

Let's Make Healthy  
Change Happen.



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



London Health Sciences Centre

06/29/2022

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

London Health Sciences Centre (LHSC) provides exemplary patient experiences (especially for those with complex or specialized health care needs), discovers and translates scientific breakthroughs and educates tomorrow's health care professionals. LHSC is driven by a spirit of collaboration, not only with health care partners across Southwestern Ontario (including those in our hospital system, St. Joseph's Health Care London) but with education partners such as Western University and research organizations like Lawson Health Research Institute.

Over the past year, LHSC has maintained a focus on quality, safety and accountability, despite the pressures imposed by the ongoing COVID-19 pandemic. The innovation, resiliency and achievements that have been made over the last year could not have been possible without our many health-system partners and the support of our community.

Looking forward to the 2022/23 Quality Improvement Plan, LHSC is focused on continuing to provide exemplary care and recovery from the COVID-19 pandemic. The following Quality Improvement Plan indicators will be our focus in the coming year:

1. Discharge summaries available to primary care providers within 48 hours of patient discharge
2. Overall incidents of workplace violence
3. Proportion of patients discharged from hospital for whom medication reconciliation is provided
4. Our People Wellness – self-perception of support
5. Emergency Department wait time for an inpatient bed
6. Wait 2 - Percentage Completed Surgical Cases Within Target (P3&P4)

As LHSC moves through the COVID-19 pandemic, staff have risen to new challenges and overcome significant challenges, all while maintaining a commitment to safely care for all patients, advancing research and delivering education opportunities. LHSC will continue to focus on quality improvement as change ideas are implemented and the above set of performance indicators are diligently monitored.



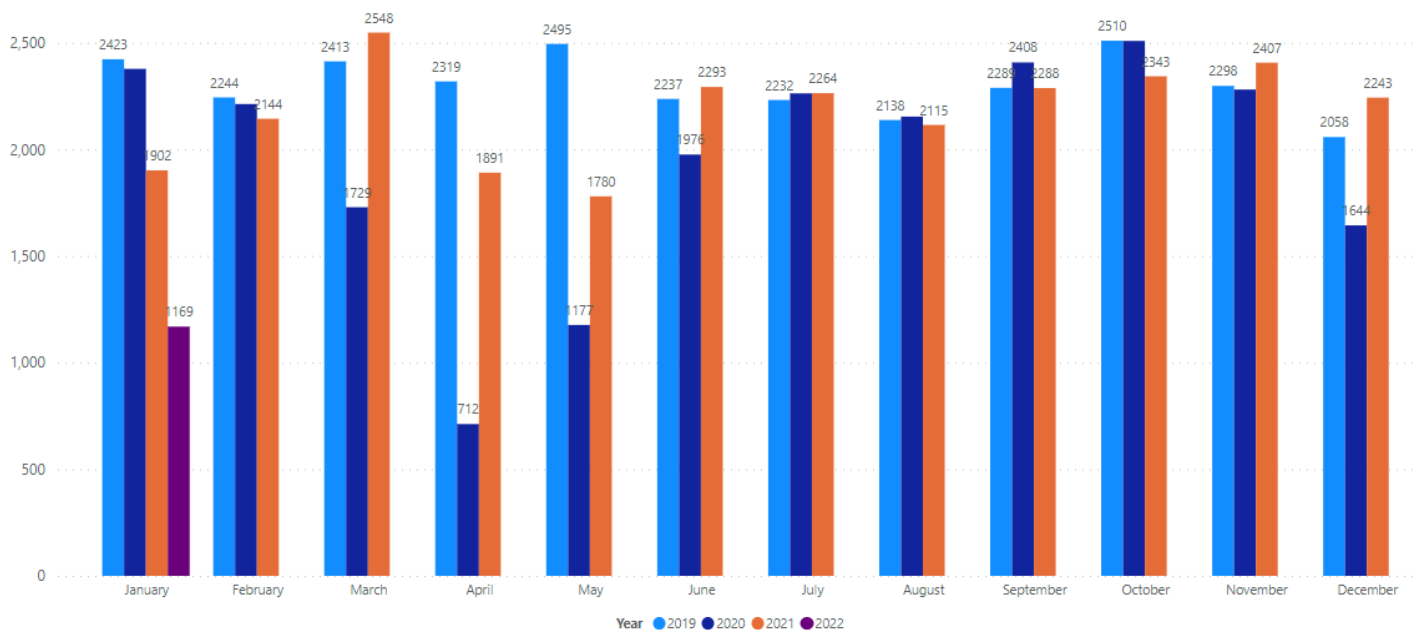
# Reflections Since the Last QIP Submission

There have been numerous quality improvement achievements from the past year at LHSC. As a team, LHSC has been able to face whatever came from the pandemic and adjust accordingly in the spirit of continuous quality improvement to continue to provide high-quality care to all patients.

## High Quality Care Continued Through Pandemic

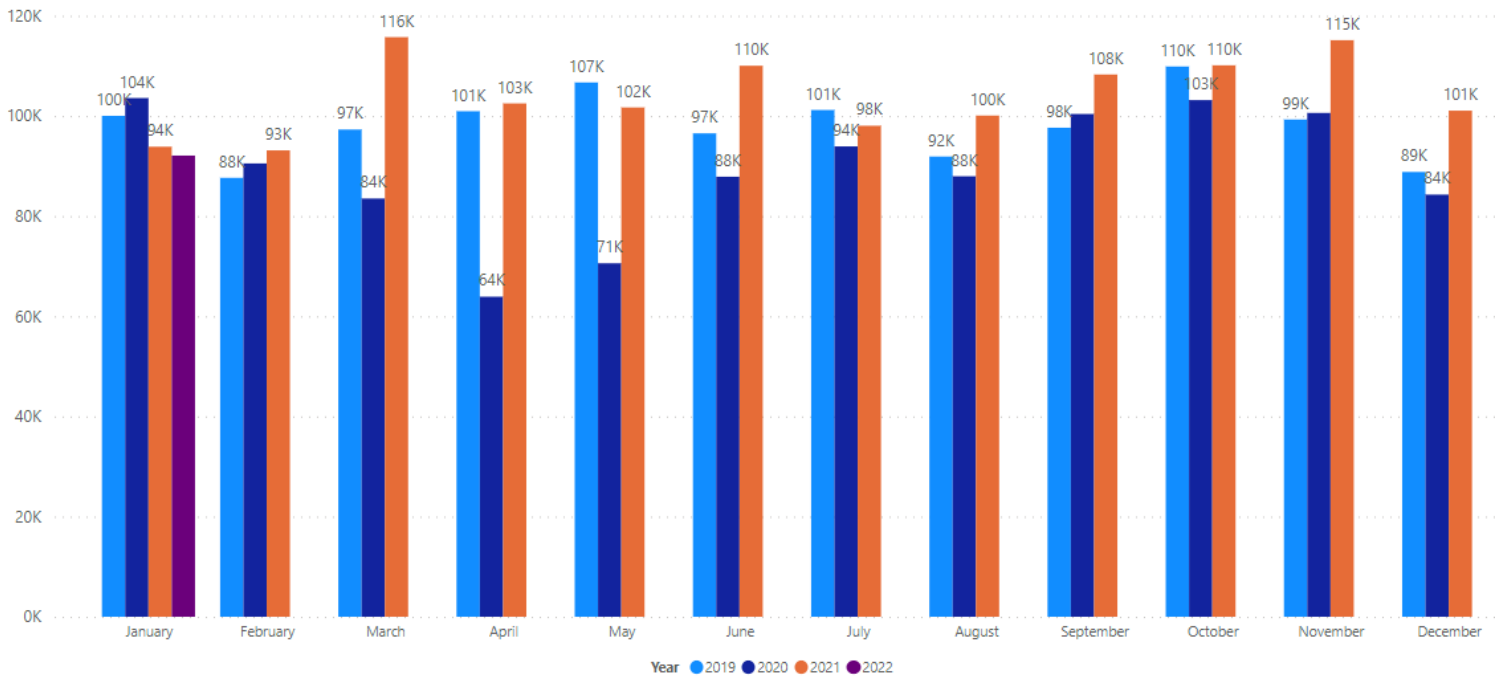
Since the last Quality Improvement Plan submission, LHSC has continued to focus on providing high-quality care throughout the pandemic. The graph below shows the surgical cases in a year-over-year and month-by-month comparison. In the ramp up of services throughout the pandemic, LHSC Surgery continued to meet or exceed the prior year's case count in an attempt to make up for the time lost earlier in the year and in an effort to improve patient wait times. Surgical wait times continue to be a focus for the organization in the upcoming year and this has been reflected in the FY 2022/23 Quality Improvement Plan.

LHSC Surgical Cases (Year-to-Year, Month-to-Month Comparison)



Ambulatory volumes were reduced in 2020 at the start of the pandemic to decrease in-person traffic of patients and visitors in the hospital. LHSC had to redeploy staff, and close off or repurpose ambulatory space and equipment in early 2020 but quickly ramped up these services when able to safely do so always monitoring the overall traffic of staff, providers, patients, families and visitors within the hospital walls. In 2021, LHSC was able to continue to provide ambulatory services safely to patients and their families which included the use of virtual care visits. When comparing the total number of ambulatory care visits in 2019 to 2021, LHSC was exceeding pre-pandemic ambulatory volumes.

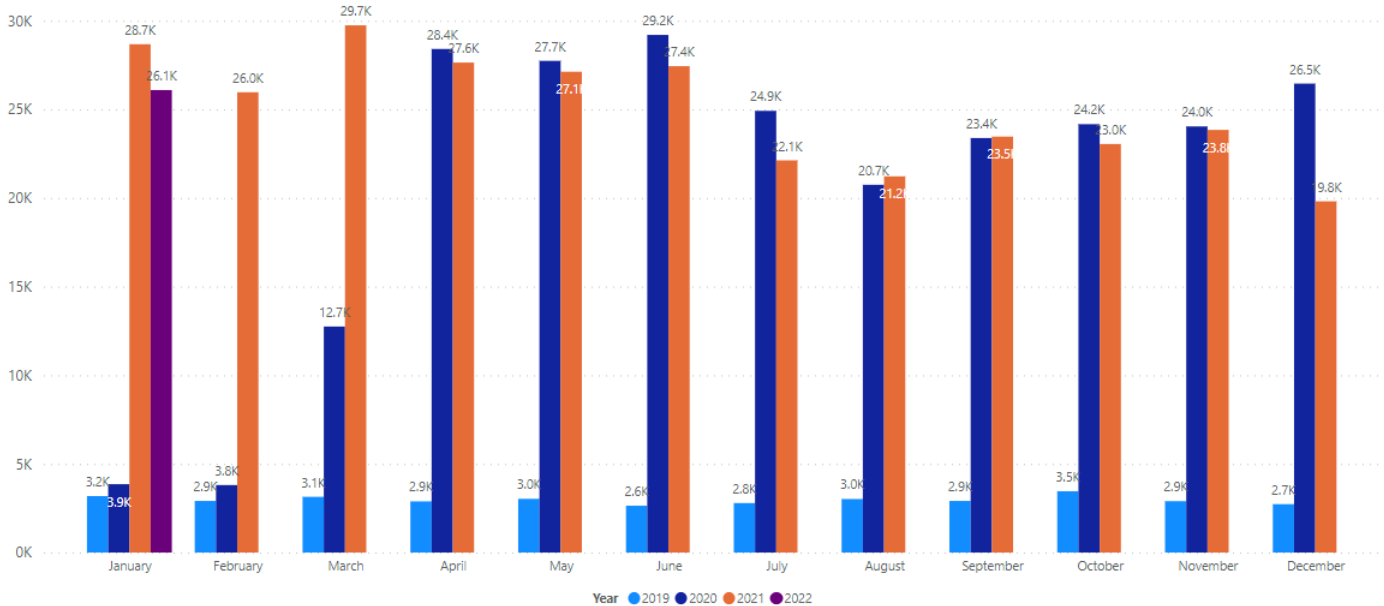
### LHSC Ambulatory Care Visits (Year-to-Year, Month-to-Month Comparison); includes virtual visits



### Virtual Care

The COVID-19 pandemic accelerated the adoption of digital health strategies such as virtual care at LHSC due to the necessity of finding alternate ways to meet patient health care needs. In 2021, LHSC continued to offer virtual care services at similar volumes as in 2020 (see the graph below). With rapid adoption, it was important to pause and ensure that both new and established virtual care programs measure quality care in a meaningful way. The Collaborative Virtual Care Working Group is utilizing the quadruple aim and equity framework to guide the development of quality measures. Virtual care is evolving and as LHSC develops its performance indicators there will be continuous learning and improvement of these measures as new evidence and best practices are developed.

### LHSC Virtual Care Appointments (Year-to-Year, Month-to-Month Comparison)



## Continuing our Quality Improvement Journey

The Continuous Improvement of Care (CIC) is LHSC's multi-year journey to foster a culture of continuous improvement. LHSC will improve patient care by developing our people to solve problems and improve performance. This will result in all staff and providers having the knowledge and tools to be empowered to make sustainable changes that lead to improved patient care.

To facilitate this a customized approach is being developed that aligns improvement efforts, supports and engages staff, builds the capabilities of the organization and improves the experience at LHSC for patients and their families. This approach will help standardize and sustain the improvement projects within our organization. Staff and providers are the drivers of this change to improve their daily practices and the patient experience.

To date there have been five cohorts that have completed the Continuous Improvement of Care Daily Management System training:

- The first cohort finished their training in 2019. Units involved in the first cohort were: Cardiology (UH-5IP), Clinical Neurological Sciences (UH-7IP), Epilepsy Monitoring Unit (UH-C10), Surgery (VH-B9100) and Sub-Acute Medicine (VH-C6 and D6).
- The second cohort finished their training in early 2020. Units involved were from Children's Hospital at LHSC: B6-100, B6-200, PMDU, PCCU, NICU, and ED.
- The third cohort finished their training in early 2021. Units involved were from Women's Care and Patient Access.
- The fourth cohort finished their training in the summer of 2021. Units involved were: Patient Safety & Accreditation, Nursing Professional Practice, Oncology, the Centre for People, Learning and Organizational Development, & Executive Assistants.
- The fifth cohort began their training in the fall of 2021. Units include Renal Care Program, Adult Mental Health Care Program, Child and Adolescent Mental Health Care Program, and Social Work. These teams will be participating in sessions over the next four months and applying their learning and tools in their daily work. Other waves will follow and build upon the success of the first cohorts.

LHSC will continue the roll-out of this quality improvement model until all areas of the organization have been engaged and supported on this journey.



As part of CIC, teams are introduced to continuous improvement huddles and the huddle board. Teams usually gather on a regular basis for 15 minutes either in person or virtually around their Continuous Improvement Huddle board.



# Patient/Client/Resident Partnering and Relations

## Patient Experience Week 2021 at LHSC

This year was the second Patient Experience Week (PX Week) that was celebrated during the COVID-19 pandemic. During the past two years LHSC staff, physicians and patient/family partners have continued to provide compassionate care while experiencing uncertainty, anxiety and fear. This year's Patient Experience week honoured the staff, physicians and patient partners whose actions made them the patient experience. Another group that has been engaged throughout the pandemic to provide the patient lens is the Patient/Family Partners, individuals with lived experience at LHSC. They provide valuable insight on policies, space, language and accessibility from the patient point-of-view to staff and physicians in order to improve the patient experience and help LHSC ensure patients are at the centre of everything we do.



Patient/Family Partners were joined by physicians and staff during a virtual celebration on April 27 in their honour for their continued involvement with LHSC during the COVID 19 pandemic.

## Youth CoRE Program Supporting Adolescents at LHSC's Children's Hospital

Connect, Relate and Engage is the mandate of the Youth CoRE program at London Health Sciences Centre's Children's Hospital which seeks to provide adolescent inpatients with the opportunity to be who they are. Created in 2019 with funding from the Children's Health Foundation, the program is one of the first in Canada that focuses on connecting adolescent patients with facilitators who have lived experiences at Children's Hospital. What started as a two-year pilot program with funding from Children's Health Foundation donors has now become a permanent program looking to hire two more facilitators in the future. The team presented their model of engagement at the Children's Healthcare Conference in 2020 and received positive feedback from attendees.



Youth CoRE facilitators, Hashir Imtiaz and Lev Shatil display the cart they take on visits with patients.

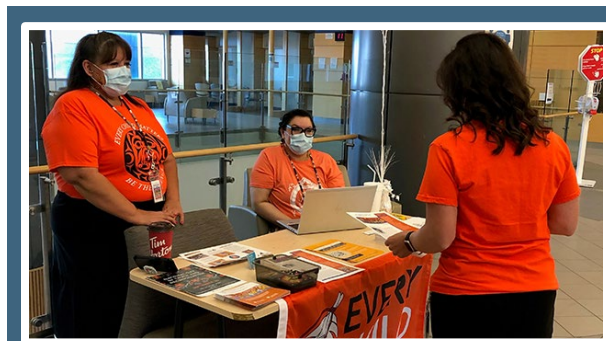
## Pediatric Family Resource Centre (PFRC)

Family Resource Facilitators are available seven days a week to support pediatric families throughout their hospital journey. The team offers peer support, access to information, and computer assistance in completing forms and connects families to community supports. Over the past year, the team has supported over 10,000 families through bedside orientation; welcomed over 5,000 families to the centre seeking assistance and supported over 2,500 social work requests for financial assistance and resources for pediatric families.

*The Family Resource Centre has not only become a destination for assistance but a beacon of hope... Always being greeted with a smile, friendly face, and the offer to help in any way. Without the facility, we would be lost. A genuine compassionate attitude from the outstanding staff is something I am truly grateful for. Many thanks!" Anonymous*

## Looking Beyond National Day for Truth and Reconciliation

On September 30, 2021, staff and physicians across LHSC recognized Canada's first National Day for Truth and Reconciliation. Members of LHSC's Indigenous Health Circle planned a number of activities to honour those who survived the atrocities of the Canadian residential school system and the children who never made it home. The Indigenous Health Circle offered educational booths with resources to learn more about the residential school system, the importance of truth and reconciliation, and the Indigenous Health Circle. It was an important day for all LHSC staff to reflect on the oppressive history of colonialism and to show solidarity with Indigenous Peoples. It was also an important day for us as health care providers to recommit to health equity.



Indigenous Health Circle members, Lisa Jackson (left) and Nicole Yawney (right), providing educational resources and information to staff and physicians at Victoria Hospital.

## Virtual Visits

In April 2020, the Patient Engagement team developed and implemented the Virtual Visit Program to connect patients and families virtually to minimize the impact of the pandemic visitor restrictions. This program uses technology to connect patients with their loved ones who are in the hospital via teleconferencing programs. Since January 2021, 391 patients and their families have been connected through the Virtual Visit program.

*"Thanks for making the call possible today. I will be with my Mom who is in a retirement home for this next call so she can talk to Dad."*

*"Thanks for your help. Means the world to us during this very difficult time."*

*"Thank you again for setting this up so our daughter knows we are cheering on her recovery!"*

## Patient and Family Engagement

LHSC's Patient Partner program includes patient and family partners and other informal caregivers who have had an experience (generally within the last 3 years) of being a patient or a caregiver of a patient at LHSC. There are currently 120 patient partners who engage in various initiatives to provide the patient/family member perspective. The goal is to work with healthcare team members and professionals to impact change and improve the quality of care. In 2021, LHSC received approximately 87 engagement requests from multiple departments within the organization.

*"As a Patient Partner, it allows me to use my voice along with the other members so that we are not just one voice but a collective of patient voices that want to assist our Health Care Centre to be the best in the Province and we do this with our voices. The voices are part of the ongoing quality improvement care and service that many customers of the system do not see but will experience. That is why I am here."*

# Provider Experience

The life of the healthcare worker has been enormously distressing and burnout among health care workers is at a record high. LHSC’s ‘Where Wellness Works’ team provides programs, supports, resources, and practical tools to advance wellness across our community. Our team believes that wellness is supported by six pillars: Physical, Mental/Emotional, Social, Spiritual/Mindfulness, Intellectual, and Occupational. The mission of our team is to integrate our C-A-R-E Framework in key areas including active living, wellness solutions and emotional support to strengthen the Coping, Accountability, Resilience, and Emotional well-being of our people, our teams, and our organization.

LHSC’s Wellness team continues to offer a variety of programs to support our staff and physicians, which include:

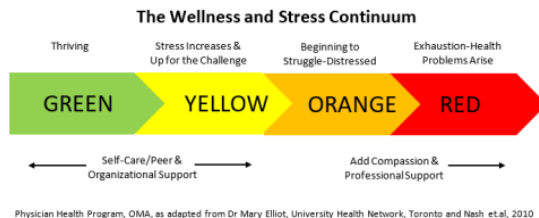
**Leading with C-A-R-E:** This program gives leaders information, tools, and resources so that they can continue to support and/or improve the level of support they provide to their staff as it relates to wellness.

**Wellness Champion Network:** A Wellness Champion is a catalyst for change and an essential resource in building and sustaining a culture of wellness, the efficiency of practice, and personal resilience. There are over 100 wellness champions embedded across the organization.

**C-A-R-E Cart:** LHSC’s C-A-R-E Cart provides in-the-moment support and is stocked with wellness ideas, an exercise to meet everyone’s needs, a healthy snack – and maybe even a dose of humour.

**Staff Support Program:** Staff Support is a branch of Where Wellness Works committed to supporting the emotional wellbeing and professional fulfillment of staff, leaders and physicians at LHSC. A key aspect of wellness at work is the provision of confidential and timely support to any employee who may be experiencing challenging personal or professional circumstances. Staff Support is available 24/7 to provide emotional support and practical assistance in-person or by telephone to any staff member, leader or physician. Using the C-A-R-E framework, staff support provides proactive and reactive interventions to both teams and individuals.

**Micro-Breaks:** This program offers a quick and easy way to reduce mental and physical stress, tension and anxiety without having to leave a work station. Where Wellness Works Trainers come directly to departments to lead staff through 5-8-minute Micro-Breaks.





## Executive Compensation

The Excellent Care for All Act (ECFAA) requires that the compensation of the President and CEO and executives reporting to the President and CEO be linked to the achievement of performance improvement targets laid out in the Quality Improvement Plan. The purpose of performance-based compensation related to the Excellent Care for All Act is to drive leadership alignment, accountability and transparency in the delivery of Quality Improvement Plan objectives. The Excellent Care for All Act mandates that hospital Quality Improvement Plans must include information about the manner and extent to which executive compensation is linked to the achievement of Quality Improvement Plan targets.

The proposed compensation plan for the Quality Improvement Plan is for 5% of the President and CEO's annual salary to be directly based on the organization's ability to meet or exceed the target as outlined for the one compensation-based indicator. For the remaining executive staff, 3% of their annual salary will be at risk.

Compensation, as it relates to the **Wellness of Our People – Self-Perception of Support** indicator will be awarded as follows:

- Less than 62.5% => No award (CEO 0%, Executive Staff 0%)
- 62.5% to 65% => Half award (CEO 2.5%, Executive Staff 1.5%)
- Greater than 65%= Full award (CEO 5%, Executive Staff 3%)

## Contact Information

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## 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:

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Ms. Phyllis Retty

Chair, Board of Directors

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Mr. Bruce Woods

Chair, Quality and Culture Committee

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Dr. Jackie Schleifer Taylor

President and CEO