

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



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This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

The CHEO Quality Improvement Plan (QIP) is a foundational document for many of our organization's quality improvement activities and communicates our overall strategic plan. For 2019/20, CHEO 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 medical staff.

CHEO is so much more than an acute care pediatric hospital; we are also a children's treatment centre, academic & research enterprise, school, autism program, and home to several provincial programs. We are also trusted leaders in our region, at the forefront of developing and delivering an integrated, regional pediatric health system with our many local, regional, and provincial partners.

Our current strategy, recently revitalized and launched in early 2018, 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.
- Unlock our Potential – we make the best use of the resources we have and be smart about future investments.

With quality improvement as a driver for CHEO to successfully reach the goals set out in our strategic plan, our 2019/20 QIP will again focus on the metrics that are most relevant in driving our corporate strategy forward. CHEO 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 mandatory HQO metrics: Workplace Violence and Time to Inpatient Bed. Many of the other 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 will work to eliminate preventable serious harm events for patients, staff and medical staff.
- **Improvements Made (Progress from Evidence)** – CHEO will make big and small changes to help move our strategy forward within a culture of continuous improvement.
- **Partners in Health** – CHEO will measure awareness by both patients/families and staff to the importance of and ways that ensure the voice of children, youth and families guides the care we provide and the future of our organization.
- **Faster Access (Connecting Care)** – CHEO will strive to provide care to all patients within condition- and acuity-specific targets.
- **Wise Resourcing (Unlock our Potential)** – CHEO will actively track and manage our finances to achieve positive or neutral margins.
- **Inspiring Workplace (Unlock our Potential)** – CHEO will engage our team to improve satisfaction in their work and work environment.
- **Workplace Violence (Safety First)** – CHEO will continue to promote reporting and track workplace violence incidents to establish a baseline and continue to implement initiatives to reduce these risks to our staff.
- **Time to Inpatient Bed (Connecting Care)** – CHEO will optimize admission processes and capacity to minimize delays for patients admitted from the Emergency Department.

These metrics will be followed at least 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 endeavours. 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 2019/20, CHEO will continue to develop its corporate-wide strategic activity on two transformational initiatives. These are:

- **Healthiest Outcomes** – CHEO 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 will continue to build towards an integrated pediatric health system that connects care for children, youth, families and providers. This work builds on the THRIVE report, Canada's first regional pediatric health care capacity plan, completed in 2017.

Through greater focus, CHEO will achieve greater success in its quality improvement endeavours.

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

CHEO celebrated many important quality improvement initiatives in 2018/19. These included: 1) Implementation of our centralized Access Team, delivering on our promise of a single point of referral (One Door) for children with developmental and rehabilitation needs, following the amalgamation of CHEO and OCTC; 2) Expansion of our single, integrated electronic health record (Epic) to include Anesthesia and Peri-operative Services, as well as Developmental Services, delivering on our promise of One Record following the amalgamation of CHEO and OCTC; 3) Achieving unprecedented patient and staff safety, with over 350 days and counting since our last serious safety event from preventable harm (Safety First); and 4) Being recognized again as one of the top employers in Canada's National Capital Region for the eighth year running, acknowledging the organization's strong commitment to its staff, medical staff and volunteers.

Patient/client/resident partnering and relations

Partnership with patients and families is a core component of our mission. As such, CHEO facilitated 56 youth and family engagement requests across the organization. Just a few to highlight include adding advisors to the hospital's master planning process, having a family advisor on a working group looking at Oncology patient medication sheets (which stemmed from a safety event), having family advisors on the budget decision table with the Executive team, consulting on the policy for cannabis use, and participating on the hiring committee for a VP position. Our family and youth advisory committees continue to be consulted on a weekly basis on key projects. Our family faculty participated in 17 requests for education on the patient experience.

Based on feedback from our vulnerable populations, the role of the Newcomer Navigator was expanded to a Health Equity Coordinator. This role assures additional support and focus on our more marginalized populations including Indigenous, newcomers, and vulnerable youth. CHEO continues to be an active participant at the Ottawa Indigenous Health Strategy to ensure feedback from this community is collected in a culturally safe way and is incorporated in our quality improvement efforts. From that feedback, CHEO developed standard work for facilitating smudging, formed a partnership with a local Indigenous church, and chose key staff to participate in cultural safety training. Next year, CHEO will be forming its own Indigenous circle to enhance our partnership and guide CHEO specific QI work. CHEO also added a Syrian refugee newcomer to our pool of family advisors to enhance the diversity of our representation. She participated in co-design sessions and was featured at the National Patient Experience Forum, highlighting how vulnerable populations can be engaged for QI in addition to sharing [her powerful story](#).

During the past year, CHEO has worked with OHA to improve the scope of patient experience survey tools available for pediatrics and mental health. Pediatric tools were implemented for Emergency and Ambulatory care, which will go live at CHEO in April of 2019. CHEO continued to lead the way in moving from mailed paper surveys to email based surveys, based on feedback from our families on their preference. As of April 2019, all surveys will be electronically based. CHEO staff and one of our family advisors contributed to the review of the mental health Ontario Perception of Care tool developed by CAMH. This tool will be enhanced in its delivery by adding it to our email-based tools in April 2019 as well. Next year, we will focus on ensuring our patient care leadership teams optimize the use of their patient experience data.

In order to grow and standardize our engagement activities, CHEO has been working to implement our patient engagement framework, which was co-designed through extensive community consultation, starting in 2017. The work has been successful thanks to senior leadership oversight, a link to the strategic plan, committed staff co-leads, dedicated time by a working group, and steering advice from CHEO's long-standing Family and Youth Advisory Councils. The past year's work was made up of 4 work streams, all aimed at ensuring meaningful and consistent engagement throughout the organization and across the spectrum of the hospital including direct clinical care, program specific programming and design, and corporate governance and policy decisions. In the Strategy stream of work, we branded our engagement as Partners in Health to align with CHEO's strategic plan. We also engaged an outside vendor to develop a toolkit to allow staff and physicians to determine what level of engagement would best match their work (inform, consult or partner) and depending on their intended level of work and intended audience, provide the best engagement strategy/tools, which were

summarized into concise, single-page cheat sheets. The toolkit is planned to go live in April 2019. In our culture stream of work, we developed awareness for our staff and patient experience surveys to initially measure the success of our implementation of the engagement framework, while other evaluation tools are developed and implemented. We also worked to ensure our on-boarding of new staff and physicians incorporated awareness of the framework. Finally, we co-designed a re-wording of the organization's declaration of values with our family and youth advisors to better match the values we heard during our community consultations and were used to guide the framework. Within a work stream we called Integration, we aligned the engagement framework of our advisory committees and the corporate strategic direction of Partners in Health to our Strategy and Connected Care sub-committee of the Board, so they can provide continued oversight of the work. We also ensured engagement was embedded in our QI processes by adding a note to the huddle tickets to prompt family engagement and making the engagement assessment part of the corporate project approval process. Finally, the Advisory stream of work included revised terms of reference for the youth and family advisory councils to incorporate the steering functions for the engagement framework and their renewed mandates. They are given monthly updates on the work to date and have been consulted on each stream of work through quick consultations as well as co-design workshops. The work going forward will move to growing of the advisory pools to support anticipated increased demand, communicating to internal and external audiences about the framework and how they can participate, and implementing the evaluation tools to continue to adapt and improve the engagement methods.

Workplace Violence Prevention

Staff and medical 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 medical staff, 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 initiatives to help prevent and eliminate workplace violence were carried out, informed by recommendations from an extensive review of our WPV program in 2017/18. These recommendations included addressing 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. Work to address these recommendations have been completed or are in progress in 2019/20.

Despite all of this work, we feel that events continue to be under-reported; hence, we will continue to focus on increasing the awareness and reporting of workplace violence events. An organization-wide risk perception survey was completed in 2018 and will inform priorities for programming and improvement efforts in 2019. CHEO also enhanced reporting of departmental and environmental risk assessment through implementation of electronic reporting. This work will continue to be built upon in 2019/2020 through implementation of a new Safety Management System.

Quarterly monitoring of workplace violence occurs within the Workplace Violence Committee, reporting to the Joint Health and Safety Committee, the Executive Team as well the Quality & Safety Committee of the Board.

Executive Compensation

In 2019/20, 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 – Strategy, Quality & Systems Improvement. Not all of these members report to the CEO or are designated as executives covered under the compensation policy.

Given the complexity and gravity of its mandate, CHEO takes seriously its responsibility to recruit strong, experienced leadership. Given its commitment to patients, CHEO 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 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 achieving certain KPI targets.

Contact Information

For more information, please contact: Dr. Ken Farion, Medical Director - Strategy, Quality & Systems Improvement (farion@cheo.on.ca)

Sign-off

The organization's Quality Improvement Plan has been reviewed and approved by the following individuals, with endorsement by their relevant committees:

Board Chair, Jim Roche
Board Quality Committee Chair, Meena Roberts
Chief Executive Officer, Alex Munter