

# 2020/21 Quality Improvement Plan (QIP)

## Narrative for Health Care Organizations in Ontario



Date last Updated: Jun 11, 2020

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

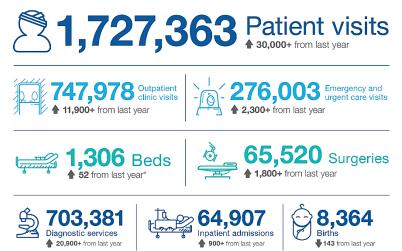
#### **Disclaimer:**

On March 17, 2020, the Government of Ontario declared a State of Emergency due to the COVID-19 Pandemic. The Trillium Health Partners 2020-21 Quality Improvement Plans and Targets were approved by the THP Board of Directors in January 2020 prior to the COVID-19 Pandemic. The QIPs and targets outlined in this document do not incorporate the impact of the COVID Pandemic. Action planning for the 2020-21 QIPs throughout the year will integrate pandemic planning and allow for appropriate resource allocation as required.

#### Overview

At Trillium Health Partners (THP), we are committed to delivering the highest quality of care and an exceptional experience. Entrusted with providing health care services to a growing and diverse community, THP is continuously seeking new ways to improve the quality of its services to our community. We are proud to present our Quality Improvement Plan (QIP) for 2020-21, which focuses on: our Acute Care commitments offered

#### 2018-19 by the numbers



through three (3) main hospital sites and the Reactivation Care Centre; and our Long-Term Care (LTC) goals for our 21 LTC beds located at the McCall Centre of the Queensway Health Centre site.

2020-21 is a year of significant change for our hospital. We are making substantial progress on advancing our strategy through key major projects: our new **Hospital Information System (HIS)** will be launched in July 2020 improving the experience for patients and health care providers; our **Master Plan** redevelopment and partnerships like the Reactivation Care Centre at Humber River Hospital are increasing our capacity to care for our growing community; and, as one of the founding partners of the **Mississauga Ontario Health Team**, the first Ontario Health Team announced in the province, we are strengthening partnerships to deliver an integrated system of care for our community. To keep focused on these significant changes, we are maintaining our current QIPs for 2020-21 but we are updating our targets. We will streamline priorities and manage the pace of change, while prioritizing safety and patient services. In constructing the 2020-21 Acute and LTC QIPs and determining targets, we are factoring in the following systemic and material changes to our operating environment:

- In 2019-20, THP was awarded up to 214 new beds outside our walls to assist with patient flow and wait times. We do not anticipate any new beds beyond March 31, 2020 and as a result we see our wait times increasing substantially. This will be exacerbated by the increased patient acuity we are seeing.
- The 2020/21 QIP performance targets are subject to receiving significant funding to address growth pressures at THP.
- With this year's focus on the installation of a new clinical operating system, we have frozen all systems and processes at their current operational level. Effective January 1, 2020, and continuing for a period beyond the go-live date of July 25, 2020, we will not engage new initiatives in our Quality Improvement Plan. We do believe that as the organization stabilizes in 2021-22, we will be at an increased level of HIMSS (Healthcare Information and Management Systems Society), and we will have standardized processes across all sites. This will be a seismic change to our quality environment, and will be critical for our strategy and the realization of



future benefits. It lays the foundation for the future by providing reliable information, enabling clinical performance and supporting exceptional experiences.

• Our Master Plan requires continued focus to design a new hospital and this year we are requiring more time and effort from our clinical experts. Advancing this work in 2020-21 is critical to expanding services for our growing community.

To guide improvement in quality, access, and sustainability we look to our THP Quality Model which is predicated upon: high reliability built into all processes and services; delivery of exceptional experience through patient-centeredness,

evidence-informed leading practices, and innovation; and a continual drive for excellence and improvement. Driven by our Strategic Plan, our Quality Model, and our commitment to the community we serve, the QIP indicators represent key areas of focus across the patient journey and include a balance of indicators to ensure quality of services, including operational effectiveness, patient experience, people engagement and sustainability. The indicators ensure that everyone, from frontline clinicians to support services, contribute to achieving our goals, and they maintain priority on indicators with opportunity for improvement, specifically patient experience, pressure ulcers, and wait times.

Our annual QIPs are also the foundation for our organizational goals & objectives and cascade throughout the organization at all levels of leadership. In addition to the QIPs, THP management reviews additional indicators through quarterly reporting and as part of the CEO and President's reporting to the Board of Directors.

## **Acute Care Trillium Health Partners**

#### THEME I: TIMELY AND EFFICIENT TRANSITIONS

|           | Goal  |      | 2020/21 Priority Indicator  | Target                  | Susta     |
|-----------|---|------|---|-------------------------|-----------|
| Efficient | We will maintain our sustainability<br>through efficient care practices<br>resulting in a balanced budget             | Ê () | Hospital Total Margin (GAAP)  | <b>TBD</b> <sup>1</sup> | inability |
| Timely    | We will sustain access to our services by managing the time to inpatient bed for admitted patients <i>(Mandatory)</i> |      | Time to Inpatient Bed (90 <sup>th</sup><br>percentile) <sup>2</sup> | ≤ 43<br>hours           | Access    |

## THEME II: SERVICE EXCELLENCE

|                  | Goal  |                | 2020/21 Priority Indicator   | Target          |         |
|------------------|---|----------------|--|-----------------|---------|
| Centred          | We will improve the experience of<br>patients and families who trust us<br>with their care  | +<br>iti       | Patient Experience Survey<br>Results - "Would you<br>recommend this hospital to<br>your friends and family?" | ≥ 80%           |         |
| Patient-Centred  | We will engage our staff to provide<br>the tools and resources to deliver<br>the highest quality of care with<br>exceptional experiences  |                | People Engagement  | ≥ 67.1%         |         |
|                  | THEME II  | I: SAFE AND EF | FECTIVE CARE   |                 | Quality |
|                  |   |                |  |                 |         |
|                  | Goal  |                | 2020/21 Priority Indicator   | Target          | lity    |
| ctive            | Goal<br>We will focus on the safety of our<br>staff through continued engagement<br>and awareness of a healthy and<br>respectful workplace (Mandatory)  |                | 2020/21 Priority Indicator<br>Increase reporting of<br>Workplace Violence (WPV)<br>incidents                 | Target<br>≥ 542 | lity    |
| iafe & Effective | We will focus on the safety of our<br>staff through continued engagement<br>and awareness of a healthy and  |                | Increase reporting of<br>Workplace Violence (WPV)  |                 | lity    |
| Safe & Effective | We will focus on the safety of our<br>staff through continued engagement<br>and awareness of a healthy and<br>respectful workplace <i>(Mandatory)</i><br>We will continue to improve the<br>safety of care we provide by focusing |                | Increase reporting of<br>Workplace Violence (WPV)<br>incidents<br>Medication Reconciliation at               | ≥ 542           | lity    |

Equitable

<sup>1</sup>Hospital Total Margin (GAAP) indicator target assumes forecasted funding expectations and will be finalized in Q1 of 2020-21 when more information on funding is confirmed.

<sup>2</sup>Time to inpatient bed indicator target assumes maintenance of funding for existing beds and surge beds.

## Long-Term Care at Trillium Health Partners<sup>3</sup>

#### THEME I: TIMELY AND EFFICIENT TRANSITIONS

|           | Goal   |   | 2020/21 Priority Indicator   | Target | A<br>Sus               |
|-----------|--|---|--|--------|------------------------|
| Efficient | We will continue to provide<br>preventive care and timely<br>access to required services for<br>our residents resulting in<br>reduced ED visits. | • | Number of Emergency Department<br>(ED) visits for modified list of<br>ambulatory care sensitive conditions<br>per 100 long-term care residents | ≤ 12%  | ccess &<br>tainability |

#### THEME II: SERVICE EXCELLENCE

| We will improve the experience<br>of patients and families who<br>trust us with their care and<br>increase overall satisfaction of<br>recidentr. |                      | Goal   | 2020/21 Priority Indicator | Target |
|--|----------------------|--|----------------------------|--------|
| residents  | Resident-<br>Centred | of patients and families who<br>trust us with their care and | recommend this site or     | ≥ 80%  |

| THEME III: SAFE AND EFFECTIVE CARE | THEME III: | : SAFE AND | D EFFECT | IVE CARE |
|------------------------------------|------------|------------|----------|----------|
|------------------------------------|------------|------------|----------|----------|

| Goal 2020/21 Priority Indicator Target   We will continue to improve the safety of care we provide by focusing on two core clinical practices: medication administration and pressure injuries Percentage of residents receiving antipsychotics without a diagnosis of psychosis   Percentage of residents receiving antipsychotics without a diagnosis of psychosis \$\$8.8%   Percentage of residents who developed a stage 2 to 4 pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment  | We will continue to improve the safety of care we provide by focusing on two core clinical practices: medication administration and pressure injuries Percentage of residents receiving antipsychotics without a diagnosis of ≤ 8.8% psychosis   Percentage of residents veceiving antipsychotics without a diagnosis of uncertain administration and pressure injuries ≤ 8.8%   Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that ≤ 5.5% worsened to a stage 2, 3 or 4 since |             |   |   |  |        |
|--|--|-------------|---|---|--|--------|
| safety of care we provide by<br>focusing on two core clinical<br>practices: medication<br>administration and pressure<br>injuries<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Solution<br>Sol | safety of care we provide by<br>focusing on two core clinical<br>practices: medication<br>administration and pressure<br>injuries  |             | Goal  |   | 2020/21 Priority Indicator   | Target |
| aveloped a stage 2 to 4 pressure<br>ulcer or had a pressure ulcer that ≤ 5.5%<br>worsened to a stage 2, 3 or 4 since   | aveloped a stage 2 to 4 pressure<br>ulcer or had a pressure ulcer that ≤ 5.5%<br>worsened to a stage 2, 3 or 4 since   | ctive       | safety of care we provide by<br>focusing on two core clinical | are we provide by antipsychotics without a diagnosis of psychosis | ≤ 8.8%   |        |
|  |  | Safe & Effe | administration and pressure                                   | $\bigotimes$  | developed a stage 2 to 4 pressure<br>ulcer or had a pressure ulcer that<br>worsened to a stage 2, 3 or 4 since | ≤ 5.5% |

Equitable

<sup>3</sup> There are 21 Long Term Care (LTC) beds at Trillium Health Partners which are located at the McCall Centre of the Queensway Health Centre site.

## **Quality Improvement Achievements from the Past Year**

Through our commitment to innovation and quality improvement in our Strategic Plan, we continue to find creative solutions to address various challenges, including capacity and ALC. In the past year we initiated a Patient Care Services Bed Plan to optimize our capacity and align beds to the appropriate specialty areas to better reflect the needs of patients. This plan will result in a reduction in the average rate of off-servicing (when patients are cared for within a patient care area outside of the one designated to them when they were admitted) at THP by almost 58% and help reduce pressures of hallway medicine.

We have improved in other ways by cutting wait times for high priority cancer surgery by 14%, improving wait times for Ontario Breast Screening Program MRIs by 48%, and improved the time it takes to receive a cardiac procedure to stop a heart attack by 7% - making THP a top provincial performer. THP also became the first hospital in Ontario to obtain the Da Vinci Xi, an advanced surgical robot, as part of THP's Robotic-Assisted Surgery Program.



To address the need for improved technology infrastructure, THP has invested in a new Hospital Information System (HIS) Project in 2019-20 with a target go-live date of July 2020. This is the largest information technology investment in our 10 year Strategic Plan as well as the most significant quality improvement initiative for 2020-21. Guided by our Quality Model, inter-professional health teams across our hospital sites are building and implementing a new EPIC technology platform. This modern technology platform and single patient record will provide reliable information, enabling best practice clinical performance, and ensure the delivery of exceptional patient and provider experiences.

THP is in the process of planning for a major redevelopment project to mitigate the challenge of serving our growing and aging population, address the need for increased care capacity and respond to the reality of our aging physical infrastructure. The Master Plan includes the redevelopment and expansion of our Mississauga Hospital (MH) site, and a new patient tower for post-acute patients at our Queensway Health Centre (QHC). These redevelopment projects will add approximately 600 new beds of acute and post-acute care capacity within our walls resulting in approximately 2,000 hospital beds across our sites by 2027-28. We are also planning to develop approximately 500 new long-term care beds and transitional care beds, which will be complemented by co-located community-based services, creating two community health hubs. These accomplishments were made possible through strong local partnerships, which we continue to grow and develop, along with the deep commitment of our staff and professional staff to continuous quality improvement as we work to prepare for the growing and changing needs of the future.

## **Partnering With Patients and Long-Term Care Residents**

Every major project we embark on, and every major decision we make, involves a patient voice at the table. The 2019-2029 Strategic Plan, that sets the course for Trillium Health Partners for the next ten years, was the result of extensive engagement with over 180,000 people inside and outside the hospital walls. It reflects the voices of this community and what matters most to them about their health care. Across the hospital we have many Patient and Family Advisors providing guidance from the corporate to clinical program level. Similarly, in our Long-Term Care unit, a Resident Council is engaged on the care and experience issues that matter most to residents.

Patients and families contribute recommendations on quality and patient experience concerns through Patient and Family Partnership Councils and Clinical Program Committees. Patient and Resident Councils are consulted on service design and planning across the hospital. Every day we engage with patients, residents and their families on how their care is managed and delivered through patient rounding, and patient and resident surveys. THP hosts regular community telephone town hall meetings where senior executives connect directly with over 13,500 community members and answer their questions about the hospital and the health care system.

## Virtual care

As we continue to look beyond our hospital walls for opportunities to care for patients, THP is committed to utilizing technology to provide easy access and appropriate care to our patients, wherever they may be. The Reactivation Care Center (RCC) launched in summer 2019 with a virtual Most Responsible Provider (MRP) care model that consisted of an onsite care team and offsite physicians who on a daily basis virtually round with patients and support the onsite care team members. The clinical team partnered with the virtual care team and RCC activation team to design, develop and implement this novel virtual care approach which included assigning roles and responsibilities, developing new workflows and reporting processes, and training of on-site care team and off-site physicians. Starting in 2020 patients can also receive virtual consultations from sub-specialty physicians in areas like geriatrics, mental health and palliative care.

The implementation of the Mississauga Ontario Health Team (MOHT) also presents an opportunity to use digital tools to create a seamless system for patients and providers that is reliable and supports both active care management and population health management. Initially Mississauga Health will build off existing digital tools and provincial assets in order to achieve year one goals. In the following years, Mississauga Health will develop a longer term digital strategy for modern, standard solutions across the OHT.

## **Workplace Violence Prevention**

At THP we aspire to create a healthy, safe and respectful environment for healing that is based on our values of compassion, excellence and courage. To be *Better Together*, we commit to fostering a respectful workplace culture that promotes a safe and supportive environment for everyone who provides care, supports caregiving, receives care or visits the hospital.

In 2017, we established a frontline inter-professional working group that created a framework promoting a healthy, safe, respectful and healing culture at THP. Together, we have successfully implemented an organization-wide Declaration of Respect, suite of policies, mandatory training, and refreshed electronic incident reporting system. All of these tools support a culture of respect, provide clear expectations and standards, as well as a process by which incidents or threats of workplace violence can be prevented, reported, and addressed. In the year 2019-20 we developed the THP Resilience Model that aims to foster an environment of support and partnership



for our staff and professional staff as they provide the best care to the community while facing large scale changes and increasing patient acuity. As we enter the year 2020-21, a year of transformation for the organization, we will explore strategies to launch this model across the organization.

## **Collaboration and Integration**

In November 2019, the Mississauga Ontario Health Team (M-OHT) was announced as the first of 24 Ontario Health Teams (OHTs) in the province. Mississauga Health is governed by a diverse group of partners including: CarePoint Health, Credit Valley Family Health Team, Home and Community Care, Metamorphosis Network, Summerville Health Team, and Trillium Health Partners. Over 90 organizations representing health and social service sectors have also joined Mississauga Health as members or affiliates. This group includes primary care, home care, community care, acute care, long-term care, social services, associations and community organizations. The implementation of the OHT model will be an ongoing process over the next several years. In the year ahead, Mississauga Health will work to develop and implement plans to better coordinate health and community care providers to improve access to care for patients. Mississauga Health will initially focus on a population of 60,000 and over time will scale to serve the health needs of 878,000 people. Early priorities of Mississauga Health include: expanding primary care access to urgent diagnostics and specialist supports in the community; reducing unnecessary Emergency Department visits; and, streamlining care and supports for people with complex care needs like those who would benefit from a palliative approach to care, creating better patient, family and caregiver experiences. For more information, the Mississauga Health submission can be found at www.moht.ca.

Trillium Health Partners is also proud to be a part of Project Now, a partnership that aims to end child and youth suicide in the City of Mississauga and Peel Region. Every step of the way, Project Now will work in partnership with children, youth, and families in the community who have been impacted by suicide through its Youth and Family League. Their voices, experiences, and wisdom will guide the work of Project Now, providing feedback and advice and actively co-designing project initiatives. Project Now has created a project for the community of Mississauga and Peel Region that has the potential to be replicated across Ontario and in other jurisdictions.

THP is also working to establish local partnerships and clinical pathways to meet the critical demands of our community. Current and future pathways are being established with a number of organizations in our region, to create transitions of care that patients in our system so urgently require. We worked with the Humber River Hospital to create a 30 bed Reactivation Care Centre (RCC) and in summer 2019, THP was awarded 39 additional RCC beds which freed up more acute beds at our hospital sites and reduced hallway health care. THP has partnered with the Milton District Hospital to launch 25 ALC-LTC beds and with the Ontario Health Central Region (Mississauga Halton LHIN) and Responsive Management Inc. to establish up to 30 ALC-LTC beds for patients with behavioural needs at the Cooksville Care Centre. In partnership with Runnymede Healthcare Centre, our hospital has created up to 68 high intensity/short duration and low intensity/long duration rehabilitation beds. We are also working with the Ontario Health Central Region (Mississauga Halton LHIN) and Schlegel Villages to launch the Bridges to Care program, which will provide up to 24 ALC-LTC beds for our patients. Through these partnerships and the addition of up to 214 new beds, THP has expanded beyond three (3) main hospital sites, and four (4) off-site locations to become a regional health care network.

## **Performance Based Compensation**

All executives and leaders at THP have a portion of their Performance Based Pay tied to the quality indicators outlined in the QIP. With oversight from the Board of Directors, the leadership team is held accountable for the overall performance of the organization through quarterly reviews of these priority targets, along with formal annual performance reviews.

## Sign-off

I have reviewed and approved our organization's 2020-21 Quality Improvement Plan:

Dr. Dante Morra Chief of Staff Ms. Kathryn Hayward-Murray Chief Nursing Executive

Ms. Michelle DiEmanuele Chief Executive Officer

Mr. Alan MacGibbon Board Chair Mr. Nick Zelenczuk Board Quality Committee Chair