

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative (2023-2024)



Overview

Runnymede Healthcare Centre (Runnymede) is pleased to share its 11th annual Quality Improvement Plan (QIP). This narrative briefly introduces our hospital and describes our key priority areas for improvement.

Runnymede is a dynamic and growing 206-bed rehabilitation and complex continuing care hospital dedicated to serving the community in the west end of Toronto. To meet the diverse needs of our patients in the community, Runnymede has been transformational while striving to reach higher milestones. Runnymede's bold and innovative approach is key to providing an exceptional experience to our patients, their families and the broader healthcare system.

Here at Runnymede, patients are placed at the centre of their care, and their voice is crucial in driving the service delivery design. As we continue to grow and expand our services to fit the community's needs, Runnymede is committed to providing the highest level of care possible for our patients and their families. Focused, collaborative and meticulous efforts amongst all stakeholders guide the improvements to ensure continued high-quality care.

Runnymede fosters an organization-wide commitment to excellence through our strategic direction of 'Quality, Safety and Accountability' in our Strategic Plan 2020-24. The four priority areas for improvement identified in Runnymede's Quality Improvement Plan (2023-24) describe some of the hospital's key priorities for safety and quality improvement supporting patient experience. All our below indicators have been selected based on the results from the Runnymede Patient Experience Surveys.

For 2023-24, Runnymede has identified the following four priority areas for improvement directed by patient experience:

- Active patient involvement in decisions about their care
- Receiving enough information from the care team before leaving the hospital
- Improved pain management
- Improved staff response time to patient call button requests.

Runnymede's greatest QI achievements from the past year (2022)

Our achievements from the past year emphasize Runnymede's commitment to quality improvement and our drive for excellence in the provision of safe, high-quality care. Runnymede has had numerous quality improvement achievements that the organization is proud of and a few examples are included in the following domains: Patient Safety, Patient and Family Centred Care and Community Involvement below.

Patient Safety

- Introducing The Accountability Decision Tree To Promote A Just Culture: By introducing the Accountability Decision Tree in its Safety incident management policy, Runnymede has re-invigorated its commitment to a Just Culture regarding incident reporting. A Just Culture promotes an open, honest incident-reporting environment to create a learning culture. It focuses mainly on systemic improvements as 95-99% of incidents reported in healthcare are caused by issues within the system, not the individual; however, it does not shy away from establishing personal accountability.
- Developing An Incident Management Tool Kit For Patient Safety Incidents: Runnymede created a standardized set of guiding documents and templates to analyze a patient safety incident. A typical review can include a chronology of events, a root cause analysis, an environmental scan, human factors - staff and/or patient, and an equipment review. Action plans are developed with recommendations after reviewing them with relevant stakeholders. Recommendations of near misses (a safety incident that did not reach the person) to mild harm (physical or emotional symptoms are mild, loss of function or harm is minimal or intermediate, but short term and no or minimal intervention is required) are tracked by the relevant manager. In contrast, moderate harm (physical or emotional symptoms require intervention, an increased length of stay, or cause permanent or long-term harm or loss of function) and above are tracked and reviewed in collaboration with the Quality, Risk, and Privacy Department.

Patient and Family Centered Care

Runnymede continues to plan and implement initiatives that allow for the active engagement of patients and families. By integrating patient and family voices in our initiatives, Runnymede has improved the delivery of our care, services and overall experience. This is a clear testimony to our commitment to patient and family-centred care. Examples of engagement of patients and families initiatives include:

- Integrating International Resident Assessment Instrument (Interrai) Clinical Assessment Protocols (Caps) To Structure Patient And Family Care Conferences (PCCs): PCCs are an important element of patient care planning and, when done in a structured, proactive manner, lead to more consistent outcomes. The interRAI CAPs is a tool used to collect clinical data upon patient admission in complex continuing care to generate plans that inform the care they receive. Through design thinking, creative brainstorming and rigorous testing, PCCs have now become integral to the Medically Complex program at Runnymede. The interprofessional team utilizes the interRAI CAPs to provide a practical and structured approach to care planning and to guide interactions between clinicians, patients and families. Patient and family feedback indicates high satisfaction with inter-professional communication (93%), increased understanding of the patient's care plan (73%), and increased value in conducting PCCs quarterly (93%).
- Integrating Staff And Patients/Families' Feedback To Design Patient Room Whiteboards: Whiteboards are a key tool to facilitate communication between patients, families and staff. Between June to August 2022, the Runnymede Clinical Team launched an initiative to re-design existing whiteboards placed in each patient room to improve staff and patient communication. While 98% of staff reported that whiteboards played an integral role in communication between staff and patients/ families, and another 75% perceived them to aid in enhancing the delivery of patient care, the existing whiteboards were limited in their functionality (e.g., too small, did not promote bi-directional communication etc.). A user-centred design process (i.e. an approach informed by the needs of patients and staff) helped evaluate existing whiteboard utilization, determine what information to standardize, and create a single design to be implemented across rehabilitation programs. The final design was then printed and carefully placed to promote maximum efficiency.

Table 1: Staff and Patient Feedback Before Whiteboard Design

What would you like to see on the whiteboard?	STAFF RESPONSES	PATIENT RESPONSES
Name of the Healthcare Team	77%	75%
Estimated Discharge Date	77%	0%
Rehab Goals	53%	75%
Therapy time	53%	75%
Mobility status	64%	50%
Patients pain level	23%	30%
Special needs or alerts	64%	50%

Unit/Room	Telephone	Today's Date	My Preferred Name	My Estimated Discharge Date
				By 9:00am
My Care Team		My therapy Time		My Ambulation Status:
Doctor	Nurse			<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> One-person assist <input type="checkbox"/> Two-person assist <input type="checkbox"/> Non-Ambulatory
		My Rehab Goals		My Walking Aid(s):
Physiotherapist	Occupational Therapist	1.		
Rehab Assistant	APN/Team Lead	2.		
Manager	Discharge Coordinator	3.		
Other team members:				<input type="checkbox"/> None <input type="checkbox"/> Cane <input type="checkbox"/> Low Wheeled Walker <input type="checkbox"/> High Wheeled Walker <input type="checkbox"/> Other
Special Care		My Pain Management - Are you in pain? Tell us how much		My Questions and Comments

Figure 1: Final Whiteboard Design

- Implementing Gentle Persuasive Approaches (GPA) Program For Nursing Staff In Medically Complex (MC) Program: GPA is an established intervention designed to enable staff to integrate person-centred and compassionate approaches to manage responsive behaviours in patients living with dementia. Since 2021, 78% of nursing staff in the MC program have completed this training, with quantitative findings demonstrating increased capacity (i.e., knowledge), self-efficacy and satisfaction post-training. Qualitative findings further supported staff's growth in confidence to identify the need for person-centred approaches and apply effective interventions for patients with responsive behaviours.
- Empowering Patients Through Touchpoint Dining On The Integrated Bedside Terminals (IBTs): TouchPoint Dining is an extension of the IBTs first introduced to enhance patients' quality and safety while elevating their experience. Guided through an app on the IBTs, TouchPoint Dining allows patients to choose meal items in select categories based on Runnymede's daily menu and their dietary profiles to ensure therapeutic menu choices (i.e., modified textures) are being displayed. All selections are then sent for preparation and production. Since implementation, patient/ family feedback has been positive, with patients feeling a greater sense of empowerment. On admission, all patients are provided with the opportunity to make a meal selection using IBTs.
- Implementing the Patient Admission Food Preference Tool and We Care Meal Surveys for mealtime experience and satisfaction: In November 2021, the Patient Admission Food Preference Tool was initiated to document patient preferences within 24 hours of admission to Runnymede and a 3-day Follow-up Tool to evaluate the patient's meal experience. We Care Meal Surveys were also introduced to dive deeper into meal service satisfaction, and responses are filed into an online dashboard. The dashboard allows the Food Services Manager to see real-time responses and overall satisfaction scores, helping to guide the department in continuous quality improvement. Implementing these tools has allowed us to mitigate any food-related concerns using the Just-In-Time approach proactively and helped the program improve patient's mealtime experience satisfaction.

Community Involvement

Community involvement remains a top priority for the organization to improve the care and provide support to patients and families. As such, Runnymede continues to work with healthcare partners from North Western Toronto Ontario Health Team (NWT-OHT), serving over 400,000 patients in the community, and community agencies to ensure community needs are met and accounted for in future planning. Examples of Runnymede community partnerships include:

- Actively participating in the following working groups as part of the NWT-OHT governance structure:
 - Chronic Obstructive Pulmonary Disease working group
 - Best Practice Spotlight Organization (BPSO), Registered Nurses Association of Ontario (RNAO), working group
 - Digital Health Committee
 - Health Equity Committee
 - Senior Executive Committee
- Actively participated in the NWT-OHT Community Wellness Fair in partnership with the Black Creek Community Farm, Black Entrepreneurship Alliance and Jane and Finch Community and Family Centre at Corner Commons. Runnymede was able to:
 - Bring awareness about the NWT-OHT
 - Increase engagement opportunities with the community
 - Meet and engage with the internal and external partners
 - Provide education to the community members on Assisted Devices Programs.
- Collaborated with the Registered Nurses Association of Ontario and the NWT-OHT partners to create falls prevention education for patients and families within the NWT-OHT as a Best Practice Spotlight Organization (BPSO). Knowledge sharing and experiences with Runnymede's Patient Family Advisors (PFAs) were facilitated to obtain their valuable feedback on Falls Prevention and Management Program.

How did it impact our community?

Community Wellness Fair Storyboard



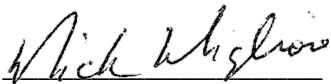
Executive Compensation

Subject to compliance with the Broader Public Sector Executive Compensation Act (BPSECA) 2014, a percentage of an executive's base salary is linked to achieving a defined number of performance improvement indicators in the Quality Improvement Plan.

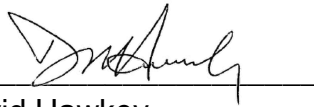
Sign-Off

It is recommended that the following individuals review and sign off on your organization's Quality Improvement Plan (where applicable):

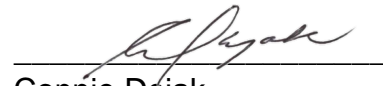
I have reviewed and approved our organization's Quality Improvement Plan



Nick Migliore
Board Chair



David Hawkey
Quality Committee Chair



Connie Dejak
President & Chief Executive
Officer, Secretary/Treasurer of
the Corporation