

Let's Make Healthy
Change Happen.



Where Patient Care Comes First

Brant Community Healthcare System

2018-19 Quality Improvement Plan (QIP)



ontario.ca/excellentcare

Contents

Overview	3
Our 2017-18 Quality Improvements.....	3
Our Quality Improvement Plan Goals and Action Plans	4
Our Commitment to Measurement & Public Reporting.....	9
Quality Matters Every Where, Every Time	10
Patient / Resident Engagement and Relations	10
Engagement of Clinicians, Leadership & Staff.....	11
Population Health and Equity Considerations.....	12
Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder.....	12
Contact Information	13
Board and Executive Sign-off	13

Overview

Your Community, Your Health System

The Brant Community Healthcare System (BCHS) is a two-site hospital system serving both the City of Brantford and Brant County. A partner within the Hamilton-Norfolk-Haldimand-Brant Local Health Integration Network (HNHB LHIN), the Brantford General Hospital and The Willett Hospital in Paris serve as important access points for health care.

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

Brantford General Hospital			The Willett, Paris
Emergency Service	Integrated Stroke Unit	Pediatrics	Urgent Care
Cancer Treatments	Inpatient Rehabilitation	Pharmacy	Mental Health Clinics
Complex Care	Laboratory Medicine	Surgery	Primary Care
Diagnostic Imaging	Medicine		Post-Acute Care Beds
Family Birthing	Mental Health		

Our 2017-18 Quality Improvements

Since BCHS was placed under provincial supervision in September 2017, we are pleased to share several initiatives we have implemented to improve quality, utilization, patient safety and the patient experience. These improvements include:

- Creating our new “See and Treat” zone for emergency room patients that has resulted in lower wait times for patients with low acuity illnesses.
- Development of a 24-7 model of care that enhances patient care by increasing the skill sets of our nursing staff and enabling both Registered Nursing and Registered Practical Nurses to practice to their full scope.
- Opening of a 32-bed unit at The Willett in Paris to help post-acute care patients receive an appropriate level of care before transferring to a community-based service or home.
- Improving the “door to needle” time from 68 minutes to 52 minutes for patients who present with stroke symptoms in the emergency room. This allows patients to receive critical treatments that can reduce the impact of a stroke and save their lives.
- Achieved benchmark results related to medication reconciliation at admission, thereby enhancing safety for patients by documenting home medications and reconciling with admission orders to prevent medication errors.

We are also pleased to report to the community that on March 2, 2018, the Minister of Health the Hon. Helena Jaczek visited Brantford General Hospital to announce capital funding for both our emergency room and inpatient mental health unit that will enable BCHS to create safer spaces for patients and staff and improve privacy.

BCHS also submitted to Health Quality Ontario the required progress report addressing the goals the organization had set in 2017-18. You can access a copy of our progress report on our website at:

<http://www.bchsys.org/hospital/about-us/accountabil/quality-improvement-plan/>

Our Quality Improvement Plan Goals and Action Plans

In past Quality Improvement Plans (QIPs), BCHS selected only a few goals that aligned with Health Quality Ontario's definition of quality. This approach created a challenge for BCHS as it created a misperception that BCHS was not dedicated to providing care within all dimensions, prevented staff from seeing their work aligned with and important in achieving the goals of the plan, and limited our ability to properly benchmark the organization with our peers to advance future learning.

It is for these reasons that in 2018-19, we have selected at least one goal within each dimension of quality.

Health Quality Ontario Dimension	Brant Community Healthcare System Goals
Effectiveness	Reducing Pressure Ulcers
Patient Centeredness	Improving Patient Relations Response Times
Safety	Reducing Hospital-Acquired Infection Completing Medication Reconciliation on Admission Completing Medication Reconciliation at Discharge Preventing Workplace Violence
Efficient	Reducing Alternate Level of Care (ALC) Days
Timely	Improving Emergency Room Wait Times and Length of Stay
Equitable	Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder Working Collaboratively with Indigenous Leaders and Communities

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 (HQP) spreadsheet on our website.

Goal 1: Reducing Wait Times and Length of Stay in the Emergency Dept. **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 64,000 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.

2018-19 Improvement Initiatives:

- Mobilized Triage Model- addition of Triage during peak hours 7 days a week.
- Increased Physician Assistant coverage (double coverage 7 days a week).
- Continue with the new "See and Treat" Clinic that improves access to a Physician Initial Assessment for patients who do not require admission to an inpatient bed.
- Improved Medical Model (combined Hospital Based Internist/Hospitalists).
- Revision of Estimated Date of Discharge focusing on compliance and accuracy, decreasing Length of Stay and Conservable bed days on the acute inpatient units.

Metrics and Target:

Measurement	2017-18 Result	2018-19 Target
ED Length of Stay for Complex Patients (90 th Percentile)	15.0 hours	< = 12.5 hours

Target Justification:

Due to increasing ER volumes and longer wait times for community services, BCHS has seen our performance decline from 12.5 hours to 15.0 hours over the past year. As a result, while we aim to achieve the provincial guideline of 8 hours, our goal in the coming year is to return to our 2016-17 performance of 12.5 hours to get to – a decline of 2.5 hours or a 16.8% improvement.

Goal 2:**Prevention of Hospital-Acquired Pressure Ulcers****Quality Dimension:****Effectiveness**

No patient should ever accept the acquisition of a pressure ulcer while in hospital, especially those that escalate to a stage 3 or 4 ulcer that can impose pain, suffering and lead to a lack of mobility and potential infection. To ensure patients are safe and to prevent such incidents, a multidisciplinary team approach will be adopted.

2018-19 Improvement Initiatives:

- 100% compliance of Braden score published on admission within 24 hours.
- Braden score included on action boards and discussed at multidisciplinary rounds.
- Adapt documentation tools to prompt daily risk re-assessment and promote best practice management algorithms into Meditech.
- Ongoing continuing education and training for staff at regular intervals.
- Monthly “prevalence and incidence” for complex continuing care patients by Wound Resource Team.

Metrics and Target:

Measurement	2017-18 Result	2018-19 Target
Pressure ulcers (all wounds generic through BCHS)	13%	< 10%

Target Justification:

As we adopt the best practices as noted above and aim to have zero hospital-acquired pressure ulcers, we believe we can continually improve. In 2016-17, our prevalence rate was 18% and is now down to 13%. This year’s target at 10% represents a further 25% improvement.

Goal 3:**Improve Patient Relations Response Times****Quality Dimension:****Patient Centeredness**

At BCHS our vision is to ensure we deliver the highest quality and safest care possible. We recognize however there are times patients and families, and/or caregivers, identify opportunities for us to improve and share their feedback through the issuance of a complaint. We are grateful for this feedback. We will enhance the patient relations process in the coming year to improve both acknowledgement of and resolution to complaints.

2018-19 Improvement Initiatives:

- Create a response time guarantee by ensuring all complaints and inquiries made to the Patient Relations Office are acknowledged with 48 business hours.
- Educate managers and directors on how to address concerns raised by patients and families, and/or caregivers, at the unit level.
- Streamline the switchboard process and agree upon triage of complaints should concerns be raised outside regular office hours.
- Publicly post Patient Relations process on the BCHS website and on units.

Metrics and Target:

Measurement	2017-18 Result	2018-19 Target
Percentage of complaints directed through the Patient Relations Office that are acknowledged within 48 hours.	92%	95%

Target Justification:

Guidelines offered by Health Quality Ontario and regulatory requirements outlined in the Excellent Care For All act (ECFA) suggest a benchmark of acknowledging complaints within five business days. At BCHS, we understand the courage it takes for an individual to raise concerns to their health service provider, a manager, or the Patient Relations Office. To assist in acknowledging their concern, help reduce any unwarranted anxiety, and help resolve complaints, BCHS believes we should acknowledge complaints either in writing, by email, by phone or in person within 48 hours.

Goal 4: Medication Reconciliation
Quality Dimension: Safety

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 admitted, through each transition of care and eventually leave the hospital to go home or to another care setting.

2018-19 Improvement Initiatives – Medication Reconciliation on Admission:

- Audit quality of Best Possible Medication Histories.
- Audit completion rates by clinical service and provide feedback and teaching.
- Make improvements to BPMH tools to support reconciliation process.

2018-19 Improvement Initiatives – Medication Reconciliation at Discharge:

- Enhance physician and other healthcare providers' knowledge and understanding of their role in medication reconciliation at discharge.
- Measure medication reconciliation completion rates using the standardized discharge prescription in medicine and surgery.
- Audit compliance and provide feedback and teaching.

Metrics and Target:

Measurement	2017-18 Result	2018-19 Target
Percentage of Completed Medication Reconciliation on Admission (All Inpatient Services)	84.4%	87.0%
Percentage of Completed Medication Reconciliation at Discharge (All Inpatient Services)	50.1%	55.5%
Percentage of Completed Medication Reconciliation at Discharge (Medicine)	77%	81%
Percentage of Completed Medication Reconciliation at Discharge (Surgery)	15.3%	25.0%

Target Justification

Given we are beginning our work related to medication reconciliation at discharge, we will focus on key risk areas for medication complications and have set a 10% improvement this year for all inpatients. Furthermore, we will be measuring and reporting on Medicine and Surgery separately in 2018-19. We are setting a 5% improvement for our Medical units and a 66% improvement for our inpatient Surgery. In 2018-19 we are striving to achieve 87% compliance rate at admission for all inpatient services.

Goal 5: **Reducing Hospital Acquired Infections**
Quality Dimension: **Safety**

When patients arrive at the hospital, they need to know they are entering a safe environment where they will leave in better condition than when they arrived. Infections acquired in the hospital can leave patients more vulnerable to further illness and in some cases cause significant harm. We are committed to reducing and preventing healthcare-associated infection rates by adopting leading practices related to hand hygiene, the use of personal protective equipment and cleaning.

2018-19 Improvement Initiatives:

- Improve all moments of hand hygiene.
- Improve compliance with PPE and IC policy and procedures with family/visitors and staff.
- Sustain PIDAC standards for environmental cleaning.
- Increase the number of environmental audits and compliance rates.
- Increase the number of hand hygiene audits completed to 60 audits per month in each department.

Metrics and Target:

Measurement	2017-18 Result	2018-19 Target
Percentage of compliance with all four moments of hand hygiene	89% (Moment #1)	90% (Moment #1)
	99% (Moment #2)	90% (Moment #2)
	95% (Moment #3)	90% (Moment #3)
	94% (Moment #4)	90% (Moment #4)
Percentage of cleaning audits that meet the PIDAC standards	90%	92%

Target Justification:

BCHS will examine the integrity of its hand hygiene auditing process in the coming year as we wish to ensure the process is properly assessing hand hygiene. As such, the data presented above may adjust downward to properly reflect current practice. This will be a good change as it will enable us to properly plan improvements for the safety of all patients and providers. BCHS believes its cleaning audits are accurate and will improve performance in the coming year going from 90% to 92%.

Goal 6:**Quality Dimension****Prevention of Workplace Violence****Safety**

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 working with local union leaders and management to improve the working environment both physically and psychologically.

2018-19 Improvement Initiatives:

- Develop a comprehensive flagging system to identify patients that have had a previous incident of violent behaviour and are at risk of harming other patients, staff or self.
- Establish a communication plan which supports the reporting of violence, and acknowledging our commitment to increased safety in our workplace.
- Establish an education plan to support all physicians, staff and volunteers on how to identify risks, prevent violence and provide staff in high-risk areas training to equip them with proven strategies for safely defusing anxious, hostile, or violent behavior.
- Increase the accuracy of reporting and streamline the reporting process for incidents by utilizing a single reporting system for violence including physical and psychological harm such as bullying.
- Institute an acknowledgement guarantee whereby physicians, staff or volunteers who complete an online incident review form will have their manager or a delegate reach out within 48 hours to address the issue.
- Develop an incident review process that ensures all violent incidents are investigated, documented with corrective actions, and learnings are shared across the organization.

Metrics and Target:

Measurement	2017-18 Result	2018-19 Target
Number of reported workplace violence incidents	58	70
Number of workplace incidents that result in lost time	5	< = 5

Target Justification:

In alignment with the province, BCHS is encouraging the reporting of workplace violence incidents so we may uncover any underlying factors that need to be addressed. It is why we have set a goal of having a higher number of reported incidents in 2018-19 compared to 2017-18. At the same time, while BCHS wants greater reporting we do not want greater harm and as such we have included an indicator related to lost time that result from workplace injuries.

Goal 7:

Quality Dimension:

REDUCING ALTERNATE LEVEL OF CARE (ALC) DAYS

Efficient

BCHS recognizes we are only a provider within a system of care. Patients who complete treatment for their acute diagnosis and are stable to return home with support, or receive more appropriate care in another setting deserve to do so in a timely manner. In partnership with the LHIN's home and community care team, we will develop a new System-Wide Admission and Discharge process in the coming year that will focus on the following actions.

2018-19 Improvement Initiatives:

- Continue the operation of 32 post-acute care beds at The Willet.
- Reinforce the Home First philosophy whereby patients can access home care in their home ahead of placement to other community care options such as long-term care.
- Review and revise the current transition model in ED to reduce unnecessary admissions.
- Early intervention transition model focused on pre-planning versus 48-hours prior to discharge.
- Reinforce ALC rounds whereby staff are working with the HNHB LHIN home and community care team to ensure faster transition to home or to community beds.

Metrics and Target:

Measurement	2017-18 Result	2018-19 Target
Alternate Level of Care Rate	12.3%	< = 12%

Target Justification:

As health service providers, we recognize there will be patients who need to remain within a hospital bed as the community sector expands its capacity to safely care for patients at home or in another care setting. With the continued addition of the Willett beds, BCHS believes we can improve our performance in 2018-19 by having less than 12% of admitted inpatients designated as requiring an Alternate Level of Care.

Our Commitment to Measurement & Public Reporting

To ensure we know how we are progressing towards our goals, to continually assess our performance to adjust any planned improvements that may need changed, and to be accountable to ourselves and our community, BCHS will redesign its performance measurement framework and public reporting.

This commitment will include the following key actions to be worked on over the next year:

- Physician Leaders, Directors and Managers will have regular access to key outcome and process metrics that can aid them in quality improvement. This data will include metrics outlined in this QIP but will also include a consultation process to engage our leaders in selecting metrics they determine to be best suited for their clinical areas.
- Corporate leaders within Quality, Patient Experience, Health Information Management, Human Resources and Finance will collaborate to improve the quality of our data and facilitate ongoing education to the organization on the type of data available and the leading practices of how to use data to facilitate improvement.

- BCHS will report progress towards this year's QIP goals every quarter internally to physicians, staff and volunteers through established forums such as the Medical Advisory Committee and Staff Town Halls as well as using other communication tools.
- BCHS will report progress towards this year's QIP goals every quarter externally to our patients, families, and communities by posting results on our website and the use of social media as well as soliciting feedback on our progress with members of our Community Engagement Council, and Patient and Family Advisor program.

Quality Matters Every Where, Every Time

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. It is why BCHS is renewing its quality utilization and patient experience structures across the organization to ensure we also address important quality issues in areas such as mental health, family birthing, pediatrics, surgery, medicine, oncology, ambulatory care, diagnostics and laboratory medicine.

Patient / Resident Engagement and Relations

BCHS has established both a Community Engagement Council (CEC) and Patient and Family Advisory (PFA) Program to enable the community and patients and families to assist us in the co-design of our services. The CECs mandate is to provide advice on overall service offerings and strategic direction to the organization. Patient and Family Advisors assist us in the design of key processes that impact patients in the hospital. As an example, the CEC may aid us in the development of a policy whereas a PFA may assist in designing the education or communication plan for the policy.

This QIP was presented to both the CEC and PFAs to solicit input on whether:

- BCHS should have a goal tied to each element of Ontario's definition of quality;
- The goals and planned improvement initiatives selected address key patient concerns;
- Our incremental approach to target setting was reasonable given our current environment; and,
- How best to communicate this plan and our progress externally.

Patient Relations

To help address any concerns patient and families may have, BCHS has established a Patient Relations process. It is best to solve your concerns at the time they happen and suggest you start by speaking directly to the person who is providing your care or the Manager of the unit. If you do not feel comfortable to do this or feel your concern has not been answered, you can contact our Patient Relations office at:

Patient Relations Office
Brantford General Hospital, B Wing, 1st Floor
200 Terrace Hill Street
Brantford, Ontario
N3R 1G9
Tel: 519-751-5544 extension 2395

Patients and families can also contact us by completing an online form located on our website at: <http://www.bchsys.org/hospital/contact-us/health-records>.

You can read more about our process at our website at: <http://www.bchsys.org/hospital/patients/patient-relations/>

Engagement of Clinicians, Leadership & Staff

The 2018-19 Quality Improvement Plan presented marks a new era of engagement at BCHS. In the development of this year's QIP, managers, directors, and physicians leaders had a more comprehensive opportunity to craft the planned improvement initiatives with support from administration.

The structure of this engagement included the establishment of a QIP working group that involved an inter-disciplinary team of professionals that assessed previous BCHS QIPs; examined the QIPs of peer hospitals within our LHIN and across Ontario; and, selected a set of goals and planned improvement initiatives that matched the clinical practices of our physicians and staff. This working group also examined the data and selected metrics we will focus on and the targets we aim to achieve. The work of the group was shared with all managers and staff through a variety of forums including Town Halls and the Medical Advisory Committee.

BCHS is also pleased to have consulted our labour partners and union representatives from both the Ontario Nurses Association (ONA) and Service Employees International Union (SEIU) on the development of our Prevention of Workplace Violence goal. Discussions with these leaders led to a number of changes on the original drafts and we look forward to partnering in the future to ensure a safe working environment for staff and physicians.

During March 2018, the organization also issued a Readiness for Transformation Survey requesting all staff, physicians and volunteers for their input on a variety of issues related to quality, patient safety, staff safety and strategy. The feedback from these surveys helped many of the planned improvements outlined.

Moving forward, the working group will evolve and expand its membership to form our newly created Quality, Utilization and Patient Experience Committee that will be accountable for ensuring implementation of our plan.

Population Health and Equity Considerations

Commitment to Indigenous Health and our Indigenous Partners

BCHS is honoured to serve all of the City of Brantford and Brant County, especially our indigenous communities. As we build a new future, we recognize a stronger commitment to and follow through on how to engage, involve and empower indigenous patients and the communities of Six Nations of the Grand River Territory and Mississaugas of the New Credit First Nation is required. BCBS is working with leaders from these communities to establish an Indigenous Engagement Council to assist in the co-design of services that respect the unique care needs and cultural traditions of Canada's original peoples. We will establish this council in 2018.

BCBS also partners with the Hamilton-Norfolk-Haldimand-Brant LHIN (HNHB LHIN) to offer assistance to indigenous patients and families who require support in understanding the hospital setting, improving communications between providers and indigenous patients and families, and ensuring cultural traditions are honoured. The HNHB LHIN Aboriginal Navigator, Tara Miller, can be reached by email tmiller@dahac.ca

Health Equity and Diversity

Health Equality means that everyone who comes to BCBS has access to the same health services no matter who they are and where they live. Our 2018-19 QIP goals recognize that when patients come to us for care, we are serving some of the most vulnerable people in our communities. As such, goals such as those outlined are aimed at improving access, providing education, empowering patients to select treatments best suited for them, and connecting patients with social services that are important to help prevent illness as well as treat.

Additionally, we are also working with our partners at the LHIN and community agencies and association to better understand how we can support our communities given the changing cultural make up of Brantford and all of Brant County.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

BCBS is collaborating with a number of health service and community partners to address the Opioid crisis on our communities. This work includes:

- Developing a standardized care pathway to be implemented throughout the BCBS which will standardize how we treat and care for patients who present with substance use concerns.
- Ensuring access to Naloxone kits for patients who are seen in the emergency or in patient areas.
- Development of a Rapid Access Addiction Medicine (RAAM) Clinic that will enable patients to walk in and meet with an Addictions Counsellor, Nurse and/or Social Worker and receive brief psychosocial assessment/interventions at their first visit and subsequent visits

Currently, BCBS has a partnership with St. Leonard's Community Services Concurrent Disorders Outreach Team. Addictions counsellors visit the hospital weekly or as needed to offer intake and assessment appointments to patients interested in connecting with addiction specific support in the community.

Additionally, BCBS has engaged in several educational events regarding opioid awareness. Events included; hospital facilitated opioid education and awareness lunch and learn, the Safe Brantford Forum facilitated by the Brantford-Brant Community Drug Strategy and City of Brantford, and a webinar of the professional and personal perspective of Opioid Use Disorder sponsored by the Brant County Health Unit.

Six Nations Health Services has been awarded funding in December 2017, to lead and partner with BCHS's Emergency Department to provide support and referral to addictions services for all patients in need. This team will also provide an opportunity for enhancing access and awareness to indigenous based care and contribute to improving sensitively to competency-based, and culturally safe for indigenous patients and families.

For patients and families wanting to access a free Naloxone kit near where they live, they can find out where by visiting the provinces website at: <https://www.ontario.ca/page/get-naloxone-kits-free>

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.

Ms. Bonnie Adamson
Provincial Supervisor

Dr. Glenn Bartlett
Interim-President & CEO