

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Women's College Hospital



30/03/2024

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.

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Overview

The Women's College Hospital (WCH) Quality Improvement Plan (QIP) is a public, documented set of commitments to our patients and communities to continuously improve upon the quality of care and services we provide. This QIP has been developed with consideration of the provincial vision that the ongoing evolution of Ontario Health Teams will support greater system integration, equity, innovation, efficiencies, and responsiveness to short- and long-term needs of patients. Our platform for quality improvement (QI) has been designed in partnership with patients, families, care partners, physicians, learners, staff, community, and health sector partners to complement system priorities and address the most pressing local opportunities to improve care quality.

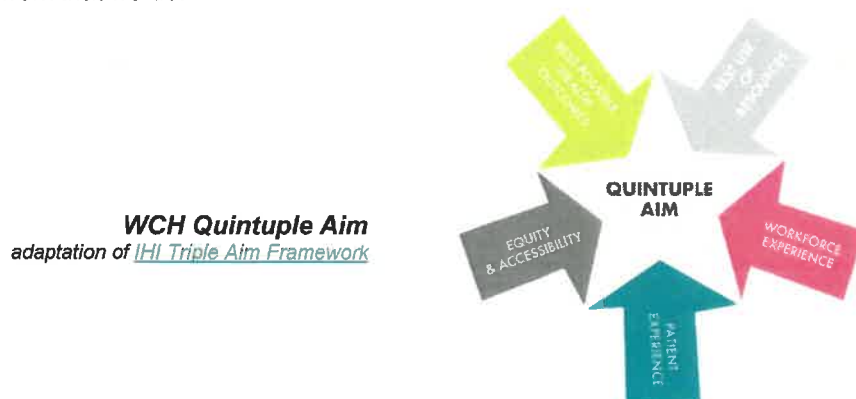
The 2024-2025 QIP reflects the vision, mission and strategic goals outlined in our Women's College Hospital bridging strategy, [\[r\]Evolution: Build Back Better Strategic Roadmap 2022-2024](#), and offers foundational quality framing as we launch an exciting new Women's College Hospital multi-year strategic plan later in 2024.

This plan sees quality emphasized through our ambitious vision to see *healthcare revolutionized for a healthier and more equitable world*. [r]Evolution guides our responsive efforts to build back better through the significant impacts of the pandemic, and, alongside the QIP, delivers a mutually reinforcing roadmap to guide us towards finding new and better ways to improve care and the care experience for patients, support wellness of Our People, achieve even better health outcomes and to rigorously uncover and evaluate 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. We continue our system leadership to address health inequities, with a particular focus on sex and gender in health. We continue to elevate virtual care delivery and digital health solutions, improve patient and provider experience, and generate courageous solutions to improve our health system and advance innovative and equitable ambulatory models of care.

The Women's College Hospital's Quality Improvement Plan helps us elevate current performance across priority areas. The QIP encompasses indicators, targets and actions to improve the safety, effectiveness, efficiency, access and patient-centredness of the care we provide. Performance against QIP targets is monitored and reported quarterly.

Women's College Hospital strives to achieve the Quintuple Aim as outlined in the framework below. It guides us in all the work that we do.



Our 2024-2025 Quality Improvement Plan focuses on six quality improvement objectives:

ACCESS & FLOW

1. **Referrals Acknowledged within 14 Days:** Reduce wait times for acknowledging received referrals.
2. **Virtual Care Adoption:** Increase access to appointments conducted by video or phone / total appointments not requiring in-person interventions

EXPERIENCE

3. **Patient Experience – Overall Quality of Care**

EQUITY

4. **Patient Sociodemographic “We Ask Because We Care” Survey – Quality Completion Rate**

SAFETY

5. **Medication Reconciliation:** Improve medication safety in the ambulatory environment by increasing completion of medication reconciliation for those patients identified as benefitting from the practice of medication reconciliation.
6. **Workplace Incidents of Incivility:** Increase reporting of workplace incivility incidents and decrease severity of workplace incivility incidents.

Centre for Quality Improvement and Patient Safety (CQIPs) at WCH

Women’s College Hospital is committed to advancing quality improvement and patient safety (QIPS) across all programs and professional disciplines. The [Centre for Quality Improvement and Patient Safety \(CQIPs\)](#) is a joint partnership with the University of Toronto’s Temerty Faculty of Medicine, Sunnybrook Health Sciences Centre, the Hospital for Sick Children and Women’s College Hospital. CQIPs is an extra-departmental unit (‘EDU’), and core members are University of Toronto faculty members with research or educational activities that align with the mission of the Centre.

CQIPs at Women’s aims to accelerate and deepen the work of people and organizations that are passionate about enhancing quality and patient safety. CQIPs offers training in QI and patient safety methods. As part of our commitment to building internal QI capacity, WCH supports the development of our people by providing opportunities to learn and apply these skills to local QI projects. WCH interdisciplinary staff and physicians participate in CQIPs education programs and the [CQIPs Improvement Fellowship](#), which provides 1:1 mentorship, leadership experience, and engagement in the collaborative CQIPs learning community. Fellows are integrated within a CQIPs team, supporting QIPS activities that are identified priorities for both CQIPs and Women’s College Hospital.

Access and Flow

Women’s College Hospital is a fully ambulatory hospital that is focused on keeping people out of hospital through efficient and effective ambulatory care models. We lead transformation to ease transitions between points of care for people in Ontario, ensuring they have convenient access to care when and where they need it. This includes improving access to more appropriate care settings and working with system partners to find new ways to connect patients to home and community care services.

Ambulatory care innovations at Women's such as the AACU (Acute Ambulatory Care Unit), SCOPE (Seamless Care Optimizing the Patient Experience) and LTC+ (Long Term Care+) have been designed to keep people out of hospital.

AACU is a short-stay ambulatory care unit at Women's College Hospital (WCH) that provides support and interventions for patients with complex conditions, offering access to nursing and pharmacy, clinical assessments, lab diagnostics, imaging, non-invasive cardiac testing, medical detox, provider-to-provider consultations including subspecialty consultation, and post-visit and virtual aftercare for patients. The AACU is an invaluable local support to primary care providers and access to our **SCOPE and LTC+** services has meant that local providers in community are able to care for patients who would otherwise be admitted to hospital or endure long stays in the emergency room. The AACU has demonstrated effectiveness in preventing unnecessary inpatient admissions and ED visits by ensuring patients are managed in the most coordinated and efficient way possible. Multiple evaluations of the AACU have demonstrated that this model of care optimizes the utilization of scarce healthcare resources and improves the patient experience.

LTC+ was launched due to an urgent need to enhance the availability of services to support higher acuity care in LTC homes. It is crucial to support Primary Care Providers (PCPs) and point of care staff in LTC homes with enhanced care to prevent unnecessary transfers of LTC residents to the emergency department (ED). LTC+ is a joint initiative between LTC, acute care services, Women's College Hospital, The Centre for Quality Improvement and Patient Safety (CQIPPS) and the General Medicine Inpatient Initiative (GEMINI). LTC+ is a virtual care model that provides direct access to a suite of services including real-time access to virtual General Internal Medicine (GIM) consultations, specialist care and community resources for 54 Toronto LTC homes. LTC+ supports a total of 8,654 LTC beds across Toronto. LTC+ operates as a hub and spoke model with one of 6 regional hospitals (Humber River Hospital, North York General Hospital, Sunnybrook Health Sciences Centre, Unity Health, Women's College Hospital) serving as the local hub to support several geographically associated LTC homes, consolidating clinical services for any given LTC home in a single hospital.

Further, Women's College Hospital utilizes a digital referral management system and employs a single-entry model and team-based care approach to facilitate efficient and equitable patient flow. A backlog recovery strategy uses a "Secondary Wait List" model, by pooling all the patients from participating surgeons' offices into a single queue managed centrally at WCH and assigning patients to the next-available surgical date. Such strategies can be scaled across the system to address long surgical wait times in areas such as benign gynecology, orthopedics, general surgery, and urology.

Maintaining appropriate capacity, access and flow in Ontario's health care system requires the collaboration of all health care providers, organizations, and partners. Only by working together can we achieve coordinated, seamless care for people across the province.

Equity and Indigenous Health

A high-quality health care organization starts with a culture that promotes health equity and reduces disparities. Women's College Hospital is committed to reducing racism and discrimination and inequities within our organization and across the health system. We value inclusion and diversity and recognize that our own culture needs to be equitable to contribute to better outcomes for the communities we serve.

Our Women's College Hospital Equity Roadmap offers an essential tool to guide our work to build an organizational culture focused on equity, inclusion, diversity, and anti-oppression and to contribute to better outcomes for patients, families, and providers within the health system. In order to achieve better outcomes for all, our equity roadmap highlights the need to explicitly identify and address the impacts of sex and gender inequities and anti-Indigenous and anti-Black racism as part of our commitment.

As our Hospital vision to *revolutionize healthcare for a healthier and more equitable world* emphasizes, we are committed to closing health gaps and creating community informed, responsive, and inclusive environments in which everyone has the opportunity to achieve their highest attainable standard of health and where no one is disadvantaged because of their social position or group identity. It is the expectation that every individual, team, and leader across WCH works towards delivering on this vision.

Women's College Hospital launched a new socio-demographic patient survey – ***We Ask Because We Care***, created by Ontario Health (OH) in 2023. The survey data will be used to help us better understand our patient population, as well as better identify potential inequities related to quality of care, access to care, care experience and health outcomes. In this work, we recognize that we must also consider that retention and use of health-related data can exacerbate harms of colonial systems of inequality, regardless of the intentions about how those data are used. Institutions of health care delivery, research, and innovation have harmed communities in ways that generate mistrust over generations. Recognizing that these histories must be understood to meaningfully work toward health data justice, WCH is building a coalition of action in partnership with community groups. Building trustworthy partnerships, initially with Indigenous communities who are affected by health-related data science requires a longer-term investment and we strongly believe that this is critical component of data governance that will ultimately help us and our colleagues across the system justly and effectively identify and address health disparities.

Ganawishkadawe – The Centre for Wise Practices in Indigenous Health at Women's College Hospital is a place for education, advocacy, traditional healing, clinical care, and Indigenous scholarship. We are committed to the health and well-being of First Nations, Inuit and Métis individuals, families, and communities across the territories. Our goal is to support and facilitate transformative change so that Indigenous People experience high quality care that is culturally safe, trauma informed, free of racism or discrimination and where Indigenous worldviews are recognized and valued. This year the Ganawishkadawe Centre for Wise Practices in Indigenous health (GCWP-IH) launched [*Carrying Place*](#) – a new virtual hub dedicated to promoting the health and wellbeing of Indigenous peoples, as well as supporting reconciliation in healthcare. Harnessing the four dimensions of well-being – body, mind, spirit, and heart – that have long guided many Indigenous traditional healthcare practices, the virtual hub hosts trauma-informed, culturally-sensitive health information and tools for Indigenous communities from trusted Indigenous sources. It is also designed to support the on-the-ground experience of Indigenous healthcare workers, as well as provide non-Indigenous healthcare practitioners with access to Indigenous ways of thinking about health to help build a culturally safe health system where Indigenous worldviews are recognized and valued.

WCH remains dedicated to supporting gender inclusive healthcare. Our [Transition-Related Surgery \(TRS\) Program](#) represents the first public hospital-based surgical program in Canada and the only in Ontario focused on providing safe and timely access to transition-related surgical care. Working in partnership with our patients, we bring expertise, experience and a commitment to system transformation and the highest quality of care and patient experience.

Patient/Client Experience

Engaging patients is essential to providing high quality, safe and equitable care. Women's College Hospital (WCH) partners with our dedicated [Experience Advisors](#) in the design and delivery of care and services and in our academic research, innovation and education pursuits. Experience Advisors are patients, care partners and community members who share their experiences and provide input to inform a wide range of initiatives across the Hospital.

Research has shown that effective patient engagement leads to better patient outcomes, innovative program design, and improved patient experience. The WCH [Experience Advisor Program](#) supports and recruits individuals that are committed to working with WCH to improve care and integrate the patient voice consistently in hospital planning.

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 virtual care. The Community Liaison Advisory Committee, co-chaired by Experience Advisors, informs the Board and hospital on matters related to strategic planning, patient experience, program development, quality improvement, community needs, communications, and space planning. The committee consulted on the draft 2024-25 QIP and provided feedback on how they would like to be engaged in future QIP planning. Whether through strategic planning, survey validation, incident reviews, patient journey mapping or quality improvements projects, WCH patients have been engaged in the design and/or evaluation of important change initiatives. Examples of QI initiatives patients have been engaged in this past year include referral management pathways, patient portal improvements, virtual care experiences, integrated care pathways for addictions and trans surgical services, and our [Declaration of Patient Values](#).

WCH also hosts [Equity-Mobilizing Partnerships in Community \(EMPaCT\)](#). This is a novel approach to patient engagement that centres diverse lived experiences and promotes equity-oriented and inclusive partnerships. As an independent community table, EMPaCT is made up primarily of patients/diverse members of community. Researchers and other decision makers come to this table with their projects to learn how to make their project more inclusive and equitable. This work is a participatory co-design to define, build and grow EMPaCT as an innovative and scalable patient partnership model that promotes bottom-up action for health equity across the system.

Provider Experience

At Women's College Hospital (WCH), we are committed to creating the Right Work Environment and have a highly engaged Wellness and Resilience Steering Committee. Our new People Plan and People Equity Plan place an emphasis on personal and professional growth, a focus on continuous improvement, equity, diversity and inclusion, and a commitment to ensuring the needs and experiences of WCH's people are a priority. We want our people to feel a real part of WCH, where they can lead quality healthcare and develop their careers.

We also want to learn from the lessons of these recent years and build this into our day to day working. Notably, our ability to work in an agile and flexible way, making decisions in a timely and effective manner, more seamless team working across the organization and a need for more 'quality listening' beyond our staff, physician, learner and volunteer experience surveys, to ensure we strive to get it right for our people. Receiving feedback is hugely important to help us provide the best possible environment for our people. We have a positive track record of acting on the feedback we receive, be this formally from provider experience surveys or through informal feedback provided by colleagues or other system partners.

Safety

Women's College Hospital is committed to providing the safest and highest quality care possible. Our culture of safety allows us to learn and innovate from our errors and make the necessary changes to prevent them from recurring, or to reduce the risks of harm when something does not go as anticipated.

Senior Leadership Safety Walkarounds (SLSW)

SLSW allow staff, physicians, volunteers, and learners to engage with Senior Leaders in open discussions about safety. SLSW enhance the safety culture at Women's College Hospital by encouraging open dialogue about safety in the spaces where Our People work and demonstrating the commitment of our staff and Senior Leadership to safety

Communication Safety Tools

Women's College Hospital has implemented three common communication safety tools applicable to the ambulatory care environment in both clinical and non-clinical work situations:

1. **"I have a safety concern"** is a phrase used to raise or escalate a safety concern. The statement requests that the listener pause and create a safe space to reflect on the concern together. "I have a safety concern" recognizes everyone's role in creating a culture of safety.
2. **SBAR** is a situational briefing technique that uses a standardized communication framework. Information is relayed using 4 sequential headings – **S**ituation, **B**ackground, **A**ssessment, and **R**ecommendation.
3. **Teach Back** is a method of closed loop communication. It helps to ensure what is said is what is understood. Most commonly, it's used as a means of ensuring an educator has effectively communicated to a recipient.

Incident Reporting Information System (IRIS) and Quality of Care Committee Incident Reviews

All safety incidents and near misses are reported in the Incident Reporting Information System (IRIS). The Incident Reporting Information System (IRIS) is a tool for reporting all actual or potential incidents. It helps us to identify and trend incidents, learn from our experiences and prevent similar occurrences from happening in the future. Speaking up through safety reporting is important to creating and maintaining a culture of safety at WCH and teams review incidents at quality huddles or team meetings. Scheduled Senior Leadership Safety Walkarounds offer an additional opportunity for leaders to follow up on safety incidents and discuss risk mitigation with teams. All serious events are escalated to the WCH Quality of Care Committee.

Safety Stories shared at Quality Safety Board Team Huddles

WCH supports a culture of speaking up about safety events is encouraged and celebrated. Sharing safety stories helps us to learn, make improvements and reduce harm. A safety story is an actual safety incident or near miss that took place at WCH. Sharing safety stories provides an opportunity to explore a particular safety event as a team. It prompts questions about how an event occurred and encourages the sharing of ideas on how to prevent similar incidents. It can also be used to celebrate a “good catch” which is when a person or a process prevented a safety event. Stories are featured across the hospital and posted on virtual and physical departmental Quality & Safety Boards.

Quality of Care Rounds

Formal Quality of Care (QOC) Rounds are a quality assurance mechanism whereby quality of care issues are discussed in a multi-disciplinary forum in order to improve care and enhance patient safety. Similar rounds have a long history within medical education. In recent years, the focus has shifted away from hospital mortality and individual performance to examining system-based factors of both actual and near-miss events in all care settings. QOC Rounds provide an opportunity to share learnings from actual WCH cases. By taking a systematic approach to reviewing actual and potential quality of care events, teams can better understand the specific contributing factors and make recommendations for improvement that prevent similar situations from recurring. The overarching goal is to improve quality of care and patient safety outcomes.

Workplace Violence Prevention

In keeping with our organizational values, we recognize the right of every individual to work in a professional atmosphere that is free from threat of violence, harassment, or incivility. WCH is committed to putting in place preventative measures that safeguard staff and physicians and ensure a timely and appropriate response to these risks and incidents by co-workers, patients, their care partners, visitors, strangers, or domestic/intimate partners. We closely monitor and report on both workplace violence and workplace incivility incidents and reporting.

De-escalation and Code White training are provided to staff and physicians and Code White alarm access was expanded throughout the organization. We also require anti-racism training for all staff. Individuals report events through the Incident Reporting and Information System (IRIS) to ensure leaders identify trends, patterns, and opportunities for improvement. Occupational Health Safety and Wellness (OHSW) and Employee & Family Assistance Programs (EFAP) are available for follow up after an incident and customized safety plans from OHSW are implemented when anyone feels unsafe at work due to an outside threat, a domestic situation, or a workplace violence incident. Team debriefing meetings occur following a workplace violence or incivility incident to reflect and identify improvement opportunities.

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 2024-2025. 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 2024-25:

- 1. Access to Care – Referrals and Scheduling (2.5%) % Referrals Acknowledged within 14 Days** with the aim to improve time to acknowledge referrals (time referral received to time referral is acknowledged with an anticipated wait time or an appointment date and time). Improve to 88% of referrals acknowledged within 14 days.
- 2. Patient Sociodemographic Survey Completion Rate (2.5%):** % active patient completion of the "We Ask Because We Care" survey improvement to 60% (year one of a multiyear response rate improvement plan towards 75% completion)

The Executives listed below will have a total of 5% of pay linked to the indicators listed above.

- President and CEO
- Vice President System Transformation and Lead Medical Executive
- Vice President, Business, Technology and Corporate Information Officer
- Vice President, Finance, Partnerships and Corporate Financial Officer
- Vice President, Academics
- Vice President, Strategy, Quality, Risk and Corporate Privacy Officer
- Vice President People, Culture, and Equity & Corporate Human Resources Officer
- Vice President, Clinical Programs & Corporate Nurse & Professional Practice Executive
- Chair, Medical Advisory Committee

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 Hospital Quality Improvement Plan for 2024-25.



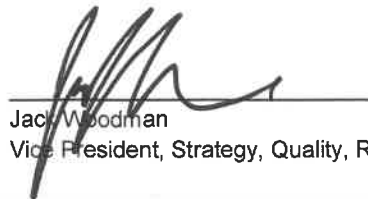
Donna Walwyn
Chair, WCH Board of Directors



Paula Allen
Chair, WCH Board Quality, Academic & Equity Committee



Heather McPherson
President & CEO



Jack Woodman
Vice President, Strategy, Quality, Risk & Privacy