

Let's Make Healthy  
Change Happen.



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



3/18/2019

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.

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

## Overview

Inspired by our founder, Mother Élisabeth Bruyère, we are a Catholic health care organization whose foundation has always been to meet the needs of the most vulnerable in our community through compassionate care. We care for the whole person – mind, body and spirit. The organization has built on that foundation and now focuses on caring for seniors and those with complex medical conditions and life-limiting illness.

Bruyère is a transition point from acute care to the community, providing the support that allows people to stay healthy and well for as long as possible in the place they call home.

Our Vision: Enhancing Lives. Transforming Care

The two inpatient hospital sites, St-Vincent Hospital and Élisabeth Bruyère Hospital, offer specialized care and rehabilitation for geriatric, palliative, medically complex, and stroke patients. The Academic Family Health Team is located at two sites with 13,500 enrolled patients, and are major academic training sites for the Family Medicine Program of the University of Ottawa. The two long-term care sites, Saint-Louis Residence and Élisabeth Bruyère Residence, offer residents an intimate, caring, family-friendly and secure environment.

Priorities identified for 2019-20 include:

- Patient Experience (would you recommend = definitely yes)
- Early identification: Documented assessment of needs for palliative care patients
- Falls (per 1000 patient days)
- Discharge Summary to Primary Care Provider within 48 hours

Family Health Team

- Percentage of patients who have had a 7-day post hospital discharge follow up for selected conditions. (CHCs, AHACs, NPLCs)
- Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge.
- Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.
- Proportion of primary care patients with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.
- Percentage of non-palliative patients newly dispensed an opioid within a 6-month reporting period prescribed by any provider in the health care system within a 6-month reporting period.
- Percent of patients with social determinants of health (SDH) included in the EMR.

Long Term Care

- Percentage of residents responding positively to: "Staff ask how to meet my needs."
- Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment.
- Percentage of residents who fell during the 30 days preceding their resident assessment.
- Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment.

## Patient/client/resident partnering and relations

Élisabeth Bruyère Hospital and Saint Vincent Hospital

The mandate of the Patient and Family Advisory Committee (PFAC) is to enhance and improve the patient and family care experience by incorporating the voice and perspectives of patients and their families in the planning, delivery and evaluation of care and quality initiatives at Bruyère Continuing Care. For 2019-20, PFAC helped identify priority indicators for the Quality Improvement Plan and will be actively involved in helping us achieve success in meeting our performance targets for 2019-20 with a focus on improving the patient experience.

### Long-Term Care

Both homes have very active Resident and Family councils which help set priorities and develop action plans for dealing with their concerns and issues throughout each of the homes.

### Family Health Team

The patient advisory committee has been a valuable resource to help us understand patient perceptions related to care and services. The committee has allowed given us valuable feedback on:

- Useful items to include in the patient newsletter (e.g. Frequently asked questions, pharmacist information corner, information about FHT achievements)
- After-hours services
- The telephone navigation system
- Why patients might not show for appointments (no-shows)

All our programs and services solicit patient, resident and family feedback with surveys. Results are presented to management and staff who work to address any identified areas for improvement.

## Workplace Violence Prevention

As part of our commitment to the prevention of workplace violence, Bruyère Continuing Care has implemented a number of initiatives including:

- Rolling out a new on-line incident reporting system which includes tools for managers to investigate incidents of violence.
- Portable and stationary panic alarms in place in several areas including Code blue alarm boxes in parking lots to summon assistance.
- Restricted access to building entrances and elevators from 9pm to 6:50am, requires employee badge access.
- Flagging system to communicate risk of patients with a history of violence to staff including individual client risk assessments conducted on patients flagged for violence.

All policies & procedures related to staff safety including workplace violence are reviewed annually by health & safety committee. For 2019-20, workplace violence statistics will be reported to senior management and the Board of Directors through the quarterly dashboard report.

## Executive Compensation

Our executives' compensation, including the percentage of base salary and targets that the executive team is accountable for achieving, is linked to performance in the following way:

- President and Chief Executive Officer: 5% of annual base salary is linked to successful completion of the QIP performance goals.
- Senior Leadership Team\*: 4% of annual base salary is linked to successful completion of the QIP performance goals.

(\*Includes: Vice President Human Resources and Organizational Development, Senior Vice President Clinical Programs & Chief Nursing Officer and Allied Health, Vice President Public Affairs and Planning, Senior Vice President Corporate Services and Chief Financial Officer, Vice President Medical Affairs, and Chief of Staff)

The pay for performance envelope is spread across the four QIP priority indicators for all members of the executive subject to pay for performance. Partial achievement of objectives will result in partial payout, as determined by the Board of Directors.

## 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

Board Chair \_\_\_\_\_ (signature)  
Board Quality Committee Chair \_\_\_\_\_ (signature)  
Chief Executive Officer \_\_\_\_\_ (signature)  
Other leadership as appropriate \_\_\_\_\_ (signature)