Development & Community Services; People, Strategy & Performance; Research; Provincial Programs & Chief Information Officer (CIO); Volunteers, Communications and Information Resources), select Department Chiefs (Pediatrics, Surgery, Psychiatry and Anesthesiology), the Executive Director of OCTC, and the Medical Director - Quality & Systems Improvement. Not all of these members report to the CEO or are covered under the compensation policy.

Given the complexity and gravity of its mandate, CHEO-OCTC takes seriously its responsibility to recruit strong, experienced leadership. Given its commitment to patients, CHEO-OCTC also takes seriously its responsibility to ensure the focus of fiscal resources remain steadfast on patient care. For these reasons, CHEO will continue to spend more on clinical care and less on administrative overhead than other local hospitals and other children's hospitals in Ontario. As such, CHEO's executive recruitment and compensation strategy is centered on finding the best

people for the job, with salaries targets in the mid-range for similar positions in the sector.

As required by the Excellent Care for All Act, CHEO-OCTC has an executive performance program that ties elements of the compensation program directly to the successful execution of measurable objectives.

The Board of Trustees conducts the performance reviews for the CEO and the Chief of Staff. Performance reviews for other members of the executive team are conducted by the CEO and reviewed by the Board Chair.

The CEO and Vice Presidents can earn performance compensation of up to 6% of their salary, and is dependent on CHEO-OCTC achieving certain KPI targets.

## Contact Information

For more information, please contact: Bruce Squires, VP People, Strategy & Performance (bsquires@cheo.on.ca)

## Other

As an academic institution affiliated with the University of Ottawa, CHEO-OCTC has a strong academic mission. Our QIP is informed by and benefits from this lens of discovery, innovation and education. Our trainees are encouraged to bring forward ideas for improvement, and as key members of our care teams, are included in team-based improvement initiatives. As our improvement culture becomes stronger, improvement initiatives are being conducted with greater methodological rigor, leveraging our research infrastructure, and leading to the potential for scholarly dissemination to others, thus supporting this key tenant of academia.

### Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

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

Board Chair  
Quality Committee Chair  
Chief Executive Officer