

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2023

OVERVIEW

Bruyère is a multi-site academic health care organization, providing a wide range of services within our hospital campuses, our long-term care homes, and in supportive and independent living for older adults and vulnerable populations.

Our post-acute care hospitals focus on helping patients restore their independence and function, providing them with a bridge back to their homes, or help accommodate the loss of independence to help them along their health care journey. With over 1000 beds in four campuses across the city, we deliver a wide variety of services in aging and rehabilitation, brain health, medically complex, palliative, residential and primary care.

The innovative work of our investigators at the Bruyère Research Institute contributes to a better, more responsive health care system and is enhanced by our Foundation that raises funds with the support of our generous community.

Our Academic Family Health Team is affiliated with the University of Ottawa and provides comprehensive primary health care to 18,000 patients from the Ottawa area at two locations.

Our Vision: TOGETHER. Making each life better.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Patients, residents and families play an important role in informing our programs and services, along with identifying ways for us to improve the patient and resident experience's at Bruyère.

Hospitals: 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. Our PFAC continues to meet regularly and over the past year, a communications group has been developed based on a need identified to improve how Bruyère communicates information to patients and families. Bruyère has also re-instated our family and friend visiting policy to support the health and wellbeing of our patients by allowing visitation as needed.

Bruyère has also initiated a post-discharge call program called Hospital to Home Patient Experience Program last year. This is a telephone call 24-72 hours post-discharge for patient who have returned to the community. It involves an anonymous and voluntary survey that provides us with valuable information related to our patients' discharge experience to inform opportunities for improvement.

Bruyère is overseeing the Bruyère@Home Program, through which Bayshore Healthcare Integrated Care Solutions, will support up to 150 patients by providing at home care and rehabilitation following discharge from Bruyère. It is an innovative program that provides patients with the care they need at home for up to 16 weeks following discharge from hospital. Bayshore's Clinical Community Team develops a care plan in conjunction with the hospital, patient and loved ones, while working with community partners to help patients stay in their homes.

Plans are underway to move our Palliative Care Unit from Elisabeth

Bruyère campus to Saint Vincent Hospital this year. Having the palliative care expertise readily available at that location will result in increased access to consultative services for our medically complex Saint Vincent patients.

Family Health Teams: The FHT Patient Partner Committee continues to meet quarterly led by our Patient Partner Co-Chair and FHT Staff Co-Chair. In 2022-23 our Patient Partner Committee continued to provide critical feedback to our pandemic related communication to patients throughout the year. We continue to have Patient Partner representatives participating in our FHT Quality Improvement Committee. We also engaged in a clinic walkthrough experience as well as reinstated our quarterly patient newsletter.

Long-Term Care: The Residents' and Family Council's mission is to help achieve our vision by supporting optimal resident and family experiences and actively manage residents' inquiries, feedback, and complaints. The councils at each of our long-term care residences, Élisabeth Bruyère Residence and Saint-Louis Residence, meet regularly. They address issues of common concern, providing a means for residents, family members and administration to collaborate. Résidence Saint-Louis has an active transformation advisory team who meets quarterly and guides our transformation work plan (now in Year 3). The four key themes of this journey include:

- Resident- and family-centered care.
- Meaningful activities and reducing isolation.
- Employee recognition and development.
- A safe and secure environment.

In the fall of 2022, we launched our Palliative Care Program (called

Collaborative Living Journey) within our long-term care homes to better support residents and their loved ones throughout their journey in our long-term care homes, from move-in to the time of their discharge or passing. Bruyère uses an interprofessional team approach to provide individualized interventions to reduce suffering and improve quality of life and to also meet physical, emotional, psychosocial, spiritual, and cultural needs of residents throughout their journey in our long-term care homes.

PROVIDER EXPERIENCE

Many changes have taken place over the past year to support our staff. Acknowledgement around the challenges of working throughout the pandemic has led to the development of a wellness coordinator position. The goal is to ensure activities and resources are widely distributed to staff in order to promote optimal physical and mental health. In addition, the Workplace Safety Liaison Leader (WSLL) role was created to support hospital clinical managers and their staff in reducing staff injuries. Their tasks include reviewing staff injuries and trends, auditing and meeting with staff to identify high risk tasks then develop mitigation strategies such as increased training, supervision and implementing new tools or procedures. Each hospital site is supported by a WSLL.

Efforts have also been placed on recruitment and retention over the past year. Registered Nurse rotation reviews were conducted across hospital units to identify opportunity for optimized master rotation schedules, including improving the Full Time (FT) to Part Time (PT) mix to meet the RNAO guideline of 70% FT to 30% PT, introducing different, more equitable and more desirable line rotations that consider different life stages, including a mix of 8hr and 12hr rotations, and creating additional regularized relief

positions in support of regular vacation coverage. The rotation reviews led to the implementation of optimized master rotation schedules for Registered Nurses on 7 hospital units by March 5, 2023. This is one of the strategies to improve recruitment and retention in addressing critical staff shortages, to increase staff satisfaction of schedules (including their wellness, schedule predictability and fairness), and to improve continuity of care while supporting quality patient care.

The Your Hub / Votre Carrefour project is another effort undertaken to implement a Human Capital Management System to transform our human resources workflows, improve staff experience, and modernize our use of digital technology for all staff (compensated and non-compensated), from hire to retire. The project includes change management, following PROSCI ADKAR, to facilitate the adoption of the new technology and workflows. The system will go live with a first pay run by Q3, fiscal year 2023/24.

WORKPLACE VIOLENCE PREVENTION

As part of our commitment to the prevention of workplace violence we have:

- Implemented an on-line incident reporting and investigation system in December 2018 to make it easier for staff to report all incidents. System includes violence specific investigation tool for managers.
- Placed portable and stationary panic alarms in several areas to summon assistance, including Code blue alarm boxes in parking lots
- Restricted access to building entrances and elevators from 9:00pm to 6:50am, requiring an employee badge for access.
- Installed a flagging system to communicate risk of patients with a history of violence, including individual client risk assessments.
- Implemented a violence flagging program within our long-term care homes.

Workplace violence statistics are reported to the Joint Health Safety Committee. The senior leadership team and the Board of Directors receive an overview of workplace violence reports through the quarterly balanced scorecard.

PATIENT SAFETY

Bruyère is committed to patient safety and improving our practices to mitigate and minimize risks to patients.

Our Corporate Falls Committee meets regularly to review practice related to fall prevention. The goal is to decrease our falls rates as well as risk of injury related to falls.

Falls information is communicated with leaders on a weekly basis through a leadership safety call where all leaders share safety related issues across the organization.

The Quality, Patient Safety and Risk Management team has implemented “just culture” reviews at the hospital unit level to foster a just culture to enhance patient safety across the organization. In addition, a process to ensure that staff reporting patient safety incidents receive feedback on what actions were taken to prevent recurrence has been implemented.

HEALTH EQUITY

Bruyère is committed to equity, diversity and inclusion (EDI) for our staff, patients and residents. Our EDI committee meets regularly to review issues and concerns and provides feedback to support equitable change within the organization. With input and support from this committee, an EDI Specialist position was created this past year. The role includes (but is not limited to):

- Developing an equitable strategic plan for the organization as a whole
- Assessing our gaps in health equity to address areas of improvement
- Learning more about our staff to better understand the barriers (via a survey)
- Dismantling structural barriers for staff, such as policies and process, that create challenges and integrating this into our recruitment strategies
- Ensuring the ways in which we communicate with staff is accessible as people understand and retain information differently
- Regularly reviewing and updating our accessibility policy to optimize accessibility across the organization

EXECUTIVE COMPENSATION

Our executives' compensation, including the percentage of base salary and targets, is linked to performance in the following ways:

- President and Chief Executive Officer: 4% 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; Chief Financial Officer and Vice-President Corporate Services, Planning and Development; Vice President, Strategy, Engagement, Communications, Development and Integration; Interim Vice-President of Infection Prevention and Control; and Chief of Staff.

The pay for performance envelope is spread across the 4 Hospital programs patient related 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 on

Board Chair

Board Quality Committee Chair

Chief Executive Officer

Other leadership as appropriate
