

Excellent Care  
For All.



2018/19

# Quality Improvement Plan for Casey House

*Approved by the Casey House Board of Directors:*



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## OVERVIEW

Casey House initially opened as a hospice in 1988. Since that time, in response to advancements in the care of people living with HIV, its role has transformed and Casey House now provides inpatient, outpatient and community-based health care for people with medical complexities who live with HIV. Our approach to care is grounded in a holistic approach, is supported by a broad range of collaborative partnerships, and includes support to address the broader social determinants of health.

In 2017, Casey House will moved from its original location to a newly constructed 58,000 SF purpose-built facility that include renovations to a historic building. As part of the transition to a new facility, Casey House has developed a new model of care for community clients with the introduction of an outpatient ambulatory clinic. The Day Health Program has expanded the services currently available and has dramatically increased (quadrupled) the capacity to serve more clients in an efficient model.

The Quality Improvement Plan (QIP) for 2018/19 has been informed by consultation with staff, physicians, administration, Board of Directors, community partners and most importantly consultation and feedback from people living with HIV to ensure the foundation of our work is grounded by people with lived experience.

Casey House's vision is: *Through compassion and social justice, we are at the forefront of empowering the lives of every client.* Our commitment to continuous quality improvement is critical in achieving this vision.

The QIP is in alignment with our strategic plan, which includes:

- Partnering with Clients to provide safe, evidence informed high quality care and an exceptional experience
- Consult with stakeholders of priority populations to increase our knowledge and capacity to welcome new communities into care
- Define the role of peer programing and identify a peer model and strategy
- Develop an effective and fulsome harm reduction philosophy
- Enhance measurement and evaluation of client experience
- Build a robust program that identifies and reduces barriers to access and engage health services / that reduces barriers for clients accessing health services

## **QI ACHIEVEMENTS FROM THE PAST YEAR**

Casey House (CH) relocated to a much bigger, more visible physical site on Jarvis Street. This new building paves the way for a new model that will dramatically enhance care, supports for current inpatient and community clients, and bring additional capacity to serve new outpatient clients.

Given the significant transformation, we are pleased to report that the strength and excellence of our client care has not been impacted by the relocation as illustrated by our client rating of care and experience; performing consistently above 9 on a scale of 1-10. In addition, the majority of targets were met across the QIP which speaks to the tremendous focus and attention on quality of care.

## **CLIENT ENGAGEMENT AND RELATIONS**

Casey House uses a variety of forums to solicit client feedback and input into quality initiatives throughout the year. Interviews are conducted with clients on each admission and discharge to solicit input into initiatives that could improve the client experience, coupled with weekly 'roundtable' discussions for inpatients focused on timely responses to emerging client-identified issues. Over the course of this year the roundtables/focus groups have covered topics such as programming for the new Day Health Program, discharge planning, harm reduction, organizational values, peer support programming and integrated care.

## **COLLABORATION AND INTEGRATION INTEGRATION AND CONTINUITY OF CARE**

Casey House's QIP is aligned with its strategic goals of expanding the continuum of complex HIV care, enhancing support for clients at the care transitions, and enhancing relationships and partnerships. Casey House has incorporated the MOHLTC and Toronto Central LHIN priorities that demonstrate Casey House's commitment to work closely with our system partners and improve quality, both within and beyond the hospital's walls. Examples include a strong partnership with Aids Committee of Toronto in partnership on a community based project to measure and evaluate the impact of peer support program that meets the needs of people who use substances and who have initiated or restarted anti-retroviral therapy while an inpatient at Casey House. Casey House collaborates with Fife House, LOFT Community Service, Black CAP, 2 Spirited People of the First Nations to enhance care at all points along the continuum and especially during point of intake and discharge.

## **ENGAGEMENT OF CLINICIANS, LEADERSHIP and STAFF**

Clinical and administrative staff have provided input at various stages of the development of this Quality Improvement Plan. The leadership team, the Quality Committee of the Board, and full Board of Directors have been consulted and provided input into the indicators and the targets.

## POPULATION HEALTH & EQUITY CONSIDERATIONS

As a sub-acute hospital we are focused on clients who experience barriers to health care in traditional settings, our clients represent the community in which we reside with some of the highest levels of poverty, homelessness, mental health and HIV in the LHIN. The profile of our clients is as follows: 18 years of age and above, HIV+, 30% are homeless and another 30% are not sustainably housed, 75% have a combination of drug use and mental illness and have 5 or more co-morbidities. We work in very close partnership with primary care within our region, St. Michael's Hospital, and community partners to coordinate health care. The vast majority of clients are introduced to us through a referral system and we work to triage the most urgent need.

## EQUITY

Our care delivery is based firmly in our values that speak directly to equity:

### Unequivocal Compassion

Compassion has, and always will, find a home at Casey House. Our compassion comes from genuine empathy and respect for our clients' emotional and physical challenges.

### Informed, Client-Driven Care

Our clients drive decisions regarding their own care. Those decisions must be based on the best, most current information, and on options that we mutually explore. We respect our clients' priorities and right to determine what quality of life means to them.

### Deliberate Inclusivity

We take deliberate steps to provide services that are accessible and welcoming to people living with HIV, respecting their other identities, choices, circumstances or experiences. The experience and engagement of people living with HIV, and the communities primarily affected by HIV, are integral to our success as an inclusive, equity-minded organization.

### Creative, Mindful Collaboration

We value the contributions and wisdom of our colleagues. We work as an integrated team, communicating openly to provide seamless care. We collaborate mindfully so that together as partners, we can build creative solutions to address our clients' complex needs.

### Courageous Advocacy

We act courageously for clients who need an advocate. As an organization, we also leverage our reputation and our strengths to improve the well-being of all people living with or at risk of HIV.

## Responsive Innovation

We will not accept complacency in our efforts to continuously improve. We respond and evolve boldly, using evidence and ingenuity, to achieve excellence in HIV care.

We provide training and education sessions that are focused on increasing the knowledge of clinicians, community staff and volunteers to improve care for vulnerable populations, i.e.: aboriginal cultural competency and transgender education.

## **ACCESS TO RIGHT LEVEL OF CARE – ADDRESSING ALC ISSUES**

Casey House is engaged in education and training of community providers regarding our hospital status. Although we offer a sub-acute level of care we are not a long term placement and must work with providers to facilitate home care, supportive housing and community support networks. Casey House has provided respite admissions to stabilize clients and allow for community supports and networks to be built. We have also worked with hospitals to offer short term general admissions to bridge care between the hospital and alternate care environment. We actively advocate in care setting to ensure clients receive a level of care appropriate to their needs and work to build networks of support.

## **OPIOID PRESCRIBING FOR THE TREATMENT OF PAIN AND OPIOID USE DISORDER**

With the addition of the outpatient clinic and increase in the complexity of clients who are managing pain and substance use; CH will embark upon the creation of a collaboration or partnership with addiction assessment and treatment providers within the health care community. The goal is to contract that resource(s) to consult at CH to help share knowledge and educate the clinical team while supporting clients. The two QIP targets will aim at the identification of clients with a potential dependency or addiction and a following assessment that is integrated within their treatment plan. Our experience shows that not all clients are at the stage of readiness to receive treatment even if their assessment would indicate a need.

## **WORKPLACE VIOLENCE PREVENTION**

Casey House has a long history of very low incidences of violence in the workplace. We undertake yearly initiatives in training for all staff in the Cause Prevention Institute model in which we use actual clinical experiences to problem solve. We track all verbal and physical incidents between clients, staff and clients with staff. Each incident is reviewed with management and reported to our Quality Committee of the Board four times per year.

Given the expansion of services and likelihood of an increase in workplace violence, the management team in conjunction with the Quality Committee will increase monitoring and design possible new interventions for prevention. We have recently incorporated safety briefings in all staff meetings, built in alerts to the EHR system and a system to debrief following an incident.



In February of this year, we held a focus group with clients to understand how to communicate, set expectations and prevent violence from occurring within the hospital. Clients provided the following recommendations, which can be incorporated into our workplace violence prevention strategy.

- Use additional signage to emphasize client expectations and the Patient Declaration of Values.
- Provide support and reminders for the role of staff in navigating potential conflict with other clients and/or staff, including client education/training for conflict management.
- Develop a communication protocol for clients who witness a violent incident to communicate the incident has been resolved and the space is safe.

## PERFORMANCE BASED COMPENSATION

For all executives at Casey House (CEO, CNE, CFO), the following chart summarizes the calculation of the performance-based compensation that is linked to outcomes of the Quality Improvement Plan:

Indicator	Below Floor Score = 0 points	Floor level or maintenance of quality Score = 1 point	Desired 2017/18 Target Score = 2 points	Exceed Target Score = 3 points
<b>SAFETY:</b> Number of times that hand hygiene was performed before initial patient contact	< 80%	80 - 84%	85 - 90%	> 90%
<b>SAFETY:</b> Medication reconciliation at admission	< 90%	90 - 92%	93 - 95%	> 95%
<b>SAFETY:</b> Medication reconciliation at discharge	< 90%	90 - 92%	93 - 95%	> 95%
<b>SAFETY:</b> Number of clients newly diagnosed with CDI per 1000 patient days	> 0.42 (> 2 cases)	0.42 (2 cases)	0.21 (1 case)	0
<b>EFFECTIVENESS:</b> Clients with a positive score of 2 or more from the CAGE and CAGE AID have a goal associated with substance use reflected in their care plan	< 80%	80 - 85%	86 - 90%	>90%
<b>EFFICIENT:</b> Discharge summary is provided to a client's GP within 48 hours of a scheduled discharge	< 80%	80 - 84%	85 - 90%	>90%

Total possible score = 18. A total of 12 or above would provide for full performance pay entitlement. A score under 12 would provide for a proportionate reduction of one-sixth of the performance compensation for every point below 12. A total score under 6 would result in zero performance compensation.

Per the *Excellent Care for All Act, 2010*, the "at risk" performance compensation envelope is the "aggregate bonuses payable to executives" on March 31, 2010, or \$13,230.

### CONTACT INFORMATION

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# Accountability Sign-off

I have reviewed and approved our organization's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*.



Leighton McDonald  
*Board Chair*



Mark Lachmann  
*Quality Committee Chair*



Joanne Simons  
*Chief Executive Officer*





## Quality Improvement Plan 2018/19: Improvement Targets and Initiatives

Casey House - 119 Isabella Street, Toronto ON

AIM		MEASURE					CHANGE			
Issue	Objective	Measure/Indicator	Current Performance Q3	2018/19 Target	Target justification	Priority level	Planned improvement initiatives (Change Ideas)	Methods and process measures	Targets for Process Measure (2017/18)	Comments
Safety	Improve hand hygiene	Hand Hygiene Compliance Before Inclient Contact: Number of times that hand hygiene was performed before initial client contact.	88%	85%	Accreditation Canada <i>Required Organizational Practice</i>	Maintain	Continue staff education initiatives	Quarterly "blitz" monitoring by JOH&S Committee	Maintain compliance level	Inpatient
	Reduce hospital acquired infection rates	Clostridium Difficile Infection (CDI): Number of clients newly diagnosed with Clostridium Difficile Infection (CDI) per 1000 client days.	0	0	Ontario average is 0.25/1000 patient days	Improve	Continue staff education initiatives	Monthly auditing	Maintain compliance level	Inpatient
	Reduce adverse medication interactions	Medication reconciliation at admission	100%	100%	Accreditation Canada <i>Required Organizational Practice</i>	Maintain	Enabled by EHR	Bi-monthly auditing		Inpatient
	Reduce adverse medication interactions	Medication reconciliation at discharge	93%	95%	Accreditation Canada <i>Required Organizational Practice</i> (exclude those who leave against medical advice)	Improve	Manually completed currently. Will be enabled by EHR in the future	Bi-monthly auditing		Inpatient
	<b>NEW:</b> Reduce medication errors	Integrate BCare and pharmacy system (Kroll) to eliminate transcription errors	1	0	CH-specific indicator: Achieve all milestones in 2018/19 project plan. Track errors by incident	Complete	Currently all orders are received by pharmacy and transcribed manually into Kroll. Build interface to automate	Bi-monthly auditing		Inpatient
	<b>NEW:</b> Workplace violence	Incidents of physical workplace violence involving employees	7	n/a	Incident count	Developmental Indicator		Quarterly		All Programs. This current figure includes physical and verbal
	<b>NEW:</b> Workplace violence	Incidents of workplace violence involving client to client	1	n/a	Incident count	Developmental Indicator		Quarterly		All Programs. This current figure includes physical and verbal



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Effective	<b>NEW:</b> Enhance comprehensiveness of care	Substance Use: Clients with a positive score of 2 or more from the screening tool have a goal associated with substance use reflected in their care plan	n/a	85%	CH-specific indicator	Improve	Continued use of CAGE and CAGE AID screening tool. Expanding to DHP	Bi-monthly reporting		All Programs
	<b>NEW:</b> Pain and opioid management	Develop partnerships to enable internal addiction assessment and integrate into treatment plan	n/a	100%	CH-specific indicator: All clients who have a self-identified or screening identified substance use concern have access	Improve	Develop partnership with addiction assessment and treatment providers	Bi-annual reporting		All Programs
Timely	Reducing wait time for care/response time	Response time: Percent of clients contacted within 48 hours of receipt of referral/inquiry	90%	90%	Modified HSS indicator	Maintain	EHR will enhance tracking	Bi-monthly auditing		All Programs
	<b>NEW:</b> Complaint response time	Response time: Percent of complaints acknowledged within three to five business days	n/a	100%		Improve	All complaints to be reported to CEO, MD and CNE. Policy and procedure is in place	Quarterly reporting		All Programs
Client-centred	Improve client satisfaction	Positive Client Experience: "What number from 1 to 10 would you give the overall care you received from Casey House?"	95%	> 90%	Standard hospital indicator - NRC	Maintain		Quarterly reporting		Inpatient
	Improve client satisfaction	Positive Clients Experience: "What number from 1 to 10 would you give the overall care you received from Casey House in the last 12 months?"	93%	> 90%	Standard HSS indicator	Maintain		Quarterly reporting		Day Health Program
Efficient	<b>NEW:</b> Improve continuity of care at transitions	Discharge summary is provided to clients GP within 48 hours of a scheduled discharge	n/a	100%	CH-specific indicator	Improve		Bi-annual reporting		All Programs



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Equitable	<b>NEW:</b> Employee Engagement Scores	Positive Employee Engagement: Implement action items from recent engagement survey to improve rating	63%	70%	Comparators: Small Hospitals - NRC	Improve	Employee engagement action plan	Annual reporting		