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Change Happen.



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

**Holland Bloorview**

Kids Rehabilitation Hospital

**3/31/2016**

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

# Overview

Holland Bloorview continues to lead pediatric rehabilitation provincially, nationally and internationally through a focused commitment to advancing quality, creating the safest environment for care, focusing on issues of equity, diversity and inclusion and co-creating our quality journey with our clients and family. Organizationally we conducted an in-depth five year review of our quality improvement plans (QIPs) which has served as a foundation for 2016/17. The principles of simplicity, focus and partnership guide our work with an overall goal of providing the best possible client and family experience. In doing so, we concentrate on three strategic objectives focused on quality:

**Enhance care and eliminate harm.** We will implement safe, standardized processes for medication reconciliation and partner closely with clients and families so they fully understand medication instructions upon discharge.

**Improve access and integration.** We will closely monitor and manage wait times to improve access. In addition, for both inpatients and outpatients, we will ensure connection with families during upon each child's return to home. In doing so, we support the important transition from hospital therapy to home, promote access and flow across the system and ensure the most effective use of public resources.

**Partner authentically with clients and families.** We will use evidence based outcome tools to monitor effectiveness of care and resolve concerns and issues quickly by listening carefully and responding to the feedback of our clients and families.

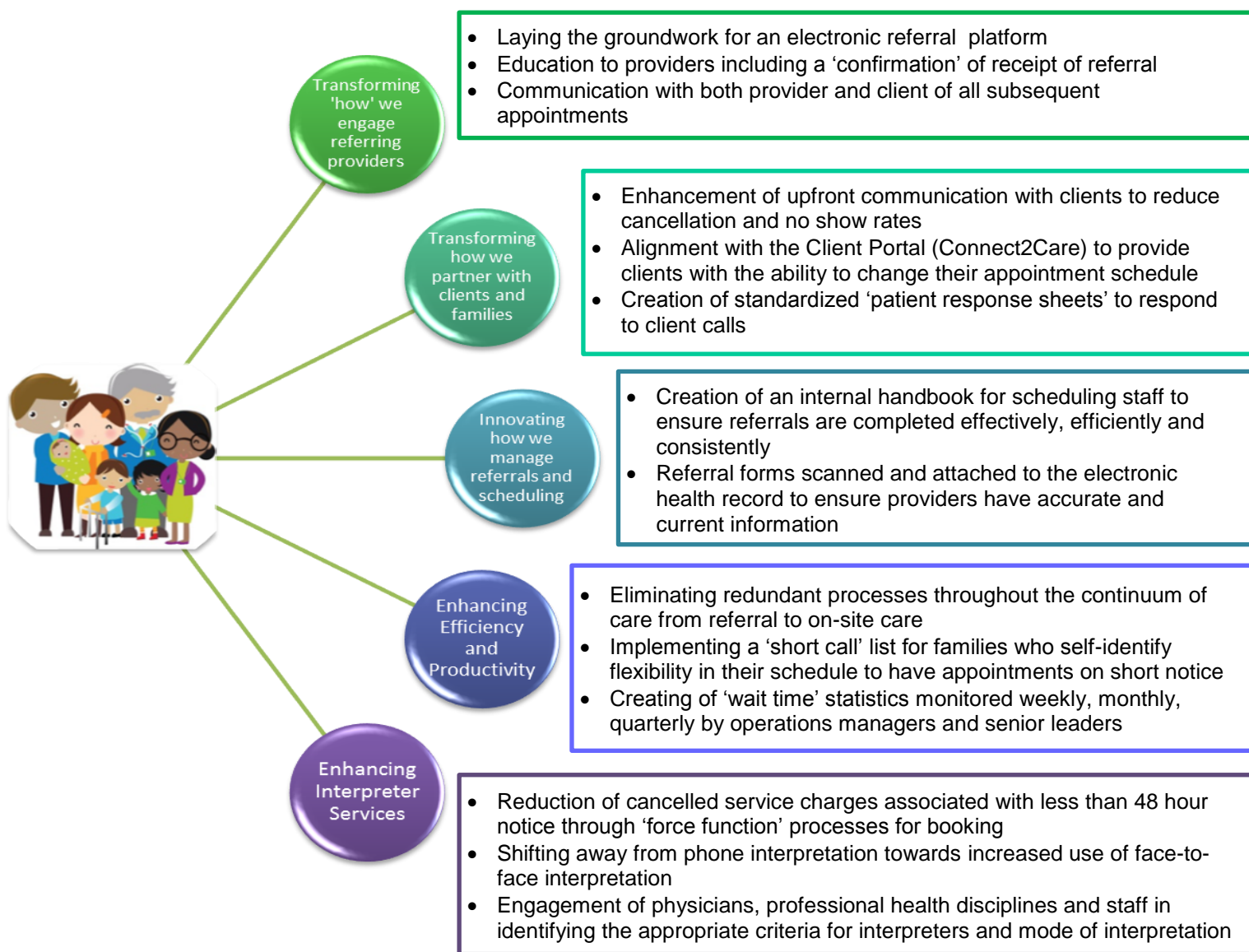
In 2013, Holland Bloorview earned "exemplary" status from Accreditation Canada. Few hospitals achieve this watermark and we hope to continue our track record of success during the next accreditation process in 2017. The ongoing work to align the hospital with Accreditation Canada's rigorous standards and requirements has informed our QIP change ideas, with particular overlap under the themes of authentic partnership and care coordination.

We collaborate with a number of system partners to inform our QIP, ensuring we focus on local needs as well as needs that extend beyond our walls. Our partnership and engagement efforts include working with the International Pediatric Health Equity Collaborative (PHEC), Accreditation Canada, Canadian Association of Pediatric Health Centres (CAPHC), CAPHC's Canadian Network of Children and Youth Rehabilitation (CN-CYR), Toronto Central Local Health Integrated Network (TCLHIN), GTA Rehabilitation Network, Rehabilitation Care Alliance and the Toronto Academic Health Sciences Network (TAHSN).

# QI Achievements From the Past Year

Our ongoing focus is to enhance the overall client and family experience. This past year we worked on improving access by reducing inefficiencies in the referral process that contributed to family wait and proactively reaching out to clients to reduce the number of cancelled appointments.

Earlier in 2014/15 we proactively sought external expertise to inform changes within our ambulatory care setting to enhance the client and family experience. Recommendations were made to improve the referral management processes and to enhance the overall continuum of clinical care. Families were consulted in the process and their input informed our priorities and the final recommendations for improvement. In the end, over 50 recommendations were generated and over the past year focus was placed upon the following areas:



While not all the recommendations have been implemented as of yet, we anticipate another two years of work to achieve our desired result of fully executing the recommendations. The work accomplished this year has resulted in improved communication, relative reduction in interpreter costs and reduced wait times during the referral management process.

## Integration & Continuity of Care

Integration and coordination of services continues to be a key system focus within healthcare. Ensuring clients have their healthcare needs met is of paramount importance. As a healthcare system, every organization has a responsibility to maximize resources, provide care in the right location and help Ontarians and their families reach their goals.

Within the pediatric realm, integration and coordination becomes exceedingly important for our clients and their families as they access care that may span in different locations and services geared to specific ages. Transitions between organizations are a reality of their journey through the rehabilitative process. Some families may experience very few transitions, while others navigate transitions often. Transitions can take many forms (e.g. acute care, rehabilitation, children's treatment centres, school and home), are often difficult, confusing and leave families questioning if they have missed any element in their child's care. System integration is vital to ensuring that care is maintained across transitions and along the continuum of care.

Holland Bloorview's goal is to make these transitions seamless and to reduce risks that may result in harm, readmission to acute care facilities, result in a loss of trust from our clients and families or create waste within the system. Bridging the gap to ensure that clients and families are supported when they transition to the community requires planning and deliberate effort. We must ensure that families receive support, feel safe, understand what is expected of them as caregivers and clients with processes evaluated at each point of transition to demonstrate value and effectiveness.

With this in mind, Holland Bloorview has focused its efforts on system integration through the following activities:

1. **Understanding medications upon discharge.** Medication reconciliation is a key safety activity that takes account of all pieces of information provided by organizations, families, clients and health providers to ensure consistent evaluation and communication across transition points. Evidence suggests that transition points are often areas of risk and where incidents occur.

While many organizations capture medication reconciliation on admission only, we will be monitoring this safety measure across all transfer points within our inpatient and outpatient settings. This year there will be focus on educating clients and families on medication protocols so that can continue safely with their treatment regime upon arrival at home.

2. **Safe Transitions Home:** Transitions take on many forms in pediatric rehabilitation encompassing the entire continuum of care. Discharge is often one of the most challenging elements of one's journey through the health system. This aspect of care often signals to families that they can continue the recovery process at home and within the community. Transitioning from a safe and highly regulated environment such as a hospital setting back home often creates anxiety and concerns for many families as there are significant amounts of information, and specific activities that require follow through. While this process can be seamless, through focus groups and surveys with families, we recognize having a touch point shortly after discharge is of benefit. Reaching out to our clients and families enhances the patient discharge experience, provides families the opportunity to ask questions surrounding their child's care and enables the organization to identify and plan improvement initiatives. Our 72 hour post inpatient discharge calls will contribute to a safe transition home and provide an opportunity for follow-up.

This warm handover is conducted by a clinician and key questions are asked to ensure families feel supported, safe and confident at home, while being proactive in addressing any potential issues. During our engagement with families, the discharge call was seen as a necessary and helpful process. Families indicated they wanted this type of 'warm handover' to be incorporated in an outpatient setting.

In 2016/17 the organization will commence focusing on our 'warm handovers' within the medical feeding clinic. Children who are seen in this clinic have an array of feeding, swallowing and speech challenges that require careful care. As a complex interdisciplinary clinic, the information is often dense and requires that family's link to several aftercare steps. Creating a process of follow-up will be the blueprint for other outpatient services that will guarantee our clients and families are supported following their appointment.

3. **Authentic Client and Family Partnerships:** Clients and families want to be empowered to advocate for their needs, or their child's needs, to allow them to be the 'integrator and system connector' for themselves or their child. At Holland Bloorview, partnership is authentic and includes active participation in decision making and having an equal voice in initiatives that impact care. In the 2016/17 QIP, partnership will take shape in three key activities:

- a. Resolution of moderate complaints within 21 calendar days, 70% of the time;
- b. Using outcome tools in partnership with families to set goals for rehabilitation and;
- c. Monitoring the client experience through a pediatric rehabilitation tool that can be benchmarked internationally.

Supportive listening, shared accountability and a commitment to advance care are ways that we engage with our clients and families. Every year, we challenge ourselves to have clients deeply engaged in conversations about care.

**New** for the 2016/17 QIP is our partnership and collaboration with SickKids to explore ways to enhance transitions between both facilities to:

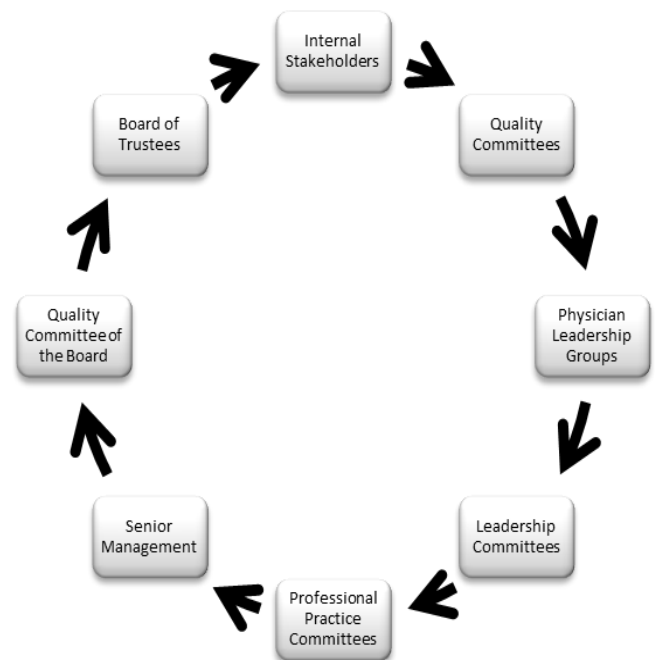
- i. Building on our longstanding history of partnership with Sick Kids, we have identified an opportunity to work collaboratively to explore opportunities to enhance transfer of patients requiring complex transitional care as they move from SickKids to Holland Bloorview and ultimately to their home communities.;
- ii. Increase essential access to acute care beds within the system;
- iii. Provide children with appropriate rehabilitation opportunities to optimize function;
- iv. Provide families support, information and connections to other services within the system when transitioning home;
- v. Optimize use of rehabilitation beds so that kids receive care when and where they need it.

Holland Bloorview and SickKids are committed to clients and families receiving the best possible care that will achieve the best possible outcome while meeting the psychosocial needs of the family. While we continuously partner in many initiatives, this will be our first formal Quality Improvement Plan initiative that will be managed jointly now and into the future.



# Engagement of Leadership, Clinicians and Staff

Quality continues to be a shared commitment and accountability throughout all levels of the organization. Engagement is the cornerstone of our development, planning and implementation of improvement initiatives that impact care. Staff across the organization participates actively in various quality committees, working groups and huddles to advance the organization's integrated quality management plan (IQMP). We continue to measure our success through our incident reporting system where staff is safe to report concerns or provide ideas for improvement.



Our QIP development process continues to be rigorous and involves multiple stakeholders to engage, review, feedback, revise and modify before finalization. Over the duration of the QIP process we engage well over 50 clinicians and leaders, 15 committees (multiple times), family leaders, youth leaders and child leaders. The process was led by the Quality, Safety and Performance team under direction of the senior leadership team and the oversight of the Quality Committee of the Board of Trustees, who strive to ensure that the process is open, transparent and educational for staff.

## Patient/Resident/Client Engagement

Client and Family Integrated Care (CFIC) is a key strategic focus of the organization. To develop a client and family centered QIP, a process was developed to ensure that our clients' and families' own improvement priorities are reflected in the QIP. Ensuring that clients and families partner in a meaningful way is critical to ensuring an organizational understanding of family priorities, key challenges and opportunities to create models of care. Holland Bloorview has actively engaged clients in the QIP process for the past 5 years through various mechanisms and formats. Our Family Advisory Committee (FAC) was actively engaged in the QIP development within their meetings, as well having eight family leaders participate in a structured interview to explore what was important to them, what Holland Bloorview should focus on and whether the proposed measures and change plans reflected their thoughts.

New to our process this year was formalizing the way we engaged youth and children in the discussion of the QIP as to what safety, timely, effective, efficient and client-centred

care means to them. Our youth and children completed surveys and then took part in facilitated focus groups discussing their care at Holland Bloorview and how we could enhance their experience.

Eight youth leaders were engaged in both the survey and focus group with 40% consistently indicating that we could do better in the way we explained information, set out expectations for home and engage in conversations that were age appropriate. Some specific quotes from our youth are outlined below. The information was integrated into our measures and change plans surrounding communication, access and transitions.

*"I think they (providers) sometimes forget, for those clients that have the mental capacity to comprehend what you're saying, that we eventually get to an age where we can understand health information by ourselves ... I've had the experience were I have felt like I was being talked down on, and not so much being treated as an equal, in my opinion the doctor and patient should be on equal levels in terms of communication ... you don't have to talk to me like I'm 5 anymore, you can talk to me like I'm 16 or 17 and you need to respect that . This is something that's been bothering me for a long time"*

*"I feel like there's just no motivation at home to do all my exercises ... I think a check in of some sort would be good. A lot of the time I do my exercises at the last minute before my next appointment"*

*"I never have been asked what my goals are, it was just more like this is what you're going to do and this is how we're going to go about it. But no one asked me what you want to do, what do you want to improve?"*

Other key messages which emerged across the youth in the survey and focus group sessions included:

- i. More clear and concise explanation of medical results – making it easy to understand;
- ii. Detailed explanation of what the next steps are to continue care at home;
- iii. To include more patient feedback, and not just parental feedback

Similar to their teenage counterparts, 8 child leaders (ages 5 to 10) participated in the focus group. Messages that came across consistently with our children included the need to communicate in a way that was understood, as well spending time to explain how the rehabilitative process can continue at home. More of our younger kids indicated they did not fully understand what was expected of them at home and needed clarity on information that was provided to them. The word cloud below depicts the themes that came out of the engagement process with children:





At the end of the process our Family Advisory Committee endorsed the QIP and agreed their engagement was reflected throughout the measures and change plans. An additional process arising from our engagement with clients and families was a commitment to ensure that our family, child and youth leaders had an opportunity to present their feedback to the Quality Committee of the Board of Trustees. This further instilled confidence that the 2016/17 QIP reflected their thoughts and recommendations.

## Performance Based Compensation

By legislation, a portion of senior executive compensation must be performance-based (“at-risk”) and linked to measures arising from the QIP. Accountability is spread across all executives with equal weighting of all indicators selected. The selection of the 2016/17 indicators is aligned with the strategic pillars of the hospital and reflects stretch goals in areas of desired improvement. In 2016/17 the ‘pay for performance’ indicators will be pulled from the safety, effectiveness, access and integration and coordination dimensions.

**Table 1**

Dimension	Measures	Target	Performance Corridor		
			Zero payout	100% payout	120% payout
Safety	% of families rating ‘strongly agree or agree’ that health care providers gave an understandable explanation of medicines <b>(new)</b>	90%	Less than 81%	81% to 90%	Greater than 90%
Timely	% of families who receive a follow up phone call after discharge for safe transition home within 3 business days	90% <b>(revised)</b>	Less than 81%	81% to 90%	Greater than 90%
Access	80 <sup>th</sup> percentile of clients waiting to access Autism and Neuromotor services <b>(revised)</b>	137 days	Greater than 151	137 days to 151 days	Less than 137 days
Patient Centred	Complaint resolution: % of moderate complaints resolved within 21 days <b>(new)</b>	70%	Less than 63 %	63% to 70%	Greater than 70%

The percentage of QIP at risk pay for each executive is uniformly twenty-five percent of total at risk pay, with 3.75% of the President & CEO salary at risk and 2.5% of all other ‘executives’ salary at risk for QIP measures and targets.

## Other

**Mapping pediatric rehabilitation services across Canada:** Rehabilitation continues to evolve across the Canadian landscape and takes place in hospital, in children’s treatment centres, at school and at home. A continued strategic focus on how to better provide care to children and youth that aligns with local, provincial and national mandates is required. The Canadian Network for Child and Youth Rehabilitation (CN-CYR) under the Canadian Association of Pediatric Health Centres (CAPHC) has strategically led a pan-Canadian focus on pediatric rehabilitation over the past decade. The work aimed to better understand rehabilitation services and the challenges and opportunities that exist. A key activity in 2015 explored the breadth and depth of publically funded agencies providing pediatric rehabilitation services across Canada. Through the generosity of donors to the Holland Bloorview Kids Rehabilitation Hospital Foundation, a mapping initiative of rehabilitation centres and services was conducted to capture both quantitatively and qualitatively the key challenges within rehabilitation. This analysis of this work will inform the rehabilitation sector in next steps to advance pediatric services. Holland Bloorview will continue to lead this exploration of pediatric rehabilitation that will guide improvement work in the future.

**Pediatric Rehabilitation Reporting System (PRRS):** There is little information in the pediatric rehabilitation sector on the access, effectiveness, efficiency and overall quality of services. Historically, organizations have collected information locally in the hopes of guiding the planning of services as it related to community needs. While there have been significant advances in the adult acute care sector, pediatrics and rehabilitation have only recently been a focus.

PRRS is a standardized approach to collection, analysis and dissemination of valid and reliable outcomes measurement data related to the pediatric rehabilitation. With these standardized data collection and reporting practices, the healthcare system at all levels will be able to measure and compare the quality of care with a view to addressing critical gaps and improving services and outcomes across the care continuum into adulthood. PRRS is now live to capture data nationally and will be reporting information in early 2016 through the Canadian Institute for Health Information. Holland Bloorview continues to lead the initiative, and the access measures in the QIP reflect the alignment with this national endeavor.

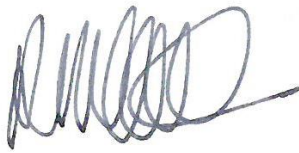
## Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

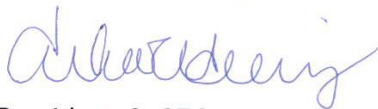
I have reviewed and approved our organization's Quality Improvement Plan



Chair of the Board of Trustees  
Janet Morrison



Chair of the Quality Committee of the Board  
Ron Laxer



President & CEO  
Julia Hanigsberg