

**Quality Improvement Plan (QIP)**

# **Narrative for Health Care Organizations in Ontario**

May 18, 2022



Mental Health - Care & Research  
Santé mentale - Soins et recherche

## OVERVIEW

The Royal Ottawa Health Care Group (“The Royal”) is made up of The Royal Ottawa Mental Health Centre, the Brockville Mental Health Centre, Royal Ottawa Place (long-term care), The Royal’s Institute of Mental Health Research and the Royal Ottawa Foundation for Mental Health.

For the purposes of Quality Improvement Plan (QIP) submissions to Health Quality Ontario (HQO), we report for The Royal’s mental health services (referred to in this narrative as The Royal) and our long-term care facility, Royal Ottawa Place (referred to herein as ROP). A single Board of Trustees governs these two entities. However, indicators and quality improvement projects for The Royal and ROP are reported separately within one QIP document to ensure clear and appropriate oversight of work undertaken. This year, perhaps more than any other, has left its mark on health care. There is, however, one constant amid this turbulence, a desire to bring access, hope, and new possibilities to people with mental health and addictions needs. In fact, Access, Hope and New Possibilities is the title given to The Royal’s strategy, which was created in 2020-2021. The strategy is a roadmap that will shape the future of The Royal and our community for many years to come and was developed in consultation with a broad group of people, including clients and families, community partners, physicians, and staff. The following strategic priorities will frame the work of the organization in the next five years:

1. Innovate and shape care to client and family needs
2. Advance specialized care
3. Connect care and services for a more accessible system

4. Integrate research, education, practice, and lived expertise to improve client and family-oriented outcomes and experiences
5. Advocate and partner for systemic equity

Our Quality Improvement Plan is a mechanism to help drive forward progress on the strategic plan. This year, like everyone in health care, we have been faced with huge challenges, and opportunities, as a result of the pandemic. Due to our urgent and excellent response to the pandemic, the work on our QIP was slower to proceed than originally anticipated. The importance of the QIP initiatives however was not lost and great strides were made on our initiatives in 2021-2022. Due to our focus on the Omnicron wave of COVID in the winter of 2022, our organization opted to write this simplified QIP narrative, which focuses only on the executive compensation section of the narrative. All activities related to the QIP will resume in 2022-2023.

## EXECUTIVE COMPENSATION

The Royal has a performance-based compensation plan in place for the Senior Management Team which includes: the Chief Executive Officer; Chief of Staff and Psychiatrist-in-Chief; Chief Operating Officer and Chief Financial Officer; Vice President, Professional Practice and Chief Nursing Executive; Vice President, Patient Care Services and Community Mental Health; Vice President of Innovation and Transformation; Vice President of Research (President of the IMHR).

Accountability for the execution of both the annual QIP and the Strategic plan are delegated to the Chief Executive Officer from the Board of Trustees. The plans are reviewed, approved and monitored by the Board of Trustees through performance evaluations of the Chief Executive Officer which is cascaded to the parties listed above. It is the sum of all objectives in these plans that determine the performance pay component of The Royal's Executives. As per Regulation 304/6 of the Broader Public Sector Executive Compensation Act, 2014 (BPSECA), The Royal developed an Executive Compensation Framework.

The Royal has allocated 25% of the performance-based pay to the Quality Improvement Plan, with allocation to all 6 initiatives developed under the quality dimensions of QIP for The Royal and Royal Ottawa Place. Specifically, 25% is allocated to each of the indicators as outlined below:

	Indicator	Allocation
1	% of inpatients with a Clinical Assessment Protocol (CAPS) from the Recovery Plan of Care tool updated within 28 days	4.16%
2	% of medication reconciliation completed in ambulatory care where medication is a large component of treatment (Schizophrenia/Mood & Anxiety/Geriatric Psychiatry) as measured by the % of BPHM confirmed by the attending physician	4.16%
3	% of Psycho-Social Assessments completed within 21 days of admission (applies to clients with inpatient stays greater than 21 days only)	4.16%
4	% of inpatients who have a Columbia Lifetime Assessment completed within 7 days of admission	4.16%
5	Reduce the prevalence of Urinary Tract Infections for our LTC residents	4.16%
6	Number of workplace violence incidents (overall)	4.16%
<b>Total</b>		<b>25%</b>

## CONTACT INFORMATION

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## 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 **June 21, 2022**



Board Chair



Board Quality Committee Chair



Chief Executive Officer








Psychiatrist-in-Chief and Chief of Staff

Other leadership as appropriate

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Indicator	Rationale	Target	Current Prf.	Executive Sponsor	Accreditation Std. Definition
<b>IMPROVING CLIENT &amp; FAMILY EXPERIENCE</b>					
 <p>Improve client centered care as measured by the % of inpatients with a Clinical Assessment Protocol (CAPS) from the Recovery Plan of Care tool updated within 28 days</p>	HIMS group indicator tracking how often client's care plan are being updated. Care plans should be updated regularly throughout an inpatient stay to track & communicate progress towards recovery. The recovery plan of care tool is a multi-disciplinary tool, which can involve families/SDMs in identifying and tracking progress towards care goals.	80%	70%	Esther Millar/ Susan Farrell	<p><b>Mental Health Standard 8.0/Ambulatory Care Standard 8.0:</b> Care plans are developed in partnership with the client and family based on a comprehensive assessment.</p> <p><b>Mental Health Standard 9.9/Ambulatory Care Standard 9.6:</b> Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.</p>
<b>SUPPORTING INNOVATIVE CLINICAL BEST PRACTICES TO ACHIEVE THE BEST POSSIBLE HEALTH OUTCOMES</b>					
 <p>Improve patient safety as measured by the % of medication reconciliation completed in ambulatory care as measured by the % of BPHM confirmed by attending physician (Schizophrenia/Mood &amp; Anxiety/Geriatric Psychiatry)</p>	This measurement focuses on the physician confirming the medication in the E.H.R. BPHM = Best Possible Home Medication list. This formal process aims to ensure accurate and comprehensive medication information is communicated consistently across transitions of care & enables prescribers to make the most appropriate prescribing decisions. Expansion of this indicator to all programs is expected in the 2023/24 fiscal year.	90%	78%	Raj Bhatla	<p><b>Ambulatory Care Standard 8.5:</b> Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information at ambulatory care visits when medication management is a major component of care. <b>(REQUIRED ORGANIZATIONAL PRACTICE)</b></p>
 <p>Improve transitions in care as measured by the % of Psycho-Social Assessments completed within 21 days of admission (applies to clients with inpatient stays greater than 21 days only)</p>	HIMS group indicator tracking the percentage of clients who have a psycho-social assessment completed within 21 days of an admission which helps to guide and inform the treatment plan and care provided. Benefits of this process include that client goals are identified early (best practice is for discharge planning to begin at admission so barriers to discharge are identified early in the stay this facilitates this) and that valuable information is gathered which can be disseminated early to the multi-disciplinary team.	85%	80%	Esther Millar	<p><b>Mental Health Standard 8.1:</b> Each client's physical and psychosocial health is assessed and documented using a holistic approach, in partnership with the client and family.</p> <p><b>Mental Health Standard 8.3:</b> The client's physical and psychosocial needs, choices and preferences as identified in the client assessment are used to develop service goals.</p>
 <p>Improve patient safety by ensuring Royal clients receive a fulsome suicide risk assessment as measured by the % of inpatients who have a Columbia Lifetime Assessment completed within 7 days of admission</p>	In 2020, the Royal adopted the Columbia Suicide Severity Rating Scale Lifetime/Recent Version, a robust and validated instrument, as the optimal tool to support clinical assessment at the Royal. Due to the nature of our work, it is paramount that all clients are screened for risk of suicide.	70%	42%	Raj Bhatla/ Esther Millar	<p><b>Mental Health Standard 8.8:</b> Clients are assessed and monitored for risk of suicide. <b>(REQUIRED ORGANIZATIONAL PRACTICE)</b></p>
 <p>Improve the care of our LTC residents by reducing the prevalence of Urinary Tract Infections</p>	Urinary tract infections result in administration of anti-microbial medications. They are also a cause of responsive behaviours, decreased intake, and overall quality of life. Reducing the percentage of residents who are treated for a UTI is an important component of the care provided in LTC. Untreated UTIs can lead to hospitalization and unnecessary antibiotic prescribing can lead to anti-microbial resistance.	6.5%	8.2%	Esther Millar	<p><b>Long Term Care Standard 9.8:</b> Strategies are used to reduce avoidable admissions/readmissions to the hospital.</p>





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	Indicator	Rationale	Target	Current Prf.	Executive Sponsor	Accreditation Std. Definition
<b>IMPROVING CARE TEAM WELL-BEING</b>						
	Improve workplace safety as measured by the number of Workplace Violence Incidents over a 12 month period	This has been a mandatory indicator from Ontario Health for the last several QIPs. The aim is to track workplace violence incidents for the safety of the workers and also as a means of building an organizational reporting culture. The Royal is striving to improve their reporting culture and thus have been working to see an increase in this indicator over time. A work environment where people feel physically safe and also psychologically safe to report incident is the goal.	66	56	Cal Crocker	<b>Leadership Standard 2.12:</b> A documented and coordinated approach to prevent workplace violence is implemented. <b>(REQUIRED ORGANIZATIONAL PRACTICE)</b>

**EFFECTIVELY USING RESOURCES**

