

Let's Make Healthy
Change Happen.



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



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

1/24/2019

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 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). These two entities are governed by a single Board of Trustees. 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.

Our Quality Improvement Plans are driven by our mission to deliver excellence in specialized mental health care, advocacy, research and education. Our 2015-2020 Strategic Plan includes five strategic domains: care, discovery, partnerships, engagement, and resources. Under each domain is a set of objectives and indicators that show how we are progressing in our mission. Everything we do is guided by the strategic plan and supportive of the objectives set out within.



The Royal’s 2019-2020 QIP indicators incorporate opportunities for improvement that were identified through a data driven review of the Client Experience Survey, the Family Satisfaction Survey, our Staff/Physician Engagement Survey, accreditation standards and aggregated (critical) incident data. The 2019-2020 QIP was developed by reviewing the indicators from last year’s QIP and identifying progress towards the established targets and with consultation across stakeholders. The Royal’s peer hospital scorecard along with discussions amongst quality leaders were used to ensure common comparable indicators and benchmarks where available. Our peer organizations include Waypoint Centre for Mental Health Care, Ontario Shores Centre for Mental Health Sciences and the Centre for Addiction and Mental Health (CAMH).

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

The Royal continues to grow and adapt to meet the ever-changing and expanding needs of our patients and our community. The project supporting the expansion of Cognitive Behavioural Therapy (CBT) services in the community and the program growth of our satellite sites for The Operational Stress Injury Clinic, are excellent examples. In addition, Telemedicine continues to grow and is being used by every program across The Royal – we served over 6000 patients last year and are continue to lead Tele-Mental Health across Canada.

This year will be a transformational one at The Royal with completion of the Transforming Care at the Royal project to implement the Mental Health Information System (MHIS) with our partners. This will help to drive innovation by delivering best practices, new partnerships and advancing technology, all aligned with the development process for the next Strategic Plan. Furthermore, the updated vision of a “hospital without walls” and a more horizontal quality structure will enhance quality improvement initiatives and important ties to the community.

One of the most impressive QI achievements of this year comes from our leadership of the Community Mental Health Program (CMHP). The leadership dyad of Clinical Director and Director of Patient Care Services were invited to deliver a provincial webinar on their approach to prioritizing quality improvement into care by E-QIP (Excellence through Quality Improvement Project), a partnership initiative with Health Quality Ontario, Canadian Mental Health Association Ontario and Addictions and Mental Health Ontario. The focus of the presentation was CMHP's model of engaging all clinicians in quality improvement with use of both the PDSA (Plan, Do, Study, Act) and program evaluation efforts to improve care. Examples of quality initiatives developed in the program were shared and follow-up from health partners across Ontario to share ideas and create capacity has occurred since the webinar with a particular focus on projects to improve safe and effective client care in community settings with a range of community partners. This safety initiative was also presented at the Ontario Assertive Community Treatment conference as a leading practice in improving safe, effective and timely care.

Resident, Patient, Client Engagement and Relations

We are also very excited to continue developing our relationships and working with our Resident, Client Councils and Family Advisory Council. Most recently we have engaged volunteers to join each of our accreditation quality working group teams and other important committees such as the Accessibility Committee, Medical Assistance in Dying workgroup, Integrated Ethics Committee, Equity working group and the Workplace Violence prevention team. Representatives are engaged in patient centred research and also attend meetings of the Quality Committee of the Board and the Board of Trustees.

Members of the Client and Family councils provided feedback on a survey and through discussions to directly contribute to development of the QIP priorities. We are pleased to bring forward a proposal from the Client Advisory Council that has kick started the Embracing Recovery Language in our Spaces Project. Our goal is to move away from language that associates clients with their diagnoses and move towards names that support confidentiality, recovery and decrease the stigma that people feel when they are associated with their illnesses. This project is cross-functional and being driven in part by two clients. A moving video of our client describing the importance of this work has been shared with the organization and truly defines the need for a client and family centred approach.

Workplace Violence Prevention

Workplace violence prevention is a strategic priority at The Royal and we endorse a philosophy of safe workplaces and have a policy to guide Workplace Violence Prevention. We prioritize education and training to ensure that staff recognize and respond to escalating behaviours from anxiety through to physical aggression. New courses have been added and mandatory training for staff is an organizational priority. We also pay particular attention to physical plant design, Code White response, safety plans and provide security services. The issue of staff, client and resident safety are key topics in reporting of incidents, and a new system being implemented, will further enhance the ease of reporting and connecting multi-faceted events. At the site specific collaborative Joint Occupational Health and Safety Committee meetings and at discussions of the organizational workplace violence prevention subcommittee, incidents are thoroughly reviewed and actioned.

Patient Safety and Employee Safety key performance indicators are reported quarterly to the Senior Management Team, the Board Quality Committee and the Board of Trustees, in addition to being posted on The Royal's intranet, available to all staff. The Quality Care Review process encourages patient incident reporting and investigates incidents of violence to identify recommendations to improve processes and systems to limit the likelihood or recurrence and/or reduce harm if there is a recurrence.

Performance Based 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; Executive Vice President and Chief Financial Officer; Vice President, Professional Practice and Chief Nursing Executive; Vice President, Communications; Vice President, Patient Care Services.

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 14 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:

| | Quality Dimension | Indicator | Allocation |
|----|--|---|------------|
| 1 | Effective | Discharge Summary to community in 48 hours | 2% |
| 2 | Effective | Readmission for a Mental Health reason within 30 days of discharge | 2% |
| 3 | Patient Centred -Patient Experience | Percentage of complaints acknowledged with 5 business days | 2% |
| 4 | Patient Centred -Patient Experience | OPOC Question 31 – “services provided were high quality” | 2% |
| 5 | Safe -Workplace violence incidents | Number of workplace violence incidents reported by hospital workers | 2% |
| 6 | Safe -Lost time due to staff injury (severity) | Lost days related to workplace violence | 2% |
| 7 | Safe -Lost time due to staff injury (frequency) | Number of lost time claims due to workplace violence | 2% |
| 8 | Safe -Medication reconciliation (outpatient) | Implementation of medication reconciliation in the outpatient setting | 2% |
| 9 | Safe -Restraint Usage | Use of physical/mechanical restraints | 2% |
| 10 | Timely -Wait Times | Wait times in Mood & Anxiety Outpatient and Consult Clinic | 2% |

| | Quality Dimension | Indicator | Allocation |
|--------------|-------------------------|----------------------------------|------------|
| 11 | LTC: Effective | Worsening Bladder Control % | 1% |
| 12 | LTC: Patient Experience | Overall Patient Experience | 2% |
| 13 | LTC: Safe | Reduce Falls | 1% |
| 14 | LTC: Safe | Hand Hygiene Including Residents | 1% |
| Total | | | 25% |

Access to the Right Level of Care - Addressing ALC

The Royal works continuously with local partners to address Alternate Level of Care (ALC) issues. We monitor our own ALC status and compare our results with mental health facility peers and are currently reporting the lowest ALC numbers amongst the peer group.

Contact Information

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Sign-off

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

Board Chair
Scott McLean

Quality Committee Chair
Dr. Isra Levy

**President and Chief
Executive Officer**
Joanne Bezzubetz