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Change Happen.



Exceptional Care – Exceptional People

Brant Community Healthcare System

2020-21 Quality Improvement Plan Narrative



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Overview

Your Community, Your Health System

The Brant Community Healthcare System consists of The Brantford General Hospital and The Willett Hospital in Paris. BCHS has 295 beds and has more than 2000 caring physicians, staff and volunteers. As the only acute care facility in Brant County, BCHS is committed to providing specialist programs and services for the 130,000+ residents. BCHS is dedicated to building and sustaining a high-quality and safe patient and family centered system of care, respected by the community and employees.

A full service community hospital system, BCHS offers health programming in the following areas:

| Brantford General Hospital | |
|--|--|
| <ul style="list-style-type: none">• Ambulatory Care• Cancer Clinic• Complex Care• Critical Care• Diagnostic Imaging• Diabetes Education• Dialysis• Emergency Service• Family Birthing• Integrated Stroke Care | <ul style="list-style-type: none">• Inpatient Rehabilitation & Therapy Services• Laboratory Medicine• Medicine• Mental Health• Pediatrics• Pharmacy• Sexual Assault & Domestic Violence Care• Surgical Services |
| The Willett | |
| <ul style="list-style-type: none">• Activation & Restoration Program• Mental Health Clinics | <ul style="list-style-type: none">• Post-Acute Care Beds• Urgent Care |

The onset of the COVID-19 Pandemic is having an unprecedented impact on the health care system in Ontario, imposing a great deal of uncertainty in the months and years ahead. This uncertainty may impact BCHS's ability to meet the planned improvement initiatives outlined in our 2020/21 QIP, as our QIP is based on the improvement priorities the organization set-out prior to the pandemic. As we move forward with our QIP work, we will strive to achieve as much planned improvement as possible, while recognizing the challenging environmental circumstances.

Our 2019-20 Quality Improvements

During the past year, BCHS has continued to invest in a culture of quality and patient safety with the aim of improving patient and staff experiences. We are proud of the work the organization has achieved and are pleased to share several of these, including:

- The implementation of a new Emergency Room physician scheduling optimization software through Metric Aid, the introduction of Pediatric Quick Care, and the establishment of a Timely Transitions Committee to enhance timely and efficient transitions.
- Surpassing our target for service excellence by responding to 100% of our patient complaints within 48 hours.
- Enhancing the logic by which medication reconciliation is coded as complete, which includes measures for quality of reconciliation in addition to quantity.

- Launching our discharge reconciliation compliance reports for specific clinical programs to ensure high levels of completion are achieved and maintained.
- Launching a real-time incident reporting portal which is available to all leaders.
- Launching a hospital wide violence risk assessment to gather and provide data which can be used to better understand staff and clinical needs, and direct resource allocation to ensure safe and effective care.
- Partnering with St. Leonard's Community Services and the HNHB LHIN to implement a Residential Withdrawal Management Treatment Program to enhance care and assistance for people living with addiction.

BCHS is also proud to announce that in October 2019, the Ministry-appointed Supervisor submitted her final report to the Minister of Health outlining the improvements BCHS has made over the last two years. This report formally ended our period of Ministry Supervision.

Our Quality Improvement Plan Goals and Action Plans

Over the course of the last few Quality Improvement Plans (QIPs), BCHS has increased the number of selected goals that aligned with Health Quality Ontario's (HQO) definition of quality. This approach has demonstrated BCHS's commitment to providing high quality care that reflects the standards set forth by HQO. This has also helped care providers align their work to organizational goals for quality and safety.

Continuing with this philosophy, all of our 2020-21 QIP goals are in alignment with HQO's quality dimensions.

| Health Quality Ontario Dimension | Brant Community Healthcare System Goals |
|---|---|
| Timely | <ul style="list-style-type: none"> • Emergency Department wait time for inpatient bed • Access to hip fracture surgery within 48 Hours • Percent of priority 2-4 cases completed within access target from CT scan |
| Patient Centeredness | <ul style="list-style-type: none"> • Patient Experience: <i>Did you receive enough information when you left the hospital?</i> |
| Safety | <ul style="list-style-type: none"> • Number of reported workplace violence incidents overall |
| Effective | <ul style="list-style-type: none"> • Medication reconciliation at discharge (overall) • Repeat visits to the emergency department within 30 Days for mental health and addiction patients |

To assist our community in understanding our plan, we are pleased to summarize the priority goals and planned improvement initiatives in more detail within this document along with posting a copy of the required Health Quality Ontario (HQO) spreadsheet on our website.

Indicator 1: **Reducing Emergency Department wait time for inpatient bed**
Dimension of Quality: **Timeliness**

For most of our patients, the Emergency Department (ED) at Brantford General Hospital (BGH) and Urgent Care Centre at the Willett is the front door to their care. Over 58,000 patients visit our ED at BGH and 18,000 patients visit the urgent care centre at the Willett every year. Our top priority is to provide timely access to emergency

care for our growing communities. We remain committed to reducing wait times and the time it takes to transfer admitted patients to an inpatient bed knowing that fast access to care leads to improved outcomes.

2020-21 Improvement Initiatives:

- Establish a Patient Flow Steering Committee that will provide organizational oversight for timely transitions activities
- Refine the organizational surge protocol.
- Implement Stay Track a discharge utilization platform on medical inpatient units. It is anticipated that Stay Track will serve as a mechanism to facilitate improved communication amongst the inpatient teams specific to discharge readiness. Stay Track will allow more accurate and rapid determination of the Estimated Date of Discharge, barriers to discharge, and determination of accountability for discharge-related tasks.
- With respect to other strategies we are working on to address length of stay, all of which are currently in progress at various stages, these include:
 - Standardization of the Alternate Level of Care designation processes.
 - Introduction of Charge Nurses to the medical units.
 - Potential implementation of Short Stay Unit on the medical units.
 - Development of team rounding.
 - Refresh of physician education on Healthcare Inpatient Group (HIG) coding.
 - Assessment of the impact of Internal Medicine Rapid Assessment (IMRAC) clinic with potential expansion of patient criteria.

Metrics and Target:

| Measurement | 2019-20 Result | 2020-21 Target |
|--------------------------------|----------------|----------------|
| ED wait time for inpatient bed | 28.7 hours | < 29.0 hours |

Indicator 2: Access to hip fracture surgery within 48 hours

Quality Dimension: Timeliness

Delays in hip fracture surgery have tremendous impact on the outcomes for elderly patients. For example, delays beyond 48 hours increase both the risk of pressure sores and death. Currently at BCHS, we are operating below the benchmarks for our province and region. To be in alignment with best practices, BCHS is committed to improving performance rates as well as patient outcomes. To facilitate our goals, BCHS will work with the region and ensure a senior-friendly framework is adopted.

2020-21 Improvement Initiatives:

- In keeping with a senior-friendly care framework, ensure patients with hip fracture have access to geriatric expertise while under the care of an orthopaedic team.
- Work with the region and the province to map networks of emergency services, including the development of hospital agreements and bypass/deployment protocols for emergency medical service.
- Work with the anesthetists to develop a process to optimize patient readiness for surgery. Every effort is made to ensure fractured hip patients have quick access to the Operating Room.
- Complete chart reviews of all fractured hip patients to determine delay in accessing Operating Room.
- Reduce length of stay for joints.

- Enhance discharge planning and early referral to rehabilitation services.

Metrics and Target:

| Measurement | 2019-20 Result | 2020-21 Target |
|--|----------------|----------------|
| Access to hip fracture surgery within 48 hours | 67.8% | 85.0% |

Indicator 3: **Percent of priority 2-4 cases completed within access target from CT scan**

Quality Dimension: **Timeliness**

Diagnostic imaging has important implications for patient care. When diagnostic services are accessible in a timely manner, the patient has the best opportunity for a positive health outcome because clinical decision making can address the patient's underlying health problem. At BCHS, we are committed to ensuring that all patients are able to access diagnostic services in a timely manner by working toward meeting Ontario and regional benchmarks.

2020-21 Improvement Initiatives:

- Priority 2
 - Continue to manage patient schedules to ensure access to Priority 2s and 3s are within/above targets.
- Priority 3/4
 - Work with Norfolk General to repatriate the regional referrals.
 - Continue 'Fax Back' process to ensure order appropriateness in accordance to the Choosing Wisely initiative.
 - Provide education/communications to all referring physicians in Brant and Norfolk counties indicating BCHS wait times and the contact information of other providers in the region.
 - Finalize financial approval to increase budgeted tech hours to:
 - Extend operating hours to open up space for 30 more Priority 4 cases a day).
 - Balance schedule demands between Priority 3 and 4 cases with new budgeted tech hours.
- Investigate CPOE options to assist in proper utilization (supporting Choosing Wisely).
- Continue to investigate and pursue option of purchasing a 2nd CT unit.

Metrics and Target:

| Measurement | 2019-20 Result | 2020-21 Target |
|---|--|--|
| Percent of priority 2-4 cases completed within access target from CT scan | 54.0% (overall) Priority 2: 98.0% Priority 3: 78.0% Priority 4: Awaiting data | 60.0% (overall) Priority 2: 90.0% within 2 days Priority 3: 90.0% Within 10 days Priority 4: 90.0% Within 80 days |

Indicator 4: **Patient Experience: Did you receive enough information when you left the hospital?**

Quality Dimension: **Patient-centered**

When patients are discharged from care to go home or to another care setting, it is important they have the information required to ensure effective management and recovery. This can include information related to medication, physiotherapy, care requirements, expected recovery time, and follow-up appointments. Not having the information, and/or not knowing what to expect can lead to poor patient outcomes and re-admissions. To ensure positive outcomes for discharged patients, we are committed to providing all the information a patient (and family) need upon discharge from any service provided by BCHS.

2020-21 Improvement Initiatives:

- Increase the NRC Picker survey response data for the CPES database through the implementation of staff education tools to increase number of emails collected and provide patient/family education through scripting.
- Work with Patient Flow Steering Committee on standardizing tools and processes with respect to discharge.

Metrics and Target:

| Measurement | 2019-20 Result | 2020-21 Target |
|--|----------------|----------------|
| Percent of patients who received enough information when leaving the hospital. | 46.4% | 50.0% |

Indicator 5: Number of reported workplace violence incidents overall

Quality Dimension: Safe

Certain professions, including healthcare workers, are at greater risk of experiencing violence in the workplace due to a variety of factors including increasing patient acuity, operating within a 24-7 environment, and the need for appropriate staffing levels. A safe working environment for physicians, staff and volunteers leads to a safe care environment for patients, families and caregivers. This is why we are continuing to work with leaders to improve the working environment both physically and psychologically.

2020-21 Improvement Initiatives:

- Support organization-wide risk assessment and build accountability into resulting action plans.
- Continue to provide Safe Management Group training to all staff working in high risk areas.
- Offer Safe Management Group training to all physicians working in high risk areas.
- Provide Parklane education to Medical Affairs and physician group.
- Rollout Patient Flagging process in all clinical areas.
- Code White button testing to be monitored by JHSC.
- Evaluate Parklane submission interface, and make required improvements to enhance user-friendly experience and support ease of reporting.

Metrics and Target:

| Measurement | 2019-20 Result | 2020-21 Target |
|--|----------------|----------------|
| Number of reported workplace violence incidents overall. | 120 | 140 |

Indicator 6: Medication reconciliation at discharge (overall)

Quality Dimension Effective

Evidence suggests that 30% of medication errors in North America have the potential to cause patient harm. They are also a common reason for unplanned readmissions to the hospital. To ensure safety, we aim to have each patient's medications documented and reconciled when they are discharged from care and to go home or to another care setting.

2020-21 Improvement Initiatives:

- Medication Reconciliation Steering Committee will continue to monitor, report, and provide oversight over improvement initiatives.
- Continue to distribute weekly compliance reports with a minimum compliance requirement for all physicians set at 80%.
- Provide physician education where needed (tracking individual physician performance).
- Continue to provide Medication Reconciliation education during orientation for new nursing staff and physicians.
- Develop and launch Medication Reconciliation education module in Halogen.
- Continue to explore electronic options to enhance the quality of the discharge medication reconciliation process and increase patient experience.

Metrics and Target:

| Measurement | 2019-20 Result | 2020-21 Target |
|---|----------------|----------------|
| Percent of medication reconciliation at discharge (overall) | 68.7% | 88.0% |

Indicator 7: Repeat visits to the Emergency Department within 30 days for Mental Health and Addiction Patients

Quality Dimension: *Effective*

High rates of Emergency Department use for mental health and addictions conditions indicate that patients are not receiving the community mental health and substance use supports they need. Moreover, people often access Emergency Departments while on waiting lists for community services because the wait times for support can be many months. To ensure that our community's mental health and substance use needs are being met, BCHS will work with community partners to better understand the needs and develop systemic solutions to address identified gaps in care.

2020-21 Improvement Initiatives:

- Together with local partners, deepen understanding of population accessing ED and patterns, to better address needs for care and service.
- Formulate a collaborative plan with local partners to improve this indicator for mental health and substance abuse revisits (decrease 2 percent).
- Explore ideas to improve clinical care through focus on transitions of care at the Mental Health Quality Council.
- Pilot a Mental Health Rapid Follow-Up Clinic within outpatient program at the hospital.
- Pilot a hybrid Psychiatry model which includes a combination of in-person and tele-psychiatry via Ontario Telemedicine Network within ED at the hospital.

Metrics and Target:

| Measurement | 2019-20 Result | 2020-21 Target |
|---|----------------|----------------|
| Percent of repeat visits to the emergency department within 30 days for mental health and addiction patients. | 21.0% | 19.0% |

Our Commitment to Advancing Quality and Safety

At BCHS, we recognize that no matter which area of the BGH or The Willett patients receive care, every patient deserves to receive the highest quality and safest care possible. We know we need to make improvements in areas of care that may not be identified in this plan, which is why BCHS has committed to providing exceptional care that is safe, effective, patient-centered, efficient, timely and equitable in our 2020-25 Strategic Plan.

Our commitments include:

- Supporting seamless transition across the continuum of care to improve patient experience, provider satisfaction and system outcomes.
- Advancing a culture of service orientation to support outstanding patient and family experiences.
- Committing to always being accreditation ready by maintaining a steady focus on accreditation standards to strengthen our patient safety culture.
- Championing continuous improvement thought the implementation of an evidence-based improvement model.
- Implementing initiatives to ensure appropriate levels of testing and treatment, and to provide safe and effective care.

Our Commitment to Championing Health Equity

Health Equality means that everyone who comes to BCHS has access to the same health services no matter who they are and where they live. Honored to serve all of the City of Brantford and Brant County, BCHS recognizes the need to understand and meet the unique needs of local communities and address priority health concerns.

This commitment, outlined in our 2020-25 Strategic Plan, will include:

- Building and strengthening relationships with local indigenous peoples and communities by developing partnerships to provide navigation and a culturally safe environment
- Providing staff, physicians and volunteers with cultural safety, diversity, inclusion, and anti-racism training.
- Improving care for identified populations including, children, seniors, and those living with mental health and addictions issues.

Partnering to Transform Care: Patient Engagement

During the development of this QIP, the indicators and metrics were presented to our Patient and Family Advisory Committee (PFAC) to enable the community, and patients and families to assist us in the co-design of our services and goals. Our Patient and Family Advisors will continue to support the work of the QIP through their engagement with our hospital program committees and quality committees.

Performance Based Compensation Plan

Performance Based Targets set out as Priority Measures in the BCHS Quality Improvement Plan (QIP) for the period April 1, 2020 – March 31, 2021.

- Total allocated percentage of Pay at Risk is three percent (3%) of the executive's compensation for *April 1st 2020 – March 31st 2021*. These executive roles include:
 - Chief Executive Officer
- Of the total allocation, each quality indicator have been weighted equally and allocated *one, decimal, zero, zero (1.00%)* of base pay, allocated to each of the three quality indicators outlined below.

Quality Indicators

| Theme | Indicators | 2020/21 Target | Pay at Risk |
|-----------|--|----------------|-------------|
| Timely | Access to Hip Fracture Surgery with 48 hours | 85.0% | 1.0% |
| Safe | Number of workplace violence incidents (overall) | 140 | 1.0% |
| Effective | Medication Reconciliation at Discharge (overall) | 88.0% | 1.0% |

Contact Information

If you have any questions, comments or concerns about our QIP or the hospital in general you can reach at us at the following contact points:

The Brantford General
200 Terrace Hill Street
Brantford, ON N3R 1G9
519-751-5544

The Willett, Paris
238 Grand River St. North
Paris, ON N3L 2N7
519-442-2251

You can also learn more about us at our website at: www.bchsys.org or follow us on social media.

Board and Executive Sign-off

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



Dr. David McNeil
President & CEO



Mr. Paul Emerson
Board Chair