

August 31, 2011

**MESSAGE FROM
KIM BAKER, CHIEF EXECUTIVE OFFICER, CENTRAL LHIN**

On behalf of Central LHIN, I am pleased to be share with you *Patients First: An Action Plan to Improve Quality in the Transitions of Care*.

In May 2011, we released *Patients First: Emerging Themes* Report, which was a compilation of findings from our March Quality Symposium.

Many of you will recall that nearly 300 individuals representing organizations from across the province and the continuum of care came together to engage and discuss an issue that is at the forefront of the health care delivery system today – improving quality at the transitions of care.

This Action Plan represents Central LHIN's response to recommendations and reflections from the Symposium. The plan aligns with the Central LHIN strategic plan and provincial quality directions, and supports the implementation of the *Excellent Care for All Act, 2010*.

There are three main strategies detailed in the Central LHIN Quality Action Plan:

- Strengthening Relationships to Support a Culture of Quality Improvement – Health Service Provider Quality Collaboratives
- Standardizing Hospital Discharge Processes
- Developing Indicators for Transitions of Care

Our Plan has been designed to support an integrated approach to quality improvement that can be replicated across LHINs to achieve system level improvements and quality outcomes.

I encourage you to review the plan and look forward to working with you and your organizations as we move forward with implementing these important initiatives over the next year.

Yours truly,



Kim Baker
Chief Executive Officer
Central LHIN

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CENTRAL LHIN

PATIENTS FIRST

AN ACTION PLAN TO IMPROVE QUALITY IN THE TRANSITIONS OF CARE

CONTEXT:

On June 8, 2010, the *Excellent Care for All Act, 2010* received Royal Assent. This legislation puts patients first by improving the quality and value of the patient experience through the application of evidence-based health care.

Since the introduction of *ECFAA*, Central LHIN has taken a leadership role in advancing numerous strategic quality initiatives in support of the implementation of the Act and the provincial quality agenda. Key activities have included:

- Developing a vision for how LHINs can advance quality improvement (including working with our 46 long-term care homes through Health Quality Ontario's *Residents First* project) and leading work with other LHINs to define a strategic role for LHINs to support *ECFAA* implementation
- Engaging health service providers to advance local health system quality improvement, alignment and capacity development
- Facilitating ongoing quality improvement knowledge transfer across the local health system through a full-day Quality Symposium

The Central LHIN quality symposium, *Patients First: Creating Quality in the Transitions of Care*, held in March 2011 brought together nearly 300 individuals representing organizations from across the province and the continuum of care. The symposium highlighted the importance of care transitions in achieving high quality care and identified key elements of quality improvement across care settings.

In May 2011, Central LHIN released *Emerging Themes* – a report of findings from the symposium, which included reflections on key themes for improving care transitions. These themes can be seen to offer a “blueprint” to begin improving the quality of care transitions for Ontario patients.

This Action Plan represents Central LHIN’s response to the *Emerging Themes* report on improving quality in the transitions of care and aligns with the Central LHIN strategic plan and provincial quality directions.

The three components of this Action Plan have been designed to support an integrated approach to quality improvement that can be replicated across LHINs to achieve system level improvements and quality outcomes.

BACKGROUND:

The Provincial Context – A Role for LHINs in Leading Quality Improvement

In December 2010, Central LHIN led the development of a consensus paper on behalf of LHIN CEOs that proposed a high level framework for LHIN collaboration and leadership to support the implementation of *ECFAA* and provincial quality initiatives. The paper was presented to the Ministry and the Ontario Health Quality Council/Health Quality Ontario leadership for discussion.

In keeping with LHIN's experience in advancing community engagement, system integration and capacity building initiatives, the development of local quality improvement capacity was identified as particularly key for LHIN involvement. This was a role supported conceptually by the Ministry at the time.

It was envisioned that this role could include championing provincially established quality improvement collaboratives across LHINs and enhancing readiness for implementation of *ECFAA* in other sectors.

As LHINs, a key focus – and value-add – is to help facilitate an effective and timely transition to a system-wide and locally integrated quality focus for all health service providers by engaging leadership and building capacity in a collaborative fashion.

LHINs also recommended a focus on care delivery transitions as a critical strategy and one that could also be used in future years to bring other sectors into compliance with *ECFAA* through collaboration and community engagement.

Central LHIN Health Service Provider Engagement and Capacity Development

From December 2010 to April 2011, Central LHIN undertook a current state analysis of health service provider quality improvement initiatives through focused engagement with hospitals, Community Support Services, the Community Care Access Centre, Long-Term Care Homes, Mental Health and Addictions Agencies and Community Health Centres.

The general observations derived from these engagements indicated that the CCAC and Central LHIN hospitals had well developed quality improvement strategies. Hospitals, in particular, were well positioned to comply with *ECFAA* requirements, including the development and submission of 2011/12 Quality Improvement Plans (QIPs) to Health Quality Ontario.

The analysis found that Long-Term Care Homes, through their participation in the provincial *Residents First* quality initiative, have advanced their quality improvement capacity. The remaining sectors were at various stages of development and could benefit from additional education and capacity building regarding quality improvement best practices, *ECFAA* implementation preparedness etc.

On April 29, 2011, Central LHIN staff met with senior representatives of the LHIN's seven public hospitals to discuss local system wide trends in quality improvement and determine opportunities

for working together to develop and align quality planning and implementation activities. Central LHIN reviewed each hospital's submitted QIP as part of this process.

Through the discussion, consensus emerged among the hospitals around the key LHIN role of facilitating capacity development and collaboration to advance quality improvement. A number of priority areas of focus were identified by the hospitals that could inform or assist with the development of cross-sector quality collaboration opportunities.

One of these key priority areas related to improving discharge planning. Hospitals identified the benefits of developing a more integrated approach to discharge planning and consistent post discharge follow-up, in particular, involving community support services and primary care providers. Achieving greater standardization across Central LHIN hospitals with respect to discharge planning process was identified as key to supporting improvement. Examples of good practice included post-discharge phone calls and creating post-discharge checklists.

Another priority area involved improving the patient experience and patient engagement. Enhancing patient education through engagement opportunities was noted as a useful technique to help improve satisfaction and the overall patient experience, including system navigation following discharge from hospital.

Central LHIN Quality Symposium – Key Themes

The themes derived from the Quality Symposium for improving care transitions identified where the predominant challenges and opportunities exist and were reinforced by feedback provided through previous health service provider engagements, including the QIP session. They were also supported by the academic literature - see in particular Dr. Ross Baker, who has written extensively on transitions of care.

Three specific themes for improving care transitions emerged from the Symposium presentations and workshop sessions. These themes arose through consensus from participants on where specific changes would be necessary to improve quality in care transitions, including:

- *Improved communication*
 - Between care settings
 - Between providers and patients/families
 - With primary care providers
 - That is culturally sensitive

- *Improved and standardized discharge processes*
 - Earlier and more integrated discharge planning
 - A consistent approach across sectors
 - A team-based approach

- *Effective methods to share patient information*
 - The importance of effectively using technology
 - Patient access to records

- Use of Electronic Medical Records (EMRs)

A number of secondary themes also emerged, including:

- *Improved public and provider education*
 - More engagement with the public to help people better understand how to navigate the system
 - Education of front-line providers on care pathways, service options, etc.
- *Shifting Organizational Cultures*
 - Focus on innovation and creativity to encourage cross-organizational collaboration

Central LHIN Quality Action Plan Strategies:

The following three areas of focus were consistently identified by stakeholders as those which require focused effort, and as such, represent initiatives to begin to address quality in the transitions of care.

The areas of focus align with Health Quality Ontario initiatives, such as Hospital QIPs, the Ontario Avoidable Hospitalizations Strategy etc., and begin to set out a provincial role for LHINs in advancing quality with a specific focus on provider/consumer engagement and capacity development.

1. Strengthen Relationships to Support a Culture of Quality Improvement -Health Service Provider Community Engagement Sessions (Quality Collaboratives)

Achieving effective communications across care settings was identified as a challenge affecting care transitions and system performance on these indicators specifically, due in large measure to a lack of existing networks, different organizational cultures and a lack of common understanding and/or adoption of care pathways.

To strengthen communications as well as the relationships between providers in different sectors, cross sector engagement opportunities will be identified with the objective of developing mechanisms for better cross-sector and cross-agency communications as well as principles for communicating with, and engaging, patients and their families.

Patient and consumer engagement is a key vehicle by which the quality of the patient experience can be improved. Qualitative research opportunities through, for example, patient surveys may also be explored to inform this initiative. Engagement brings visibility to the importance of partnership building and offers a venue for different sectors to work together, exchange knowledge and information, and fundamentally cross-pollinate in a meaningful way around quality improvement.

The first of these quality collaborative sessions will focus on hospital Emergency Departments (ED). Reducing ED wait times and Alternate Level of Care remains a key priority of the government, LHINs and health service providers.

2. Standardize Hospital Discharge Processes – A Multi Sector Approach

The need for better coordinated and managed discharges (e.g. post-hospital care) remains a critical issue for both patients and health service providers. Some of the main concerns identified through the Symposium included the need for a more integrated approach to discharge planning and consistent post-discharge follow-up.

There was consensus that agreed upon standardized discharge processes across care settings would improve the quality of transitions by ensuring timelines are met, information transfer is managed effectively and patients receive the necessary information and post-discharge follow-up. In order to pursue opportunities in this area, post-discharge initiatives (e.g. process improvement) will be explored. Participants could include Central LHIN hospitals, the CCAC and representatives of other sectors.

A review of current planning processes, recommendations for improvement and the development of a set of inter-organizational processes for adoption that address transitions across different care settings, including primary care, would be included in this work.

While a cross-sector team approach to discharge planning will need to be a key feature of this component, a phased implementation would be undertaken, beginning first with a hospital discharge planning collaborative.

It will be important for this initiative to also recommend an approach by which these processes and health service provider's application of them can be measured on a regular and ongoing basis.

This exercise should be informed by current best practice in this area, including discharge planning initiatives that may be underway at in other hospitals (e.g. Soldiers Memorial Hospital, University Health Network, St. Michaels Hospital, etc.). An environmental scan of these initiatives would be conducted to inform planning.

3. Develop Indicators for Transitions of Care – A Multi Sector Workshop

Following the development of the inter-organizational discharge processes, Central LHIN would lead the development of care transitions indicators through a multi-sector interactive workshop.

Central LHIN would work with the Ministry and Health Quality Ontario as part of this initiative and the goal would be to see the proposed transition indicators align with QIPs and health service provider accountability agreements within LHINs.

This initiative would also assist in efforts to bring other sectors into compliance with *ECFAA*, strengthen the patient continuum of care and facilitate an integrated approach to improving quality at a system level, by supporting pan-LHIN quality and patient safety outcome improvement opportunities (e.g. medication management, falls prevention, infection control).

The preceding Action Plan areas of focus are enabling and supportive of these initiatives, as are ongoing engagement/collaboration activities, and the adoption of other provincial quality improvement initiatives as they come on stream (e.g. avoidable hospitalizations).

NEXT STEPS:

This Action Plan represents Central LHIN's response to the quality symposium *Emerging Themes Report*, which offers a "blueprint" to begin improving the quality of care transitions for Ontario patients.

An integrated work plan will be developed to support the implementation of the three core areas of focus, which will include the identification of initiatives that may be contemplated for pan-LHIN implementation (e.g. transition indicators).