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Change Happen.



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



4/3/2018

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

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 2018/19, CHEO-OCTC has committed to continue our substantial quality improvement efforts across the entire organization, such that our QIP is once again directly aligned to the organization's strategic plan. 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.

In 2017/18, we undertook an extensive strategic planning exercise to develop a new vision, mission, values and strategic directions for the recently amalgamated CHEO-OCTC organization. This work, which will be formally launched to our staff, physicians and stakeholders in Q1, is summarized as follows:

Our vision: The best life for every child and youth.

Our mission: We provide exceptional care and advance how children, youth and families obtain it through partnership, research and education.

Our values: We respect each other; We support people on their journey; We innovate and challenge the status quo; We create new knowledge, learn and teach.

Our Strategic Directions:

- Outcomes that Matter - we work with children, youth and families to achieve the results they care about most.
- Progress from Evidence - we innovate to make things better through research, continuous improvement and activating new knowledge.
- Partners in Health - we ensure the voice of children, youth and families guides the care we provide and the future of our organization.
- Connecting Care - we advance the way pediatric care is delivered so that children, youth and families can access services when, where and how they need them. For 2018/19, this will be represented by our Faster Access goal.
- Unlock our Potential - we make the best use of the resources we have and be smart about future investments. For 2018/19, this will be represented by two goals: Wise Resourcing and Inspiring Workplace.

With quality improvement as a driver for CHEO-OCTC to successfully reach the goals set out in our strategic plan, our 2018/19 QIP will continue to focus on the metrics that are most relevant in driving our corporate strategy forward. CHEO - OCTC has selected six corporate Key Performance Indicators (KPIs) for our 2018/19 QIP. Each is aligned to one of the five Strategic Directions. Our QIP is rounded out with two additional metrics: Patient Engagement and Workplace Violence . 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 (and the strategic directions they reflect) are:

- Safety First (Outcomes that Matter) - CHEO-OCTC will work to eliminate preventable serious harm events for patients, staff and physicians.

- Improvements Made (Progress from Evidence) - CHEO-OCTC will make big and small changes to help move our strategy forward within a culture of continuous improvement.
- Patient & Family Engagement (Partners in Health) - In 2018/19 we will be developing a new Engagement measure and goal, building upon our work in 2017/18 to develop a new Child, Youth and Family Engagement Framework.
- Faster Access (Connecting Care) - CHEO-OCTC will strive to provide care to all patients within condition- and acuity-specific targets.
- Wise Resourcing (Unlock our Potential) - CHEO-OCTC will actively track and manage our finances to achieve positive or neutral margins.
- Inspiring Workplace (Unlock our Potential) - CHEO-OCTC will engage our team to improve satisfaction in their work and work environment.
- Patient Engagement (Partners in Health) - 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. This is an HQO Priority Indicator.
- Workplace Violence (Safety First) - CHEO-OCTC will track workplace violence incidents to establish a baseline, and continue to implement initiatives to reduce these risks to our staff.

These 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 2018/19, CHEO-OCTC will focus its corporate-wide strategic activity on two transformational initiatives. These are:

- Healthiest Outcomes - CHEO-OCTC will partner with children, youth and families to set and reach meaningful personal health goals and understand the impact of our care.
- Simpler Journeys - CHEO-OCTC will continue to build towards an integrated pediatric health system that connects care for children, youth, families and providers.

Through greater focus, CHEO-OCTC will achieve greater success in its quality improvement endeavors.

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

CHEO-OCTC celebrated many important quality improvement initiatives in 2017/18. Most notably, CHEO became the first pediatric hospital in Canada to achieve HIMSS Level 6 (on a 7-point scale) for Inpatient Electronic Health Record (EHR) use, and one of only three hospitals in the country to achieve this rating. This followed our successful Epic implementation in October 2017 when we extended our integrated EHR to our Emergency Department, Inpatient and Critical Care units, Pharmacy, and Medical Day Unit. This is one of the most transformative improvements we have ever

made, and will help us deliver on a promise of a single health record for each patient that improves safety, quality of care, efficiency, and connection with community providers. Key functionalities of this implementation were Computer Physician Order Entry (CPOE) and Bar-code Medication Administration (BCMA), which together have already prevented a substantial number of medication errors from reaching the patient. The Epic EHR also provides robust process, outcome and balancing measure data as a foundation for countless improvements to our clinical care, as well as being a powerful enabler for clinical and operational research. In 2018/19, our Epic EHR will be further expanded to include care at OCTC and in our Perioperative Services area, bringing us ever closer to HIMSS Level 7.

Another transformational initiative that was completed was the Champlain LHIN Pediatric Regional Capacity Plan ("THRIVE") that CHEO-OCTC was commissioned to lead. Through extensive consultation with key stakeholders and review of demographic, utilization and health outcome data, a road map of 36 recommendations across 10 themes has been created to provide guidance in our ongoing work to build and contribute to a robust regional pediatric health system. Our vision of the best life for every child and youth can only be achieved through the coordinated efforts of the entire health system, along with other key systems (education, social services, justice). Hence, our shift in focus from being a hospital/children's treatment centre, to being a central organizer of a pediatric health system.

As a result of the amalgamation of CHEO and OCTC, several improvements have been achieved. The first eighteen months of the integration journey have focused on ensuring that both teams are supported in the same way. This includes routine back office supports like finance processes, payroll, and information technology systems, as well as access to the same high-quality leadership courses and training, and finally the thoughtful alignment of staff under a shared leadership structure that promotes collaboration and continuous improvement in how care is designed and delivered. This new structure is enabling the team to work together in new and innovative ways. This work has included the design of a central intake process that will ensure no family is ever told they have arrived at the "wrong door" for care, as well as the development of a child, youth and family engagement framework that will empower staff with the appropriate tools and resource to engage, partner and connect with families when they design and deliver care or embark on a quality improvement project.

CHEO successfully launched Solutions for Patient Safety (SPS), a collaborative sharing network of over 130 pediatric hospitals in North America aimed at reducing and eliminating preventable harm. Situational awareness, responsiveness and safety sensitivity was enhanced through the implementation of a corporate "Daily Brief". Our incident management and review processes were enhanced by incorporating formalized Root-Cause Analysis (RCA) and Apparent-Cause Analysis (ACA) frameworks, along with implementation of new M&M rounds and recommendation tracking tools. SPS will be a major part of our safety work in 2018/19. CHEO also launched specific activities to roll-out evidence based care bundles for the prevention of central line-associated blood stream infections (CLABSI) and adverse drug events (ADE), utilizing the SPS methodology. SPS will be a major part of our safety work in 2018/19, involving further safety culture training and continued work to address and prevent hospital acquired conditions.

Finally, CHEO-OCTC was again named one of Canada's 10 Most Admired Corporate Cultures in the public sector, along with being ranked No. 1 among health-care and social-sector employers by Forbes' list of Canada's Best Employers. In addition, CHEO-OCTC was in the overall Top 10 for 2017, according to Forbes. This is the second year in a row to be awarded these two acknowledgements of the organization's strong commitment to its staff, physicians and volunteers. We feel this sets a

strong foundation for our quality improvement work, which relies on our engaged workforce to create and adopt innovations that improve care for children, youth and their families.

Resident, Patient, Client Engagement and relations

CHEO and OCTC each had separate and unique child/youth/family engagement frameworks prior to the amalgamation. Based on the HQO model for engagement, the new combined organization held co-design workshops to customize a new child/youth/family engagement framework. Vulnerable sectors were specifically targeted for inclusion by partnering with community organizations, including but not limited to Indigenous, LGBT and newcomer organizations. The input of 226 children, youth and family members were captured to form the principles and specific strategies of engagement upon which to form the framework. The methodology used will be featured by the Change Foundation for an upcoming review of best practices. The work will now lead to a multi-year implementation plan to ensure meaningful engagement in all quality improvement practices (across the spectrum from clinical care through program design to governance and policy) via a broad representation of the children, youth and families we serve.

In parallel, the organization continued to ensure youth and family engagement into 33 quality improvement efforts. Engagement strategies included the use of family or youth advisors, experience survey data, a family faculty, Quick Polls (database of over 900 users who answer quick questions via e-mail survey mode) and the longest-standing family and youth advisory councils in Canada. Subjects ranged from specific direct care inquiries such as co-designing a new armband for barcode medication administration, to service level issues such as sitting on the interview panel for a parent navigator position, to a governance level consultation on the new mission and vision of the amalgamated organization.

Collaboration and Integration

CHEO-OCTC is working closely with community partners and the Champlain LHIN to drive action on THRIVE's 36 recommendations by developing an implementation plan that focuses on the needs of children, youth and families. This plan seeks to build a more coordinated, integrated, and accountable health system, the needs of children will have the focus required to ensure Champlain's children and youth live healthy lives in healthy communities. The implementation plan includes work to address specifically: family provided care; physician services; homecare services; developmental and rehabilitation services; hospital services; social determinants of health; outcomes and performance measurement; integrated service planning; integrated service delivery; and information and technology supports.

On October 1, 2016 the Children's Hospital of Eastern Ontario (CHEO) and the Ottawa Children's Treatment Centre (OCTC) amalgamated into a single organization. The first 18 months focused on the development of our new mission, vision and strategic directions. As we continue on our integration journey we are able to work together in ways we have not been able to previously. One example of this is the work underway to create a single point of entry for children and youth new to our organization that require care from our previously overlapping departments. Using Lean methodology and with involvement from the families we serve, we are developing a central intake to our Rehabilitation, Development, and Autism Services. This will not only decrease the burden of navigating these services for families, but will also allow the intake and care teams to collaborate more effectively and identify continuous opportunities for improvement.

CHEO-OCTC is a founding member of the Kids Health Alliance (www.kidshealthalliance.ca), a formalized network that brings together partners in children's healthcare. This network aims to create a child and family-centred, high quality, standardized, coordinated approach to clinical care, education and

research, to achieve a better child and family experience, improve health outcomes and generate greater value. Though still early in this inspirational mandate, the Kids Health Alliance has facilitated a unique collaboration between CHEO-OCTC and The Hospital for Sick Children (SickKids) to develop a common, shared instance of the electronic health record (Epic). In this way, patients who receive care at both institutions will have a single record, and both organizations will contribute to embedding high quality care standards and evidence in the clinical decision support, order sets, documentation templates, patient instructions, and outcome monitoring that this powerful system brings to all patients at either centre.

Engagement of Clinicians, Leadership & Staff

For the second year, CHEO - OCTC has been recognized by Forbes Magazine as the top health and social services sector employer in Canada, and moved up two 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. This recognition highlights the engagement and commitment of staff, physicians and volunteers in making CHEO-OCTC such a unique organization - small enough to care, and big enough to make a difference.

Maintaining high levels of staff satisfaction and engagement cannot be taken for granted. CHEO measures staff and physician engagement quarterly, and focuses on engagement as one of our strategic directions and QIP KPIs. This focus has guided the organization in selecting corporate initiatives that support the creation of a culture which emphasizes staff and patient safety, contributing directly to effective, high-quality care. This includes a project to understand and improve nursing engagement, which faced a worrisome decline in 2016, with extensive consultation and the development of a plan to work with nurses to make improvements. These efforts have resulted in an increase in engagement within this group and across the organization. The engagement measure also informed plans for the implementation of Epic on the inpatient units and the medical day unit, and the organization has also appointed a deputy chief of staff with a mandate to lead medical staff development and engagement initiatives.

Engagement of staff and physicians 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 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.

Population Health and Equity Considerations

Successful health systems aim to organize care around the patient instead of the provider. The THRIVE report provided a deep analysis of Champlain's children and youth population, including segmentation (complex chronic; non complex static chronic; major acute/moderate acute; and healthy/minor acute), demographic, geographic, and the social determinants of health axes. These segments will be used to better understand regional variations in population morbidity, access, outcomes, and resource needs. CHEO-OCTC is committed to utilizing this valuable information to identify populations in greatest need, and deliver effective resource allocation. Outside of CHEO-OCTC, community organizations are referring to the THRIVE report to inform system change discussions locally.

CHEO-OCTC, in partnership with local Community Health Centers and settlement agencies, continued to support the influx of Syrian refugees and other newcomers to Canada by offering translated tools/resources and improved access to services with

the support of a CHEO Newcomer Navigator. The success of this role was recognized with federal funding to develop and launch a nationally available Newcomer Navigator Toolkit (www.simplifyingthejourney.ca), which was presented at numerous conferences.

CHEO-OCTC continues to improve the access and quality of tertiary care to Nunavut in the Qikiqtaaluk region. The organization works in collaboration with the Government of Nunavut and 5 local Inuit organization on several quality initiatives to drive improvement in care coordination and access to care for Inuit from Nunavut, as well as the significant number who live in Ottawa. Four Cultural Competency modules have been launched locally and national for staff at CHEO-OCTC and personnel from the south going to Nunavut to provide care.

CHEO-OCTC is currently working collaboratively with the regional LGBTQ regional program at the Centertown Community Health Centre. We recently launched a Social Pediatrics Hub in partnership with Sandy Hill Community Health Center and Vanier Community Center to support early intervention and support for the most vulnerable children in our region. To provide better access to urgent care closer to home for pediatric patients in the Orleans and surrounding area, CHEO-OCTC, the Montfort Hospital and other community partners are working to create The Orleans Family Health Hub (OFHH), a new center that will bring together several health and community service partner organizations that will respond to client need with an improved and comprehensive service delivery model.

Access to the Right Level of Care - Addressing ALC

CHEO - OCTC works with community providers to improve pediatric care as close to home as possible. This includes proactive care coordination for the most medically fragile and technology dependent (MFTD) children and youth in our region through the Champlain Complex Care program, a proactive care coordination model that ensures each family has a key worker, a single plan of care, and team work to coordinate care across multiple specialists, hospital, community and schools.

Other initiatives addressing ALC and access to the right level of care include the use of telemedicine, providing outreach education to community providers, running clinics in remote locations such as the Complex Care Kids Ontario Northern satellite clinics in Timmins, dedicated CHEO-OCTC pediatricians that support 6 remote Community Health Centers in the Qikiqtaaluk region of Nunavut, and providing advice to clinicians through the eConsult portal. These efforts continue to strengthen our relationships with community providers, build capacity and increases the quality of care received by children and youth.

CHEO - OCTC is working with system partners to develop a work plan on how to implement the THRIVE recommendations that increase access to the right care. These recommendations include the support of a child and youth home and community care program that integrates existing services in the Champlain LHIN and will ensure adequate child and youth expertise and quality of service. Standardized home care could help support transitions from hospital to home and improve existing home care services, such as optimizing home-based intravenous antibiotic therapy for younger children and increasing family connections to the LHIN Rapid Response Nursing Program, to ensure sustainable hospital discharges. In collaboration with our partners, work is underway to determine how hospitals could support the enhanced skills and expertise required to deliver improved home and community services.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

CHEO - OCTC is committed to reducing the pain patients experience as a result of their care, as well as to effectively treat both acute and chronic pain related to their underlying conditions. This work starts by ensuring staff and physicians are

aware of options for minimizing and treating pain, and are well supported with appropriate pharmacologic and non-pharmacologic modalities to choose from.

CHEO - OCTC has both an Acute Pain Service as well as Chronic Pain Service, comprised of multi-disciplinary teams focused on the specific needs of our patients. The Acute Pain Service treat patients with challenging pain management issues during their hospitalization using multi-modal analgesic approaches to reduce reliance on opioids as the mainstay. The Chronic Pain Service collaborates as part of the Ontario-wide Pediatric Chronic Pain Network to provide access to high quality interdisciplinary pain care for all pediatric patients. They focus on improving functioning despite pain by learning safe pharmacological, physical and psychological pain coping strategies. A central Pain Committee as well as several program-specific committees work collaboratively on awareness and pain reduction initiatives within the organization. Pain management approaches aim to reduce or eliminate the use of opioids to reduce the risk of chemical dependency and potential for opioid diversion in the community. Chronic pain patients who do require opioids as part of their management complete an opioid contract and are regularly screened with an opioid risk tool to identify aberrant behaviours.

Some important quality improvement and research initiatives are underway to help us more consistently meet our commitment on pain management. Our CHAMP (CHEO Assessment & Management of Pain) program includes primary efficacy studies of new interventions, systematic reviews, and QI activities (e.g., audits, patient/family focus groups, scorecards, etc.) aimed at ensuring that pain assessments are occurring as part of all routine care. Another initiative involves a randomized controlled trial of sucrose versus placebo, as an adjunct to EMLA topical anesthetics, for hospitalized toddlers undergoing venipuncture to help reduce pain and anxiety associated with this common procedure. Within the Chronic Pain Service, a study is underway to define a series of relevant outcomes measures, which will help improve and standardize the current treatment model for chronic pain patients.

Recognizing the increasing risk of opioid use and overdose risk among youth in our community, CHEO - OCTC has partnered with community agencies to advocate for improved addiction services and harm reduction approaches. Patients and families can obtain free Naloxone kits through our Emergency Department or outpatient pharmacy.

Workplace Violence Prevention

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 Committees (JHSC's) are active and engaged, both at our main campus and at multiple satellite locations, to help identify hazards and make recommendations to CHEO's senior team. In 2018/19 specific emphasis will include increasing awareness on reporting workplace violence events.

Following the completion of an extensive review of our Workplace Violence (WPV) Program last year, recommendations to address identified gaps in policy (social media, video-taping; roles/responsibilities), process (flagging, restraints, reporting, security, communication), the physical environment (with an emphasis on offsite locations following amalgamation with OCTC), training and culture have been developed and continue to be implemented.

Quarterly monitoring of the implementation of the recommendations by the WPV working group (Security, Senior Exec, Human Resources, Occupational Safety, Mental Health, Emergency, Organizational Development & Learning, Patient Experience and

Crisis Intervention) will facilitate their implementation by end of 2018/2019. Further, reporting WPV metrics on the monthly JHSC dashboard (counts by outcomes (lost-time/no lost-time)) and reporting them to the Quality & Safety Committee of the Board on a quarterly basis will identify whether we have spread change about the importance of reporting these incidents so we can implement strategies to further enhance employee/physician safety at CHEO-OCTC.

Performance Based Compensation

In 2018/19, the Executive Team includes the President & CEO, the Chief of Staff (COS), the Vice-Presidents (Corporate Services and Chief Financial Officer (CFO); Acute Care & Chief Nursing Executive (CNE); Child Development & Community Services; People, Strategy & Performance; Research; Provincial Programs & Chief Information Officer (CIO)), select Department Chiefs (Pediatrics, Surgery, Psychiatry and Anesthesiology), the Chief Communications Officer, and the Medical Director - Quality & Systems Improvement. Not all of these members report to the CEO or are designated executives 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 _____ (signature)
Quality Committee Chair _____ (signature)
Chief Executive Officer _____ (signature)
Other leadership as appropriate _____ (signature)