

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2023



Ontario
Health

OVERVIEW

CHEO's Quality Improvement Plan (QIP) communicates our strategic directions and is a foundational document for many of our organization's activities. Despite the challenges related to the pediatric viral surge in the fall, CHEO remained committed to delivering on our vision of the best life for every child and youth.

Our Strategic Directions include:

- 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.

Our selected Goals and Key Performance Indicators (KPIs) that were actively driven in 2022/23 were:

Safety First (Outcomes that Matter)

- Reduce Harm – CHEO will work to eliminate preventable serious harm events for patients, staff, and medical staff.
- Violence in the Workplace – CHEO will aim to reduce the number of incidents of workplace violence.
- Preventing COVID transmissions – CHEO will maintain the necessary precautions to limit the transmission of COVID-19 among

patients and team members.

Faster Access (Connecting Care)

- Timeliness of Care – CHEO will aim to provide care to all patients within clinically relevant (condition- and acuity-specific) targets.
- Capacity for Care – CHEO will deliver care, in partnership with others, in ways that ensure the right care at the right time for the right patient.
- Time to Inpatient Bed – CHEO will optimize admission processes and capacity to minimize delays for patients admitted from the ED.

While many of these goals and indicators represent care and work within our control, some are significantly impacted by the current state of the pediatric health system in our region and across the province. The pediatric health system is currently not adequately sized and resourced to meet the growing needs of children, youth and their families – it wasn't before the pandemic, it fell further behind through the pandemic, and new challenges are compounding the situation as we try to recover from the pandemic. This is most notably felt by both patients and providers in the struggles to provide timely access to care – care that often is required for the child or youth to reach their developmental milestones.

That is why CHEO, along with other members of the Children's Healthcare Coalition, are leveraging strategic advocacy with government funders and policy makers to ensure the right resources and programming help to right-size the system and improve access to the care that all children, youth and families need. The recent commitment to increased funding for pediatric care in the provincial budget is a recognition by the Government of Ontario of this priority. We will work closely with government,

Ontario Health, partners and families to use this investment to better meet the care needs of our children and youth.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

At CHEO we are all Partners in Health – one of our strategic directions. We are a partnership of children, youth, families, staff, medical staff, and volunteers, working together and listening to each other, all with the goal of making care better. This means we value having children, youth and families involved in everything we do, from care at the bedside to decisions made in the boardroom. In the care setting, we know that families know their children best, while youth know themselves. Their feedback and participation ensure our children, youth and families get the best care possible. Our Patient Experience team facilitates both partnering and patient and family relations functions for the organization.

Partnering activities ensure that meaningful and impactful engagement occurs at the care, program, and governance levels to share information and inform, seek consultative feedback, and to co-design new programs and initiatives. This is achieved by engaging child advisors, our corporate Youth Forum and Family Advisory Council, program-specific advisory councils, as well as members of a large advisory pool, in the engagement work we do. Engagement and partnering are enabled by our Partners in Health Toolkit, which was co-developed with patients and families to help CHEO staff and medical staff identify the best and most meaningful ways to include the voice of children, youth, and families in our work.

Although this past year has presented many challenges to CHEO

relating to staffing and an unprecedented viral surge in the fall of 2022, our commitment to Partners in Health remained evident through our engagement work with patients and families.

1) 1Door4Care will be a brand new state-of-the-art, purpose-built children's treatment centre located on CHEO's main campus (expected to open in 2026/27). Merging seven care locations from across the region, the 1Door4Care building will enable CHEO and our partners in the new space to improve how care is delivered, directly helping 40,000 children and youth with complex physical, behavioural and/or mental health needs.

The 1Door4Care team is dedicated to partnering with children, youth, and families to co-design the structure housing the integrated children's treatment centre as well as a new 1Door4Care Model of Care. Work to date includes:

- Established a Family Advisory Committee comprised of family members and caregivers with lived experience.
- Worked in collaboration with a dedicated group of youth advisors and families with lived experience to develop a vision, mission and set of principles to guide a new framework to define how care will be delivered.
- Partnered with young people and families with lived experience to inform the user requirements for the building design for the new integrated children's treatment centre.

2) The Kids Come First Integrated Home and Community Care working group is a shining example of the practice of family engagement. This team partners with families at all stages of the improvement, and at all levels of the work from leadership to specific improvements.

- The working group is co-led by a Family Advisor.
- Multiple rounds of value stream mapping and focus groups with other families identified and prioritized improvements. The resulting themes became the basis of the work plan for fiscal year 2022/2023.
- Additional family advisors participate in the primary working group and sub-groups. Family Advisors are participating in specific improvement activities, such as:
 - Developing resources, such as lists of where to obtain specialized homeware supplies & equipment, so that it's easier for families to care for their child.
 - Streamlining the processes and procedures for the Family Managed Home Care program, so that the administrative burden is not prohibitive to participating families.
 - Providing input during the development of the Unregulated Care Provider Strategy, whereby care providers such as PSWs and DSWs can receive training to support medically stable students in the school setting. This enables improved School Nursing capacity in the region.

PROVIDER EXPERIENCE

CHEO can only achieve great things by having an Inspiring Workplace, which is a strategic goal aligned with our 'Unlock our Potential' strategic direction. This Inspiring Workplace must be safe, engaging, and must support the wellbeing of staff and medical staff. We have traditionally evaluated our workplace health and culture through periodic staff surveys, utilizing a full survey tool every few years interspersed with shorter pulse surveys every 3-9 months. The summary metric from these surveys focuses on engagement, the connection staff feel towards CHEO, their job, their coworkers, and leaders, propelling them to want to do their best work.

Engagement driver analysis then allows us to identify the key factors that are positively correlated with the engagement our staff and medical staff are reporting.

Staff and medical staff are proud to be working at CHEO, despite these very challenging times. The full engagement surveys conducted in spring 2022 achieved a high response rate and overall engagement scores of 73%. (These scores are higher than benchmark scores comprised of other hospitals in Ontario. CHEO is considered in the top percentile in the hospital sector). These scores reaffirm that CHEO continues to be an organization of choice for staff and medical staff – a fact evident as CHEO has repeatedly been recognized as a top employer in our region. Examples of recent awards and recognition received by Team CHEO include:

- For the 12th straight year, CHEO is among the National Capital Region's top employers.
- CHEO was recognized as a 5-star reward and recognition employer by the Canadian HR Reporter.
- Among only a handful in Canada, CHEO was one of 150 pediatric hospitals to be recognized by Newsweek's 2022 World's Best Hospitals.
- CHEO was recognized as Canada's Healthy Workplace Month® Great Employers. Presented by Excellence Canada, CHEO is among 11 Canadian organizations being celebrated for their planning and actions to foster physically and psychologically safe and healthy workplaces, striving to continually improve across four main areas of focus, namely: Physical health, social health, mental health, and community.
- CHEO, Ottawa's pediatric health and research center ranks second among Canadian hospitals on the Forbes list of Canada's Best Employers for 2021.

Recognizing the staff and their commitment to patients and families during the viral surge, several initiatives were instituted to help staff feel seen, heard, and appreciated. They include but are not limited to:

- Senior Leadership walkabouts
- Staff wellness bins on all 24hr/16hr units.
- Animal-assisted therapy for staff and medical staff.
- Homewood Health Team Services-Employee Assistance Program counsellors on site.
- Peer Emotional Empowerment Program of Support (PEEPS) providing support through regular rounding on units.

WORKPLACE VIOLENCE PREVENTION

CHEO considers staff safety an essential component of our Safety-First philosophy. The frequency of workplace violence events is a measure that our Board monitors and discusses often. Most events occur because of behavioural outbursts from patients with mental health or neurodevelopmental challenges; thankfully the majority do not result in actual harm to staff. This year we will be adding a layer to our indicator on severity for those events that do result in staff harm to better gauge the impact of the incidents that occur with the goal of reducing overall severity.

We have an active Workplace Violence Prevention Committee that discusses workplace violence trends and identifies possible solutions to this complex hazard. The committee members come from diverse backgrounds leading to thorough and fulsome discussions and thoughtful solutions on this sensitive topic.

In 2022, CHEO introduced a Workplace Violence Prevention

Coordinator role to prioritize our prevention initiatives. CHEO is exploring new ways to reduce the risks associated with Workplace Violence, including looking at our behavioral emergency response, increasing awareness on workplace violence incident follow-up, and advocating for more incident reporting to gain better visibility on workplace violence occurrences.

During the past year, we have also invested in three new instructors to teach Non-Violent Crisis Intervention skills to CHEO staff who work in high-risk areas. With our wide view on potential sources of workplace violence we are also ensuring that other potential sources for events such as domestic violence and aggression from caregivers have clear processes and procedures to guide our interventions.

When CHEO staff are involved in workplace violence events, we wrap around the person to ensure they are supported. Our Occupational Health team conducts an individual follow-up with the staff member, and our managers are required to connect with the staff member to include their perspective on the safety report to prevent future occurrences. During the pandemic, CHEO instituted a peer support program that provides both individual and group support sessions for staff that have experienced a difficult workplace event which could including support a staff member following a violent incident. In the coming year, our goal is to complete Workplace Violence Risk Assessments in all areas. The risk assessments allow us to tailor actions plans to the specific needs of the teams, based on their individual results, and link the teams with resources, tools and training that meets their specific needs. This year, we are also formalizing our flagging systems in order for our teams to be aware when there is a risk of violence and to equip

them with strategies to avoid escalation and intervene safely when escalation does occur.

With both our preventative and reactive strategies to address workplace violence, we are confident that CHEO's intentional approach will help us manage and reduce this significant workplace hazard.

PATIENT SAFETY

CHEO has a formal review process for any actual or potential safety incidents that cause harm and that resulted from a deviation from accepted practices. Families are encouraged to contribute to the reviews and once complete, recommendations generated from the review are shared with them. Patient Safety Stories are also used to inform staff, leaders and the Board of Directors of selected safety events and how these events have been addressed and resulted in change.

There is an established Care Review Committee that meets bi-weekly to monitor new safety events, oversee care reviews, and monitor trends. Morbidity and Mortality (M&M) rounds are used to review safety events with the care teams and identify recommendations for change. The Central Mortality and Morbidity Committee provides oversight of the M&M rounds to ensure they are done in a timely fashion and reported on through The Safety Reporting System (SRS) once completed. The SRS system is a repository that all staff have access to so reporting can be done efficiently in real-time for any safety events in the organization. This includes staff and patient harm. Most recently, the creation of a Safety-First Committee allows for CHEO to have a platform where all patient and staff safety issues can be discussed and addressed.

CHEO is a member of the Solutions for Patient Safety collaborative. It is made up of over 145 pediatric hospitals from across North America. These hospitals share the vision that no child will ever experience serious preventable harm while we are trying to heal them. By sharing safety successes and failures, the collaborative members can achieve goals faster. Current work at CHEO includes enhancing the safety culture through the daily safety brief. The brief allows increased transparency and just-in-time awareness of safety concerns in order to allow for immediate mitigations across the institution. Hospital acquired conditions are actively monitored in order to allow for root cause analysis when they occur. Monitored conditions include central line-associated blood stream infections, surgical site infections and unplanned extubations.

CHEO's Good Catch Award continues to celebrate staff and/or families who recognize a potential safety event and take action to prevent it from occurring. The Good Catch Awards also encourage the use of the Safety Reporting System in a more proactive way to prevent harm.

HEALTH EQUITY

CHEO has a deep commitment to providing equitable care to all patients, including Indigenous, diverse and minoritized populations.

In 2021, CHEO brought together a task force on Equity, Diversity, Inclusion, and Indigeneity that created 21 recommendations to advance equitable outcomes. These included a recommendation to create an Office to lead this work. In 2022 a director was hired to lead the Office of I-IDEAS: Indigeneity, Inclusion, Diversity, Equity, Access, and Social Justice, recognizing the scope and importance of

this work.

The Office is building on years of work on health equity, by working collaboratively across the organization particularly with Patient Experience, Safety and Human Resources teams to ensure processes are in place to address issues of discrimination, micro-aggressions, access, and other related issues.

CHEO actively consults with persons, both internally and externally, with lived experiences of diversity to provide input into programs that will advance health equity. We do this through advisory committees: Indigenous Circle, Accessibility, French Language Services and the Sexual Orientation and Gender Identity and Expression Advisory Committees.

CHEO also has specific programs as well to respond to health needs of particular groups for example:

1. Qikiqtaaluk coordination of care working group: that oversees care to patients from Nunavut.
2. Gender Diversity Clinic

CHEO recognizes cultural and commemorative dates through a diversity calendar, recognizing a wide diversity of spiritual and cultural days. We have events and education including bias awareness and anti-racism training. We will be collecting patient sociodemographic data in alignment with Kids Health Alliance and other pediatric hospitals in the province. This will include questions on Indigeneity, ethno-racial data, disability, socio-economic status as well as socio/cultural barriers, etc. This will be rolled out through Epic and My Chart with privacy protections built into every step. We will roll up reports in aggregate and identify gaps, trends, areas of

concern and mitigation strategies and solutions.

At present, we have patient experience surveys in which patients/families can voice concerns and issues. They can also self-identify or raise specific concerns or kudos related to their experience.

EXECUTIVE COMPENSATION

In 2023/24, the Executive Team includes: President & CEO, Chief of Staff (CoS), Senior VP Clinical Services & Chief Nursing Executive (CNE), Senior VP Corporate Services and Chief Financial Officer, VP Acute Care, VP Child Development & Community Services, VP Research, VP Mental Health and Addictions, VP Quality, Strategy and Family Partnerships, select Department Chiefs (Pediatrics, Surgery, Psychiatry and Anesthesiology), Chief Branding and Communications Officer, Chief Privacy Officer and General Counsel, Chief Talent Officer, and Director of the Office of I-IDEAS.

Not all these members report to the CEO directly 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 remains steadfast on patient care. For these reasons, CHEO strives 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 salary targets in the midrange 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, dependent on CHEO achieving certain KPI targets.

CONTACT INFORMATION

For more information, please contact Dr. Ken Farion, Vice President Quality, Strategy & Family Partnership. (farion@cheo.on.ca)

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 on **March 30, 2023**

Jo-Anne Poirier, Board Chair

Annie Chartrand, Board Quality Committee Chair

Alex Munter, Chief Executive Officer

Karen Green, Other leadership as appropriate
