

Let's Make Healthy
Change Happen.



Women's College Hospital Quality Improvement Plan (QIP) Narrative 2020-2021



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Overview

The Women's College Hospital (WCH) Quality Improvement Plan, or QIP, is a public, documented set of quality improvement commitments that we make to our patients and communities to improve the of quality of care and services we provide through focused targets and actions. This QIP has been developed under an umbrella of a common provincial vision that includes initiatives such as Ontario Health Teams that will help create a system that is integrated, innovative, efficient and able to respond to the short- and long-term needs of our patients. While it provides a system-wide platform for quality improvement (QI), it has also been designed in partnership with patients, families, caregivers, physicians, learners, staff, community and health sector partners to both complement health system priorities and address local opportunities for improving care.

The 2020-2021 QIP reflects our vision, mission and strategic goals outlined in our Women's College Hospital strategic plan, *Healthcare Revolutionized 2018-2022*. This plan sees quality emphasized as a core strategic priority through our ambitious vision: *healthcare revolutionized for a healthier and more equitable world*. Our strategic plan and the QIP are entwined as mutually reinforcing roadmaps guiding us to find new and better ways of doing things to improve care and the care experience for patients, to achieve even better health outcomes and to uncover and implement rigorously evaluated health system solutions. WCH, fully affiliated with the University of Toronto, has an ambulatory mandate. We are the hospital working to keep people out of hospital whenever appropriate. Through *Healthcare Revolutionized*, we continue our leadership to address the climate inequities in health, to transform virtual care delivery as Canada's first virtual hospital, to improve patient and provider experience, and to generate and perpetuate courageous solutions that improve our health system.

Women's College Hospital's Quality Improvement Plan is one tool to help us document, advance, share and review our current performance across priority areas. The QIP contains indicators, targets and actions for improving the safety, effectiveness, efficiency, access and patient-centredness of the care we provide. Performance against targets is monitored and reported quarterly.

At WCH, we strive to achieve what is known as the quality quadruple aim, meaning that we always work to improve patient and workforce experience, achieve the best possible health outcomes and best use of resources. Our 2020-2021 Quality Improvement Plan will focus on six objectives across the dimensions of quality:

TIMELY AND EFFICIENT TRANSITIONS

1. *Reducing wait times for new referrals appointments*
2. *Ensuring our patients receive enough information for care at home through an after-visit summary*

SERVICE EXCELLENCE

3. *Using person-centred technology to engage patients in their care through our online patient portal (myHealthRecord)*

SAFE AND EFFECTIVE CARE

4. *Improving medication safety through the process of medication reconciliation*
5. *Enhancing workforce safety by implementing workplace violence prevention strategies*
6. *Reducing avoidable emergency department visits through referrals to our Acute Ambulatory Care Unit*

QI Achievements over the Past Year

WCH Joins the Centre for Quality Improvement and Patient Safety

In December 2019, the Faculty of Medicine at the University of Toronto announced that WCH would join [C-QuIPs](#), the Centre for Quality Improvement and Patient Safety, as a hospital partner. Our focus on ambulatory care, health equity and digital health innovation adds unique expertise to this valuable partnership that is helping to improve quality and patient safety within our health system. Recognizing that the science of patient safety and quality improvement involves not just traditional biomedical sciences and health services research but also other disciplines, including human factors engineering, cognitive psychology, complexity science and information technology, the educational and research activities of the Centre draws on individuals and institutions in diverse disciplines and professions. Together with the Hospital for Sick Children and Sunnybrook Health Sciences Centre, we will strengthen our commitment to providing leadership in quality improvement and patient safety education, capacity building, research and developing collaborative networks.

Level 1 Choosing Wisely Canada Designation

Women's College Hospital was recognized as a [Level 1 Choosing Wisely Canada hospital](#). The designation recognizes WCH's commitment to the reduction of routine nonessential testing and treatments that are not supported by evidence. Research shows that roughly 30 per cent of tests, treatments and procedures are potentially unnecessary (see [Canadian Institute of Health Information](#) for more information). Low-value care can increase wait times and can expose patients to potential harm or adverse events. By eliminating excess tests and treatments, WCH is working to ensure that hospital resources are being used where they are needed most, reducing wait and processing times, while improving the quality of patient care. Our efforts to reduce nonessential care is led by a team at the WCH Institute for Health Systems Solutions and Virtual Care (WIHV). They have showcased the implementation of five initiatives that reduce unnecessary care at WCH based on Choosing Wisely's recommendations and adapted to the ambulatory care setting. For example, a clinical decision support tool within WCH's electronic medical record serves as a point of care reminder to reduce nonessential repeat Vitamin D testing in low risk adults with previously normal values. Excessive routine preoperative testing such as EKGs prior to low risk surgery and mandatory weekly urine drug screening tests within the WCH Rapid Access Addiction Medicine program have also been reduced. These tests are time-consuming and limit patients' ability to participate in other life activities and doesn't improve care.

eConsult Regional Lead Organization

The expansion of digital solutions to support enhanced access to specialist advice or care is a key component of Women's College Hospital's strategy. The Ontario eConsult Program enables physicians and nurse practitioners to ask clinical questions to a specialist electronically and receive a response within days, often eliminating the need for an in-person patient visit. Accessed primarily through the secure OTNhub, the program is led by the Ontario eConsult Centre of Excellence (eConsult COE), housed at The Ottawa Hospital in partnership with the Bruyère Research Institute. Delivery partners are the Ontario Telemedicine Network (OTN), OntarioMD, and eHealth Ontario, with the support of the Ministry of Health and Long-Term Care. Women's College Hospital is the Regional eConsult Lead Organization and coordinates and administers the Provincial eConsult Program. For our patients this means that care will be supported by a program that is fast, efficient and protects their privacy. It also means quick access to quality specialist advice, wherever they live in Ontario. Evidence shows patient safety is improved through timely access to specialist advice and saves time and resources, as only about one third of eConsults result in patients needing to see a specialist face-to-face. Physicians and nurse practitioners will be able to get timely answers to non-urgent questions and experience improved care coordination and collaboration between clinicians.

Transgender Health Care Access

As Women's College Hospital continues our ambitious pursuit of health equity, we are leading sex and gender in health research and service innovation. In June 2019, as part of the transition related surgical program, Women's College Hospital became the first public hospital in Canada to perform vaginoplasty - a gender affirming surgery that changes sex characteristics so that they correspond with one's gender identity. This marked a major milestone in advancing trans health in Canada and addressing a significant gap in services for trans and gender diverse people in Ontario.

Indigenous Women's Cancer Screening Program

Some of the most significant ongoing health disparities in Canada disproportionately affect Indigenous peoples. Indigenous women with breast cancer are more likely to be diagnosed at a later stage of disease and experience higher rates of mortality. They are less likely to access family physicians or specialist care and are over-represented in emergency room visits. For many Indigenous patients, experiences of stigma and discrimination steeped in a deeply rooted history of colonization make institutions like hospitals and clinics inaccessible. For others, a lack of a shared language and cultural barriers prevent them from seeking care. Partnering with an Indigenous Patient Navigator with the Toronto Central Regional Cancer Program, WCH began implementing a plan to bring Indigenous women to Women's College Hospital (WCH) for breast and cervical cancer screening. As a first step, the hospital worked collaboratively with Indigenous community members to create a culturally sensitive setting where Indigenous women would feel comfortable with screening. By reaching out to community partners we were able to recruit patients while ensuring that participating staff—including physicians, the team from gynecology conducting the cervical cancer screening and breast-imaging staff—received additional training on providing healthcare to Indigenous patients. An Elder was invited to open the inaugural screening day with a smudging—a traditional ceremony that consists of burning sacred medicines like sweet grass, tobacco and cedar to clear away negative energy and promote healing. The goal is to make the screening days a quarterly event, and to continue collaborating with Indigenous communities to create programs that meet their specific needs. This includes implementing changes throughout the hospital that signal that WCH is a safe space, such as installing Indigenous art, including materials written by Elders in the hospital's health sciences library and offering a place for patients to smudge. We are innovating to not only create a safe space for Indigenous patients in Toronto but to create a program that can be shared with healthcare organizations across the country.

Mentoring, Education, and Clinical Tools for Addiction

WCH's Mentoring, Education, and Clinical Tools for Addiction: Primary Care-Hospital Integration (META:PHI) continued to implement and provincially scale integrated care protocols and pathways for patients with substance use disorders. As efforts to curtail the opioid crisis continue in Ontario, META:PHI is ideally positioned to provide support and advice across Ontario to ensure adherence to effective models and best practice. META:PHI initially partnered to create seven Rapid Access Addictions Medicine (RAAM) clinics across Ontario in 2015 that demonstrated reductions in emergency department (ED) visits and hospitalizations from the three months before a person's first RAAM clinic visit to the three months after. META:PHI subsequently created four new hospital-based RAAM clinics to support more coordinated addiction treatment programs across Toronto. Now META:PHI supports 70 RAAM clinics across Ontario. In addition to introducing low-cost, safe, and evidence-based practices into RAAM clinics, META:PHI has also rolled out evidence-based processes and protocols in EDs and inpatient units that have improved immediate, on-site use of buprenorphine for opioid use disorder, symptom-triggered treatment of alcohol withdrawal, and routine use of anti-craving medications (naltrexone, acamprosate, gabapentin, and others) for alcohol use disorder.

Provincial Chronic Pain Network

Toronto Academic Pain Medicine Institute (TAPMI) is a comprehensive, interdisciplinary academic pain program serving as the hub for chronic pain care in Toronto. TAPMI offers a comprehensive virtual network of pain management services and is a partnership whereby all academic pain management hospitals — Centre for Addiction and Mental Health, Sinai Health System, St. Michael's Hospital, University Health Network and Women's College Hospital — work together to provide seamless care for Ontario's chronic pain patients via a centralized referral network. The success of TAPMI over the past two years in coordinating pain services and centralized intake across Toronto has led the **Ontario Chronic Pain Network** which is planning, coordinating and executing the Ontario Chronic Pain Network's strategic initiatives provincially, across adult, paediatric and community partner sites. This represents a partnership of 19 academic institutions (5 paediatric, 13 adult, 1 community) working to improve access to evidence based care for patients with chronic pain.

Virtual Care – Women's Virtual

Over the last year, WCH has launched our strategy for Canada's first virtual hospital - a new model of care that integrates a wide range of digital tools with face to face care to provide patients with care as close to home as possible. In 2019, in partnership with OTN, WCH became the second hospital in Ontario to offer EMR integrated video visits as part of the OTN partner video pilot program. Through this initiative, video visits launch directly from our providers' existing schedules, the links for patients generate automatically when the visit is booked and are sent via the patient portal. Providers are able to move quickly between in-person and video visits, and fully integrate them into their day. Another key virtual program is our Aging in Place (AIP) partnership with Long-Term Care homes. The AIP initiative offers general internal medicine phone and video support for LTC residents in an effort to reduce avoidable emergency department visits and inpatient admission. If required, patients can be seen and rapidly assessed in our Acute Ambulatory Care Unit. WCH also offers a variety of other virtual services as part of Women's Virtual including the largest dermatology eConsult program in the GTA, a robust online patient education program for chronic pain patients (www.tapmipain.ca), a secure online mental health support group for new mothers, and post surgical remote symptom monitoring for patients undergoing same-day hip and knee replacement surgery.

Collaboration and Integration

Ontario Health Teams – SCOPE and the Acute Ambulatory Care Unit

Under Ontario Health Teams (OHTs), healthcare providers and organizations will partner and become fiscally and clinically accountable for delivering a full and coordinated continuum of care to a defined geographic area. OHTs are intended to improve care by having a more local focus; providing 24/7 centralized navigation of all partner services; having increased coordination and accountability amongst partners; and improving access to virtual care. WCH is currently an engaged partner of the Mid-West Toronto Ontario Health Team continues to work with many local partners through SCOPE (Seamless Care Optimizing the Patient Experience) - a virtual interprofessional health team that supports primary care providers through a single point of access to serve their patients with complex care needs. As OHTs coalesce across the province, many are looking to SCOPE as the backbone for their primary care engagement plans. Currently SCOPE is being considered as a vital scaffold for nine OHTs at varying stages of development

In downtown Toronto, one of the key services to SCOPE is the Acute Ambulatory Care Unit (AACU) located at WCH. The AACU is a short-stay medical unit that provides diagnostic and therapeutic interventions for medically complex patients, as well as access to nursing and pharmacy support, clinical assessments, laboratory

investigations, medical imaging, non-invasive cardiac testing, provider-to-provider consultations including subspecialty consultation, and post-visit and virtual aftercare for patients. The team includes physicians, nurse practitioners, social workers and pharmacists, who have access to on-site diagnostic resources. The AACU is a referral-based service with a maximum length of stay of 18 hours. In the downtown Toronto area, the unit is seen as an invaluable local support to primary care physicians (PCPs). Multiple evaluations of the ACCU have demonstrated that this model of care optimizes the utilization of scarce healthcare resources and improves the patient experience. In late 2019 the AACU expanded from a 24-hour Monday to Friday schedule to include weekend operations to support Emergency Department (ED) diversion during the flu season and has opened up weekend capacity for patients from SCOPE practices as well as downtown EDs at University Health Network, Sinai Health System and Unity Health.

An Integrated Delivery System: Improving Health for Marginalized Women

Women's College Hospital is collaborating to establish an integrated care network focused on health for a population of women who experience significant gaps in care coordination, care experience and health outcomes. This includes individuals experiencing substance use and addictions poverty, homelessness, sexual assault and/or domestic violence. Opportunities exist for a more coordinated safe, inclusive delivery system for women that offers a combined focus on health and social outcomes; simplified access to care and connections from social services; and clear roles and responsibilities across multiple partners. Women's College Hospital has initiated an early engagement strategy with 19 health, community and housing organizations that are dedicated to serving women and committed to improving service integration.

Partnering with Patients, Families and the Community

At Women's College Hospital, we recognize that collaboration is the key to our success. It's essential that we engage our most important stakeholders – our patients, their families and the diverse communities we serve – to design high-quality health services that are responsive to their needs and to build the health system of the future that is accessible for everyone.

In 2018, we launched our [Experience Advisor Program](#), inviting patients, their caregivers and/or family members as well as members of the community to partner, share thoughts, experiences and insights to help improve care and the care experience. This new program creates opportunities for meaningful engagement, dialogue and feedback. To help prepare WCH staff and Experience Advisors, an online resource hub was developed. We are proud of the early successes in matching our new Experience Advisors with engagement opportunities, including advising on the redesign of our After Visit Summary, new program design of Canada's first transition related (gender affirming) surgical program in a public hospital, sharing powerful patient experience stories with our Board, contributing as judges for the Joan Lesmond Quality Award selection, and participating in our annual [patient safety week video](#).

WCH Experience Advisors have contributed valuable recommendations throughout the development of the quality improvement plan, specifically relating to transitions of care, access to care and services, care coordination, and barriers with accessing our patient portal myHealthRecord. The Community Liaison Advisory Committee, co-chaired by two Experience Advisors, informs the Board and the hospital on matters related to strategic planning, patient experience, program development, quality improvement, community needs and space planning. The committee consulted on the draft 2020.21 QIP and provided feedback on how they would like to be engaged in future QIP planning. A number of patient experience and/or engagement activities deployed across and beyond WCH have influenced our improvement priorities, including:

- Validated patient experience surveys
- Multiple feedback mechanisms including informal surveys administered at the point care or in association with specific initiatives, focus groups and social media
- Feedback provided to our Patient Relations Service and frontline staff
- Analyses of incidents and adverse events and quality performance data
- Patient/community advisors on hospital and program-based committees
- Patients as observers in quality and safety initiatives such as hand hygiene audits
- Patient involvement, patient journey mapping and shared decision making related to access and service design to inform new models of care
- Several quality improvement projects have engaged patients in the design and/or evaluation of important change initiatives (*e.g. after visit summary, medication reconciliation, patient portal, integrated care pathway for addictions, trans surgical services, access centre, visitor kiosks*).

Workplace Violence Prevention

At Women's College Hospital, we value the safety of our people. Our staff have the right to work in a professional atmosphere that is free from the threat of violence or harassment and is in keeping with our organization's values, which include equity, quality and the safety of our People. We are focused on improving our safety culture and preventing workplace violence by ensuring specific interventions are in place to create a safe work environment. Each department at WCH is required to conduct a workplace violence risk assessment and implement all identified safety measures to mitigate high, medium and low level risks related to workplace violence. The occurrence of an incident associated with workplace violence results in a comprehensive investigation, debriefing of required parties, and the implementation of measures to prevent reoccurrence.

In order to understand the prevalence of actual and near miss incidents, WCH has reviewed all reported incidents related to workplace violence and compared reports from our anonymous employee engagement surveys. This comparison suggested that incidents are underreported and as a result WCH set a goal to increase reporting. We will be conducting an Engagement Survey in the Fall of 2020 which will support us to further understand the impact over the past year. On an ongoing basis, Human Resources and Occupational Health, Safety and Wellness conduct in-services in each department to encourage reporting of actual and near miss incidents. As workplace violence issues continue to increase across the health care system, the mandatory indicator, measuring the number of workplace violence incidents relative to the total number in the hospital workforce will be monitored on the QIP and corporate scorecard.

In addition to the goal of increasing reporting, WCH is committed to conduct an investigation of every reported incident of workplace violence. It is expected that this will further improve reporting, as there will be immediate communication with management that demonstrates the seriousness with which WCH views workplace violence incidents, and staff safety.

Mandatory de-escalation training has been implemented across Women's. The program addresses workplace violence, harassment and current legislation in Ontario. The training is intended to provide practical guidance to frontline staff to improve communication with patients and ensure a positive patient experience. In addition to the training, WCH created and implemented signage supporting our workplace violence policy that has been placed throughout the Hospital, as well as a patient brochure that outlines specific expectations for staff and patient behaviours. Other planned improvement initiatives have included mechanisms to communicate patient specific triggers and safety strategies via the electronic health record.

Executive Compensation

Executive compensation is linked to the QIP targets and initiatives within that plan. Each executive, including the President and CEO, has pay-at-risk that is tied to achieving QIP goals for 2020/21. The amount of pay-at-risk for executives is 5% percent of total cash compensation. The payment of pay-at-risk occurs following the fiscal year-end evaluation of results. The amount awarded is based upon the Board of Directors' evaluation of performance against specific thresholds.

The following initiatives are linked to compensation for 2020/21:

- *Using person-centred technology to engage patients in their care through our online patient portal (myHealthRecord)*
- *Ensuring our patients receive enough information for care at home through an after visit summary*

The Executives listed below will have a percentage of pay linked to these indicators listed above.

- President and Chief Executive Officer
- Executive Vice President and Chief Medical Executive
- Vice President, Business, Technology and Chief Information Officer
- Vice President, Finance, Partnerships and Chief Financial Officer
- Vice President Education
- Vice President Research
- Vice President, Strategy, Quality, Risk and Chief Privacy Officer
- Chief Communications and Marketing Officer
- Vice President People, Culture, and Equity & Chief Human Resources Officer
- Vice President, Patient Care & Ambulatory Innovation
- Chief Nursing & Professional Practice Executive

Sign-off

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

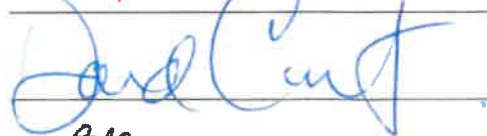
Board Chair:

Tammy Brown



Quality Committee Chair:

David Court



Chief Executive Officer:

Heather McPherson

