

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
20 April 2015 / 20 avril 2015**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2015-OPH-IQS-0005

SUBJECT: QUALITY IMPROVEMENT PLAN UPDATE

OBJET: MISE À JOUR DU PLAN D'AMÉLIORATION DE LA QUALITÉ

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Health Unit receive this report for information.

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne connaissance du présent rapport à titre d'information.

BACKGROUND

The purpose of this report is to inform the Board of Health on the progress of Ottawa Public Health's (OPH) Quality Improvement Plan.

In 2011, the Ministry of Health and Long-Term Care introduced the Public Health Performance Management Framework to promote quality improvement in Ontario. In March 2014, the Board approved OPH's Quality Improvement Plan as one of the many ways OPH demonstrates how we are moving forward to support continuous quality improvement and evidence-informed public health practice. (ACS2014-OPH-IQS-0002)

Continuous quality improvement in public health is the use of a deliberate and defined improvement process, which is focused on activities that respond to community needs and improve population health: an effort to achieve measurable improvements in efficiency, effectiveness, performance, accountability and quality outcomes in services and processes.¹ The OPH Quality Improvement Plan was specifically designed to improve patient/client safety and continue to drive quality and the client experience to the highest possible level. In 2014, Accreditation Canada, a recognized and respected national leader, conducted a *Primer* evaluation of quality initiatives including: keeping clients safe, supporting wellness in the workplace, preventing infections, and managing medications and medical equipment.

OPH Quality Improvement Plan

The strategic plan includes five principles which are the foundation of OPH's work. Dedicated to excellence is one of these principles, which is defined as a dynamic culture of continuous improvement and innovative services as well as providing opportunities for staff to learn, grow, and work to their full potential.

OPH has established a commitment to quality and continuous improvement and evidence-informed practice as reflected in the OPHOS, Ontario Public Health Standards and Public Health Funding and Accountability Agreement (PHFAA) (2014-2016). All strategic initiatives and operations across OPH are viewed through a foundation of quality and safety. The Quality Improvement Plan (2014-2016) affects and relates to the work of all employees at OPH and is guided by ten dimensions of quality:

1. **Safety** – keeping clients / community safe

¹ Riley, W., Moran, J., Corso, L., Beitsch, L., Bialek, R. & Cofsky, A. (2010). Defining quality improvement in public health. *Journal of Public Health Management and Practice*, 16 (1): 5-7.

2. **Effectiveness** – doing the right thing to achieve the best possible result
3. **Efficiency** – optimizing the use of resources and ensure financial and operational sustainability
4. **Accountability** – meeting Ministry of Health and Long-Term Care and Ministry of Children and Youth Services reporting requirements and be financially responsible
5. **Responsiveness** – taking prompt and appropriate steps to remediate unplanned events
6. **Population approach** – matching the right level of resources to meet the needs of communities
7. **Client-centered services** – enhancing client satisfaction and experience
8. **Work Life** – promoting wellness in the workplace
9. **Continuity of services** – offering coordinated, uninterrupted services with community support
10. **Equity** – offering timely, culturally-acceptable, accessible and equitable services

The Quality Improvement Plan also includes continued participation in the Accreditation Canada process to: a) enhance client safety (including infection prevention and control, management of medications), b) further guide OPH in identifying opportunities to improve quality, reduce risk, and strengthen accountability into programs, policies and practices, c) assist in meeting the Ontario Public Health Organizational Standards, and d) improve public trust and visibility of OPH in the community.

DISCUSSION

Established in the spring of 2014, the OPH Quality and Safety Council reviews, monitors quality of service indicators, including client complaints, comments, adverse events, client satisfaction and privacy breaches (Document 1) and recommends the development and implementation of strategies to achieve and enhance quality of services and client safety.

2014 Achievements and 2015 Highlights

The following is a summary of Quality Improvement Plan successes, opportunities and challenges in 2014 and highlights for 2015.

1. SAFETY - Client safety enhancements

Several client safety enhancements have been implemented in the area of medication management, infection prevention and control, information technology and client satisfaction. Successes include:

- Revitalization of an outbreak community coordinating committee² to further develop practices and processes to improve patient flow and respond to outbreak situations
- Development of clear policies and procedures for efficient and effective ordering, storing and dispensing of medications and vaccines, and a comprehensive program to report, analyze and disclose adverse drug events
- Introduction of an integrated quality and performance management system with a framework encompassing quality improvement, utilization, risk and client safety, including an ethical decision making framework
- Implementation of additional policies including: reduction in the use of abbreviations in medical documents, medication supply chain management, privacy and confidentiality breach, medical equipment preventive maintenance.

In 2015, policies for the reprocessing of medical devices will be introduced to support the infection prevention and control program, and the client consent policies will be revised to enhance consistency within the organization.

2. CLIENT-CENTERED SERVICES - Client satisfaction

Each year OPH evaluates the level of client satisfaction for various programs. Results of these evaluations are analysed with an aim to improve clients' experience with OPH products and services and to inform department-wide performance improvement initiatives.

² The outbreak community coordinating committee members include The Ottawa Hospital, The Queensway Carleton Hospital, Children's Hospital of Eastern Ontario, Montfort Hospital, Royal Ottawa Health Care Group, Public Health Ontario - Champlain Regional Infection Control Network, Bruyère Continuing Care, Champlain Community Care Access Centre

In regard to quality of services, OPH has an average satisfaction score of 97%. In order to identify areas of improvement, a complaints management policy and procedure has been established. In addition, residents are now clearly informed of their rights and responsibilities. Complaints are reviewed and appropriate corrective and/or preventive actions are undertaken and communicated to the client.

ACCOUNTABILITY

OPH has been identifying risk, implementing mitigation strategies and monitoring risk status using tools provided by the City of Ottawa. Every year, OPH contributes to the City of Ottawa Corporate Risk Profile. Through this process OPH identifies new and emerging risks and trends, and makes informed decisions about risk. OPH also monitors a series of measures through its Dashboard and the Balanced Scorecard, and identifies remediation activities to ensure risks of not reaching targets are minimized. The Ministry of Health and Long-Term Care has announced their intention to roll out a new public health risk monitoring tool in 2015.

Accountability is at the forefront of the Quality Improvement Plan to ensure that OPH is in compliance with provincial requirements. In 2015, OPH is developing a system to allow for identification of areas where OPH may not be meeting the expectations of *Health Protection and Promotion Act (HPPA)*, Ontario Public Health Standards (OPHS) and associated protocols that are not explicitly referenced in Accountability Agreement Indicators.

3. WORK LIFE – Employee Engagement

OPH staff participated in the City of Ottawa Employee Engagement Survey in 2013. An action plan with strategies and initiatives to address lower score areas was developed.

Over 2013-2014, progress was made on the action plan initiatives, which included providing staff with equipment/tools to improve client interactions, communicating special assignments and promotions in a transparent, fair and inclusive manner, and creating an Internal Communications Framework to ensure staff are provided with timely information on organizational changes, staff changes and plans for the organization.

In April 2015, OPH staff will be invited to participate in new corporate Employee Engagement survey. Changes with respect to the previous survey will be assessed and priorities established in a renewed Employee Engagement Action Plan.

Results of the Accreditation Primer Survey

Accreditation Canada surveyors visited OPH from June 16 – 18, 2014 to evaluate OPH's standards for quality and safety against Accreditation Canada's Primer Standards. OPH's overall score was 93 per cent and has achieved accreditation status. The Accreditation Primer Report is available upon request through the Board's Secretariat.

Notable highlights include the pride staff expressed for being associated with OPH, the confidence and respect conveyed by external community partners, emergency preparedness, outbreak management, efforts to reduce barriers for residents to access services and, similarly, application of a health equity lens to program planning. The Accreditation Canada surveyors also identified five recommendations for improvement related to information and electronic documentation management, medication management, infection prevention, and the handling and storage of equipment and medical devices.

Following successful accreditation, OPH shared the experience with other health units. OPH authored a solicited article, *Creating a sustainable culture of quality improvement through the Primer*, for the [Fall 2014 issue of Accreditation Canada's Qmentum Quarterly publication](#) with the aim of knowledge exchange and providing insight into the accreditation experience. The article provides an overview of the OPH quality journey, including the methodology used in implementing a robust, consistent and organization-wide quality improvement system.

Next Steps

The revised Quality Improvement Plan (Document 2) reflects the Accreditation Canada survey outcomes, client safety standards, and the new Public Health Funding and Accountability Agreement. The plan also reflects OPH's new principles of dedication to excellence, equitable opportunities for health, evidence-informed decision making, broadly inclusive and transparency, and accountability as outlined in the strategic plan.

In preparation for the 2016 accreditation survey, OPH is integrating quality improvement initiatives to take action on client safety processes and practices identified as needing improvement.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

Public consultation was not required in the writing of this report.

LEGAL IMPLICATIONS

There are no legal impediments to receiving the information in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this information report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility implications to receiving this report.

TERM OF COUNCIL PRIORITIES

This report supports the term of Council strategic priority of Healthy and Caring Communities.

SUPPORTING DOCUMENTATION

Document 1 - Performance on Client Safety & Quality of Service Indicators

Document 2 – Updated Quality Improvement Plan

DISPOSITION

This report is provided for information.