

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 2, 2024



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA



**Ontario
Health**

OVERVIEW

University of Ottawa Heart Institute (UOHI) is Canada's largest and foremost heart health center dedicated to understanding, treating, and preventing heart diseases. The UOHI mission is inspired by a culture of excellence, promoting heart health and leading in patient care, research, and education. The UOHI is the only cardiac center (and ECMO center) in Eastern Ontario and serves as a cardiac center for 16 hospitals, as well as Western Quebec and Nunavut, and has an agreement with the Province of Newfoundland and Labrador to supplement their cardiac surgical care program.

The UOHI is dedicated to continually improving quality and patient safety. We value the lived experiences of patients, their families and caregivers, and consider them contributing members of our care and continuous quality improvement teams. Patient engagement is integrated into decisions regarding programs and services. The UOHI has designed its own quality framework to meet the needs of providers, patients (and their families and caregivers) and community. Our definition of quality consists of six dimensions that express our values: safety, equity, efficiency, continuity, people-centered care and wellness. These dimensions form the backbone of our annual quality and safety plan and drive all quality improvement work.

Over the previous fiscal year, the UOHI has made great strides in its commitment to inclusion, equity, diversity and accessibility (IDEA) with the launch of staff and patient IDEA surveys. The organization is proud of the workplans that developed in these areas and continues to make IDEA a priority.

ACCESS AND FLOW

Reflected in the 2024-2025 QIP, the UOHI has initiated several new projects aiming to smooth transitions for patients and their loved ones as they navigate admission to hospital and discharge back to the community. The projects that seek to optimize access and flow include:

-While you Wait for Your Cardiology Consultation – Targeting patients awaiting their initial cardiology consultation, this education initiative will increase smoking cessation referrals and educate patients about MyChart, provide an orientation to onsite clinics and tests, and review symptom management and heart healthy living.

-Alternate Level of Care Monitoring – The UOHI will use data monitoring to understand the populations most at risk for ALC designation and the care they require, and ensure consistent application of the ALC definition.

-Acute Cardiac Triage Unit (ACT-U) – This initiative aims to prevent ED visits by transferring patients needing admission or short stay directly from clinics/diagnostics to the ACT-U.

-One Number to Call – Top 5 FAQ Standardization – A retrospective study aimed at pinpointing and addressing the most common Cardiology and Cardiac Surgery FAQs with the goal to standardize responses and enhance quality of information.

-Heart Failure Transitional Care: The Value of an Inpatient vs. Outpatient Intervention – This project will evaluate the outcomes for inpatients and outpatients given the demand of the Rapid Intervention Clinic. The goal is to determine if a pivot from inpatient to outpatient service provision will have an impact on outcomes.

EQUITY AND INDIGENOUS HEALTH

The University of Ottawa Heart Institute as part of its institutional culture recognizes and respects the intrinsic worth, inherent dignity and unique attributes of each person. View the full IDEA statement at <https://www.ottawaheart.ca/inclusivity-diversity-equity-and-accessibility-idea>

The UOHI land acknowledgment can be viewed here: <https://www.ottawaheart.ca/land-acknowledgement>

Reflecting an ongoing commitment to inclusivity, equity, diversity and accessibility, the UOHI has listed the following projects on this year's QIP:

-Inuit Cultural Awareness Training – An initiative centered on cultural competency training. The Cardiac Rehabilitation Intake team will receive this education to increase awareness and improve safety and efficiency for Inuit patients.

-Cardiac Rehabilitation Tools for Inuit Patients – The UOHI aims to partner with Larga House to bring one of its Top 10 Tips to Northern Patients. The final project will feature text in modern Inuktitut with accompanying pictograms centered around Inuit representation.

-IDEA Education – The 2023-24 UOHI IDEA survey revealed a need to train staff on IDEA issues. Implementing this corporate training is essential to promoting a workplace culture that values and respects differences.

-Women's Heart Health Regional Champions – Using a Champion model with regional hospitals, the UOHI addresses knowledge gaps

related to risk factors to women and cardiovascular disease.

-The Need for Inclusion – This education initiative aims to close the knowledge gap and awareness among clinical staff members regarding health risks to transgender and non-binary patients. The project responds to data suggesting transgender patients assigned female at birth have a higher risk of cardiovascular disease than cisgender females.

-Accessibility Sub-Committee – Reporting to the UOHI IDEA Task Force, this sub-committee will produce a new terms of reference document, a UOHI-based workplan, updated standardized education and cultivate internal subject matter experts.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Patient engagement means valuing the insight and lived experiences of patients, family members and caregivers. The UOHI is guided by respect, partnership, equity, participation and learning. Formal patient experience surveys and a concerns management process collect feedback from patients, caregivers and the public in an effort to constantly improve the quality and safety of care and services. Patient experience informs the following projects:

-Supporting Cardiac Rehab Graduates Long Term - Leveraging an intervention developed and tested by Research, the UOHI will host monthly virtual group sessions. Program graduates connect with each other and a group facilitator each month. The sessions focus on reviewing the members' successes and barriers, navigating and reviewing goal-setting.

-ROSC Patient Journey – This multidisciplinary, multi-phase project

will develop the pieces needed to support ROSC patients and families along all stages of the patient care journey from admission to post-discharge, including cardiac rehabilitation and acute brain injury follow up.

-Cardiac Surgery Post-Discharge Information – Focusing on refining the discharge process for cardiac surgery patients by promoting the After Visit Summary information, enriching the content with details like activity restrictions, cardiac rehabilitation information, and follow-up details. A retrospective audit will ensure standardized inclusion of this information in every After-Visit Summary.

-ACS/HF Discharge Information – Focusing on refining the discharge process for ACS and HF patients by promoting After Visit Summary information, educating staff regarding the GAP tools in Epic and the need to ensure standardized discharge details for comprehensive post-visit care.

PROVIDER EXPERIENCE

The UOHI has a Staff Engagement and Wellness Committee that is tasked with identifying opportunities to improve the UOHI staff experience. Among other initiatives, the committee has led the “The Everyday Heart Hero Award”, which is a peer-to-peer award, that recognizes the seen and unseen work of individual staff members of the UOHI. In the last few months we have provided staff with complimentary massage sessions in collaboration with the massage therapy students from the Willis College Massage Therapy Program.

As a strategy to attract new talents, the UOHI has the “Careers Showcase” which is a platform for networking, learning, and discovering new possibilities for personal and professional growth. The last event was held on June 13, 2023. It highlighted the range of career opportunities available at UOHI for individuals to gain insight and make informed decisions about their future professional journey.

The UOHI has a “Peer Support Program” that helps staff members provide emotional support and guidance to assist each other through challenging situations. The program connects staff members with trained Peer Supporters.

Since the COVID-19 Pandemic, the UOHI has adopted flexible work arrangements for non-clinical staff. The non-clinical staff have the opportunity to telecommute.

SAFETY

The UOHI continues to use the Datix Safety Learning System (SLS) for reporting privacy, security, employee, Vanessa’s Law and

patient safety incidents for learning, trending and tracking purposes. Internally, clinical area managers are responsible for reviewing incidents before review by the Core Review teams. The Patient Safety Review Committee reviews trends for quality improvement opportunities and to identify the need for practice and procedural updates. The Occupational Health and Safety Team reviews staff safety events and completes safety reviews in areas identified through reporting.

Reporting trends are shared quarterly with patients, visitors and staff on unit-level Quality Boards, where the UOHI posts data related to hand hygiene, reasons for surgery and procedure cancellations, patient feedback, waitlist data and relevant policy and procedure updates.

The UOHI will complete the following safety quality improvement projects this year:

- Ongoing workplace violence reporting, with a new initiative to create a workplace violence toolkit for leaders, and refresh SLS reporting training for clinical unit staff.

- Development of a Preoperative Cannabis Education guide.

- A Patient Safety Incident thematic analysis, including concerns feedback review. Results will be reported to the Patient Safety Incident Review Committee.

- Never Events data collection and analysis.

- A Failure Modes and Effects Analysis in the Pharmacy Department

to identify opportunities to improve quality and safety of UOHI medication management.

POPULATION HEALTH APPROACH

The UOHI uniquely provides care in primary prevention, rehabilitation and secondary prevention through its Cardiac Rehabilitation program and Prevention and Wellness Centre. Information events such as Women's Heart Health Day, Sharing is Caring (a prevention and wellness research translation event), Heart Valve Awareness Day event, for example, spread information about cardiac disease prevention.

Patients accepted for care at the UOHI are enrolled in condition, procedure and surgery-specific education sessions within the outpatient program to enhance teaching and education around symptom management, heart healthy living, quitting smoking, and optimizing their health. During hospitalization, patients are automatically referred to the outpatient cardiac rehabilitation program to support the transition from hospital to home and continue the heart healthy living journey. The program includes mental health support, nutrition information and counselling, exercise assessment, quit smoking support, medication information and follow up evaluations.

The Prevention & Wellness Centre offers multiple programs and services, including Women@Heart peer support; the Virtual Care program that helps patients understand their current health and motivates them to manage and improve risk factors for cardiac issues; CardioPrevent for patients at a moderate to high risk of heart disease; an exercise app for patients living with heart conditions who would like to get started with an exercise program; a heart health meal delivery service; and e-learning modules to educate the public regarding prevention and wellness.

EXECUTIVE COMPENSATION

The University of Ottawa Heart Institute maintained alignment in performance-based compensation with similar institutions of comparable size. For our executives, the proportion of salary subject to performance incentives is as follows:

- CEO – 10% of base salary is linked to achieving targets set out in our QIP.
- VP – 5% of base salary is linked to achieving targets set out in our QIP.

Considering their significance to the organization and the provision of exceptional care, the following indicators were suggested for evaluating performance in fiscal year 2024/2025:

1. While You Wait for Your Cardiology Consultation

Currently, the waitlist for a new referral to see a cardiologist is at least eight months with about 1,000 patients waiting in the cue. The aim of this quality project is to provide patients with available resources while they wait for their initial cardiology consult appointment after they are accepted. The team will develop a monthly webinar staffed by a RN, a PT, and an RD to review and reinforce relevant information. The webinar will include education on registration for myChart, orientation to onsite clinics and tests at the UOHI, symptom management, heart healthy living (exercise, diet, and smoking cessation). The goal is to improve preparedness for clinic visits, increase the number of patients enrolled in the smoking cessation program prior to their clinic appointment, decrease utilization of health systems (ER and GP) and improve

patient satisfaction amid a long wait for an initial appointment.

Project deliverables/targets:

- Webinar developed by Q2 2024-2025.
- 90% of patients will be offered the webinar.
- Increase smoking cessation enrollment by 10% by March 31, 2025.

Weight: 33.3%

2. Inuit Cultural Awareness

The UOHI has adopted the CHEO modules on Inuit Cultural Competency and intends to have Cardiac Rehabilitation Intake staff take the training.

Project deliverables/targets:

- 90% of Cardiac Rehabilitation Intake Staff complete all four education modules by March 31, 2025.

Weight: 33.3%

3. Clinical Pharmacy Failure Modes and Effects Analysis (FMEA)

The Quality Department will complete a review of the UOHI Clinical Pharmacy using the LEAN/FMEA tools, to determine risks or gaps and opportunities for improvement. This will include gathering a pharmacy team to develop a process stream map and a work plan to address gaps. The project plan will be presented to senior leadership.

Project deliverables/ targets:

- The Quality Department will complete one LEAN-FMEA exercise

by March 31, 2025.

- The Quality Department will present a project plan to the Manager and VP responsible for Pharmacy by March 31, 2025.

Weight: 33.3%

CONTACT INFORMATION/DESIGNATED LEAD

Bonnie Bowes, Chief Nursing Officer and VP of Quality, Privacy and Health Information
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OTHER

The University of Ottawa Heart Institute's commitment to quality improvement and patient safety is evident through our ongoing efforts to assess and improve the care we provide. Our assessment of current quality performance revealed areas of strength and areas for improvement, which we have used to inform our quality improvement plan. Through the implementation of targeted initiatives and regular monitoring of our progress, we are confident that we will continue to provide high-quality, safe care to our patients and their families. By staying focused on our values of safety, equity, efficiency, continuity, people-centered care, and wellness, we will ensure that we are providing the highest quality of care to our patients and the community.

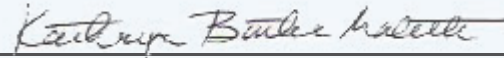
SIGN-OFF

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 on **April 2, 2024**



Dalton McGuinty, Board Chair



Kathryn Butler Malette, Board Quality Committee Chair



Rob Beanlands, Chief Executive Officer



Bonnie Bowes, Other leadership as appropriate

Access and Flow

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Alternate level of care (ALC) throughput ratio	O	Ratio (No unit) / ALC patients	WTIS / July 1 2023 - September 30, 2023 (Q2)	1.11	1.12	The recommended benchmark for ALC throughput ratio is 0.1 to 0.15 as per the Ontario Hospital Association and the Canadian Institute for Healthcare Improvement. The UOHI is already within the target. We will continue to monitor and track this performance to ensure that we remain within the target.	

Change Ideas

Change Idea #1 Create an Epic report/dashboard to capture all patients with an ALC designation and calculate the ratio.

Methods	Process measures	Target for process measure	Comments
Quarterly progress report to VP, Quality.	Ratio of ALC patients		Complete a quarterly review and analysis during this fiscal year.

Measure - Dimension: Efficient

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
While You Wait for Your Cardiology Consultation	C	% / Patients	EMR/Chart Review / April 1, 2024 to March 31, 2025	CB	90.00	This is a new initiative, we are considering this year as the new baseline.	

Change Ideas

Change Idea #1 Create a webinar while collaborating with PT, RD, Diabetes APN, diagnostics, and others to help prepare patients for their appointments within the UOHI.

Methods	Process measures	Target for process measure	Comments
Quarterly updates to the Quality Department on progress of webinar development.	Number of webinars developed.	Webinar developed by Q2 2024-25.	

Change Idea #2 Offer virtual webinars monthly via Teams.

Methods	Process measures	Target for process measure	Comments
Quarterly report of number of patients offered virtual webinar will be sent to the Quality Department.	Percentage of patients offered the webinar.	90% of patients offered the webinar.	

Change Idea #3 Increase smoking cessation referrals for patients who are active tobacco users.

Methods	Process measures	Target for process measure	Comments
Quarterly progress report to the Quality Department.	Increase percentage of patients enrolled in smoking cessation.	Increase smoking cessation patient enrollment by 10% by March 31, 2025.	

Measure - Dimension: Efficient

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Acute Cardiac Triage Unit (ACTU)	C	Number / ED patients	EMR/Chart Review / 2024-2025	CB	CB	We will set a target after collecting 6 months of data.	The Ottawa Hospital

Change Ideas

Change Idea #1 Operationalize an Acute Cardiac Triage Unit, with a clinical manager, 3 nursing staff, and 1 clerical staff that will run Monday to Friday for 8 hours, by March 2025.

Methods	Process measures	Target for process measure	Comments
Metrics reported to Quality Department quarterly.	Number of patients diverted from Civic Emergency.	To be determined.	Collecting data for 6 months of operation.

Measure - Dimension: Efficient

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
One Number to Call: Top 5 FAQ Standardization	C	Number / Other	In house data collection / 2024-2025	CB	CB	This is a new initiative.	

Change Ideas

Change Idea #1 Conduct a retrospective study aimed at pinpointing the 5 most common FAQs in Cardiology and Cardiac Surgery and make answers available to all by March 2025.

Methods	Process measures	Target for process measure	Comments
Quarterly progress update to Quality Department.	Answers document.	Answers document provided to Nursing Coordinators by March 31, 2025.	

Measure - Dimension: Efficient

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Heart Failure Transitional Care: The Value of an Inpatient vs. Outpatient Intervention	C	Number / Patients	EMR/Chart Review / 2024-2025	CB	CB	There is no baseline. This is a new initiative.	

Change Ideas

Change Idea #1 Collect data for the evaluation of inpatient vs. outpatient outcomes.

Methods	Process measures	Target for process measure	Comments
Data collection and analysis with quarterly updates to the Quality Department.	Number of inpatient and outpatient outcomes analyzed.	Final assessment report of inpatient and outpatient outcomes by March 31, 2025.	

Equity

Measure - Dimension: Equitable

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	90.00	This is a mandatory training.	

Change Ideas

Change Idea #1 Produce an IDEA module and monitor completion rate.

Methods	Process measures	Target for process measure	Comments
The ELM completion rates will be monitored by Clinical Managers.	Percentage of all staff who have completed the IDEA module.	90% of all staff will complete the IDEA module by March 31, 2025.	

Measure - Dimension: Equitable

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Inuit Cultural Awareness	C	% / Staff	In house data collection / 2024-2025	X	90.00	Increased cultural awareness to improve safety and efficiency of care for Inuit patients.	Children's Hospital of Eastern Ontario

Change Ideas

Change Idea #1 UOHI Cardiac Rehab Intake Staff will complete all 4 of the CHEO Modules on Inuit Cultural Competency on the website.

Methods	Process measures	Target for process measure	Comments
Quarterly monitoring by Care Facilitator.	Percentage of intake staff who have completed all 4 modules.	90% of intake staff will complete all 4 modules by March 31, 2025.	

Measure - Dimension: Equitable

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Cardiac Rehabilitation Educational Tools for Inuit Patients	C	Number / Patients	Other / 2024-2025	CB	CB	There is no baseline performance for this project. This is a new initiative	Larga Baffin

Change Ideas

Change Idea #1 Develop a Top 10 Tips related to nutrition, exercise, stress management and sleep based on focus groups conducted at Larga Baffin House.

Methods	Process measures	Target for process measure	Comments
Quarterly updates to Quality Department from Care Facilitator, who will conduct focus groups at Larga Baffin House monthly.	Top 10 Tips Document written in modern Inuktitut with appropriate pictograms.	The Care Facilitator will publish one Top 10 Tips Document written in modern Inuktitut with appropriate pictograms by March 31, 2025.	

Measure - Dimension: Equitable

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Women's Heart Health Regional Champions	C	Number / Other	In house data collection / 2024-2025	1.00	1.00	Increase the knowledge of women's risk factors for CVD among regional partners.	

Change Ideas

Change Idea #1 Adoption of Women's Heart Health Champion Program in one new regional hospital.

Methods	Process measures	Target for process measure	Comments
Quarterly update to Quality Department.	Number of regional partners enrolled in Women's Heart Health Champion Program.	One regional partner hospital will be enrolled by March 31, 2025.	

Change Idea #2 Education with previously enrolled Women's Heart Health Champions with accompanying survey.

Methods	Process measures	Target for process measure	Comments
Report with post-education survey results.	Number of education day surveys completed.	The Women's Heart Health Champions will receive one half-day of education and one post-education day survey by March 31, 2025.	

Measure - Dimension: Equitable

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Accessibility Sub-Committee	C	Number / Staff	Other / 2024-2025	0.00	1.00	Currently the UOHI participates in the Accessibility Committee at The Ottawa Hospital but has determined that the UOHI should have its own Accessibility Committee and terms of reference.	

Change Ideas

Change Idea #1 Draft a UOHI Terms of Reference for a UOHI-specific Accessibility Committee.

Methods	Process measures	Target for process measure	Comments
Terms of reference completion reported to IDEA Committee.	Number of TORs approved.		The Accessibility Committee will review the TOR with the IDEA Committee by March 31, 2025.

Change Idea #2 Approve a UOHI Accessibility Policy.

Methods	Process measures	Target for process measure	Comments
The UOHI Accessibility Committee will conduct a literature review to assist in developing a UOHI Accessibility policy.	Number of approved policies.		The UOHI will publish a Accessibility Policy by March 31, 2025.

Change Idea #3 Approved Accessibility training for UOHI staff.

Methods	Process measures	Target for process measure	Comments
The Accessibility Committee will report to the IDEA Committee on the chosen Accessibility training module.	Number of approved education modules on Accessibility.	One module will be selected for roll-out to staff and physicians by March 31, 2025.	

Change Idea #4 Create a UOHI Accessibility Workplan.

Methods	Process measures	Target for process measure	Comments
Accessibility committee leaders will report on the workplan to the IDEA Committee.	Creation of one Accessibility workplan.	The final workplan will be presented to the IDEA Committee by March 31, 2025.	

Measure - Dimension: Equitable

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The Need for Inclusion	C	Number / Other	In house data collection / 2024-2025	CB	2.00	We have never held formal education sessions on this topic.	

Change Ideas

Change Idea #1 Assess staff education needs with respect to caring for transgender patients in the context of cardiac care.

Methods	Process measures	Target for process measure	Comments
Develop and implement a voluntary staff survey to assess perceptions and needs with respect to caring for transgender patients at the Heart Institute.	Number of surveys completed.		The Women's Heart Health project team will develop and implement one voluntary staff survey to assess education needs by Fall 2024.

Change Idea #2 Design staff education and roll out to staff.

Methods	Process measures	Target for process measure	Comments
The project team will assess the survey results and focus group feedback to develop staff education.	Number of education sessions held for staff.	The project team will hold 2 education sessions for staff by March 31, 2025.	

Change Idea #3 Design a focus group for patients who identify as trans or non-binary.

Methods	Process measures	Target for process measure	Comments
The focus group design will be presented to both the UOHI Patient Partnership Council and the TOH Rainbow Patient & Family Advisory Council.	Number of focus groups plans finalized.	The project team will present one focus group plan to the UOHI Patient Partnership Council and TOH Rainbow Patient & Family Advisory Council by March 31, 2025.	

Experience

Measure - Dimension: Patient-centred

Indicator #13	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	O	% / Survey respondents	Local data collection / Most recent consecutive 12-month period	74.44	80.00	We would like to improve our performance by 7.47% as per recommended targets.	

Change Ideas

Change Idea #1 Develop a workplan based on 2023-2024 focus group feedback.

Methods	Process measures	Target for process measure	Comments
Quality Improvement Coordinators will report to the VP Quality on the workplan.	Number of workplans.	The Quality Department will develop a workplan to address patient and caregiver feedback regarding "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital" by May 2024.	Total Surveys Initiated: 1342

Change Idea #2 Implement at least one project from the workplan.

Methods	Process measures	Target for process measure	Comments
Quarterly update by Quality Improvement Coordinators to the VP Quality.	Number of projects completed.	Full implementation of the chosen project by March 31, 2025.	

Measure - Dimension: Patient-centred

Indicator #14	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Beyond Cardiac Rehab	C	Number / Patients	EMR/Chart Review / 2024-2025	CB	CB	This is a new initiative.	

Change Ideas

Change Idea #1 Hold monthly support group sessions for cardiac rehabilitation patients.

Methods	Process measures	Target for process measure	Comments
Track the number of patients who attend the support group sessions.	Number of patients who attend each session.	Hold one support session monthly.	

Change Idea #2 Send out a patient satisfaction survey following each support session.

Methods	Process measures	Target for process measure	Comments
Monthly analysis of feedback by program manager.	Number of surveys sent to participants.	Review the monthly satisfaction results and adjust the program as per the feedback by March 31, 2025.	

Change Idea #3 Run one focus group with patients who have attended a support session.

Methods	Process measures	Target for process measure	Comments
The program will run one focus group and report to the director with planned improvements based on focus group feedback.	Number of focus groups.	The program will run one focus group after 6 sessions.	

Measure - Dimension: Patient-centred

Indicator #15	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
ROSC Patient Journey	C	Number / Other	Other / 2024-2025	CB	CB	This is a new initiative so it is important to focus on finding out what is valuable to patients and caregivers. An order set or care plan for ROSC patients will provide quality standardized care.	

Change Ideas

Change Idea #1 Design and implement a focus group of past ROSC patients and caregivers to gather feedback on topics related to their patient/caregiver journey.

Methods	Process measures	Target for process measure	Comments
The program will report back to the director regarding the focus group findings.	Number of focus groups.	Hold one focus group for ROSC patients and caregivers by June 2024.	

Change Idea #2 Outline a strategy for caregiver educational materials.

Methods	Process measures	Target for process measure	Comments
Based on focus group feedback, the project team will outline a strategy for caregiver educational materials to present to the program director by December 2024.	Number of caregiver education strategies.	Project team will outline a strategy for caregiver educational materials to present to the program director by December 2024.	

Change Idea #3 Develop standard order for ROSC patients.

Methods	Process measures	Target for process measure	Comments
Quarterly updates to the quality department.	One standard order set.	Propose one standard order set for ROSC patients by March 31, 2025.	

Measure - Dimension: Patient-centred

Indicator #16	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
ACS/HF Discharge Information	C	% / Patients	EMR/Chart Review / 2024-2025	62.00	80.00	We want to maintain our current performance for ACS patients (above 90%), but improve our performance from 62% to 80% for HF patients.	

Change Ideas

Change Idea #1 Ensure widespread awareness and understanding among healthcare providers regarding the critical details relevant to ACS and HF patients through socializing and in-servicing front-line nursing staff, emphasizing the utilization of GAP tools in EPIC.

Methods	Process measures	Target for process measure	Comments
Quarterly GAP Tool Completion Report for ACS and HF.	<ul style="list-style-type: none"> Percentage of ACS GAP Tool Teaching Title/ Points in Epic Chart Percentage of HF GAP Tool Teaching Title/ Points in Epic Chart 	<ul style="list-style-type: none"> >90% for ACS 80% for HF 	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	O	% / Discharged patients	Local data collection / Most recent consecutive 12-month period	94.60	95.00	The benchmark, as per the Institute for Healthcare Improvement and the Agency for Healthcare Research and Quality, for this target is 80-90%. The UOHI is already above this target so will strive to continue current practices and ongoing monitoring to ensure we remain above target.	

Change Ideas

Change Idea #1 Ongoing monitoring of Best Possible Medication Discharge Plan at discharge.

Methods	Process measures	Target for process measure	Comments
The Data Analytics team will report the BPMHDP to the Quality Department quarterly.	Quarterly PMBHDP reports.	4 reports for the fiscal year, ending March 31, 2025.	

Measure - Dimension: Safe

Indicator #17	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of delirium onset during hospitalization	O	% / Hospital admitted patients	CIHI DAD / April 1st, 2023, to September 30th, 2023 (Q1 and Q2)	3.37	2.00	There are several CQIs that will impact delirium prevention during this reporting period to support the overall goal to reduce delirium.	

Change Ideas

Change Idea #1 Create a sleep-friendly environment.

Methods	Process measures	Target for process measure	Comments
The Quality Department will utilize co-op, nursing students or modified nurses to collect data through spot audits on inpatient units.	Number of spot audits completed.	Three spot audits completed by March 31, 2025.	

Measure - Dimension: Safe

Indicator #18	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of workplace violence incidents resulting in lost time injury	O	% / Staff	Local data collection / Most recent consecutive 12-month period	2.00	2.00	Plan to monitor, ensuring no significant changes.	

Change Ideas

Change Idea #1 Track rate of lost time due to workplace violence incidents report by hospital workers.

Methods	Process measures	Target for process measure	Comments
Health and Safety to provide quarterly update to Quality Department.	Number of quarterly reports.	The Health and Safety Department will provide quarterly updates to the Quality Department over the course of this reporting period (2024-2025).	

Change Idea #2 SLS In-Services

Methods	Process measures	Target for process measure	Comments
The Quality Department will provide an in-service to each unit to improve knowledge of reporting/safety learning system.	Number of units who have received an in-service.	The Quality Department will provide an in-service to each unit by March 31, 2025.	

Change Idea #3 UOHI Workplace Violence Toolkit for Leaders

Methods	Process measures	Target for process measure	Comments
The Quality Department will develop a toolkit for leaders to assist them in managing workplace violence incidents and to improve support for staff involved in violence incidents.	One Workplace Violence Toolkit for Leaders.	The Quality Department will produce and distribute a UOHI Workplace Violence Toolkit for Leaders by March 31, 2025.	

Measure - Dimension: Safe

Indicator #19	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Cannabis Education During Preoperative Period	C	Number / Other	Other / 2024-2025	CB	1.00	This is a new education initiative.	

Change Ideas

Change Idea #1 Facilitate the publication of the Cannabis and Surgery Guide in partnership with the Patient Educational Materials Taskforce.

Methods	Process measures	Target for process measure	Comments
Quarterly project progress report by content owner to Quality Department.	Number of guides produced.	Publication of the Cannabis and Surgery Guide by March 31, 2025.	

Measure - Dimension: Safe

Indicator #20	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Safety Learning System Incident Thematic Analysis	C	Number / Other	Other / 2024-2025	CB	CB	This is a new initiative.	

Change Ideas

Change Idea #1 Review current TOH concerns and safety incident themes and sub-themes to determine applicability at UOHI.

Methods	Process measures	Target for process measure	Comments
The Quality Department will report to VP, Quality regarding finalized list of concerns and safety incident themes and sub-themes for migration to new SLS system.	Number of list of concerns and safety incident themes and sub-themes.	The Quality Department will finalize a list of concerns and safety incident themes and sub-themes to migrate to the new SLS system by November 2024.	

Measure - Dimension: Safe

Indicator #21	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Never Events Reporting	C	Number / Other	Other / 2024-2025	CB	CB	This is a new reporting requirement.	

Change Ideas

Change Idea #1 Do a retrospective review of never events.

Methods	Process measures	Target for process measure	Comments
The Quality Department will produce a quarterly report for Clinical Services.	Number of reports presented to Clinical Services.	The Quality Department will produce a quarterly report for Clinical Services during the reporting period (2024-2025).	

Change Idea #2 Create a workplan based on Never Events reporting during this reporting period.

Methods	Process measures	Target for process measure	Comments
Quality Department to provide work plan to VP Quality.	Number of workplans produced.	Quality Department will provide one workplan to address reported Never Events at a systemic level to the VP Quality by March 31, 2025.	

Measure - Dimension: Safe

Indicator #22	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Clinical Pharmacy Failure Modes and Effects Analysis	C	Number / Staff	Other / 2024-2025	1.00	1.00	The Quality Department conducts at least one annual FMEA exercise with a chosen department.	

Change Ideas

Change Idea #1 Conduct a LEAN-FMEA, including the completion of a current state and value stream map through consultative meetings with the Clinical Pharmacy manager and a group session.

Methods	Process measures	Target for process measure	Comments
Quarterly report to VP Quality.	Number of LEAN-FMEA conducted.	The Quality Department will complete one LEAN-FMEA exercise by March 31, 2025.	

Plan d'amélioration de la qualité (PAQ)

Document narratif pour les organismes de soins de santé de l'Ontario

2 avril 2024



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA



Ontario
Health

SOMMAIRE

L'Institut de cardiologie de l'Université d'Ottawa (ICUO) est le centre de santé cardiovasculaire le plus important et le plus innovateur au Canada à se consacrer à la recherche, au traitement et à la prévention des maladies du cœur. La mission de l'ICUO s'appuie sur notre désir d'exceller, de promouvoir la santé cardiaque et d'être des chefs de file en matière de soins aux patients, de recherche et d'enseignement. Seul centre de cardiologie (et centre ECMO) dans l'est de l'Ontario, l'ICUO dessert 16 hôpitaux, ainsi que l'ouest du Québec et le Nunavut. L'ICUO a également conclu un accord avec Terre-Neuve-et-Labrador pour compléter le programme de chirurgie cardiaque de la province.

L'ICUO œuvre continuellement à renforcer la qualité de ses soins et la sécurité de ses patients. Nous valorisons les expériences vécues par nos patients, leurs proches et leurs aidants, puisqu'ils nous aident à améliorer la qualité de nos soins sur une base continue. Toutes les décisions entourant nos programmes et services s'appuient sur la participation des patients. L'ICUO a conçu son cadre de qualité pour répondre aux besoins du personnel soignant, des patients, des proches, des aidants et de la communauté. Notre définition de la qualité englobe six dimensions qui reflètent nos valeurs : sécurité, équité, efficacité, continuité, soins centrés sur le patient et mieux-être. Ces dimensions forment le socle de notre plan annuel de qualité et de sécurité, et ils alimentent tous nos efforts d'amélioration de la qualité.

Lors du dernier exercice financier, l'ICUO a fait de grands progrès dans son engagement envers l'inclusion, la diversité, l'équité et l'accessibilité (IDEA) en menant des sondages auprès de son personnel et de ses patients. L'ICUO est fier des plans de travail élaborés dans ces domaines et continue de faire de l'IDEA une priorité.

ACCÈS ET FLUIDITÉ

Comme l'indique notre PAQ 2024-2025, l'ICUO a lancé plusieurs projets afin de faciliter les transitions pour les patients et leurs proches lors de leur admission et de leur sortie de l'hôpital. Les projets suivants visent à optimiser l'accès et la fluidité :

- En attendant votre rendez-vous en cardiologie : Cette initiative éducative, qui cible les patients en attente d'un premier rendez-vous en cardiologie, augmentera le nombre de personnes orientées vers les services d'abandon du tabac et leur offrira des informations sur MyChart, les cliniques et les examens sur place, la gestion des symptômes et les bonnes habitudes pour un cœur en santé.

- Suivi des patients nécessitant un autre niveau de soins : L'ICUO suivra les données disponibles pour cerner les populations les plus à risque d'avoir besoin d'un autre niveau de soins (ANS), afin de comprendre les soins dont elles ont besoin et d'appliquer de façon uniforme la définition des ANS.

- Unité de triage et de soins cardiaques de courte durée (UTSCCD) : Cette initiative vise à éviter les hospitalisations en transférant directement à l'UTSCCD les patients nécessitant une admission ou un court séjour après un diagnostic ou une consultation en clinique.

- Aide téléphonique et uniformisation des réponses aux questions fréquentes : Étude rétrospective visant à cerner les questions les plus courantes en cardiologie et en chirurgie cardiaque, afin d'uniformiser les réponses et d'améliorer la qualité des informations.

- Soins de transition pour l'insuffisance cardiaque : l'utilité d'intervenir à l'hôpital vs en consultation externe. Ce projet évaluera les résultats pour les patients hospitalisés et les patients externes compte tenu de la demande à la Clinique d'intervention rapide. L'objectif est d'établir si le passage d'une approche interne à une approche externe affectera les résultats.

ÉQUITÉ ET SANTÉ AUTOCHTONE

Par sa culture, l'ICUO reconnaît et respecte la valeur intrinsèque, la dignité inhérente et le caractère unique de chaque personne.

L'énoncé complet de l'ICUO en matière d'inclusion, de diversité, d'équité et d'accessibilité (IDEA) se trouve au ottawaheart.ca/fr/inclusion-diversite-equite-et-accessibilite-idea.

L'énoncé de reconnaissance territoriale se trouve au ottawaheart.ca/fr/reconnaissance-territoriale.

L'ICUO a inscrit dans son PAQ les projets suivants, qui reflètent son engagement continu envers l'IDEA :

- Formation de sensibilisation à la culture inuite : Cette initiative consiste en une formation sur l'adaptation culturelle. Les membres de l'équipe de réadaptation cardiaque suivront cette formation afin d'être mieux sensibilisés et d'offrir des soins plus efficaces et sûrs aux patients inuits.

- Outils de réadaptation cardiaque pour les patients inuits : L'ICUO souhaite s'associer à la Larga House pour créer une série « dix conseils » pour les patients du Nord. Le texte en inuktitut moderne sera accompagné de pictogrammes axés sur la culture inuite.

- Sensibilisation à l'IDEA : Un sondage mené en 2023-2024 par l'ICUO a souligné la nécessité de former le personnel aux questions liées à l'IDEA. Il est essentiel de déployer cette formation dans l'ensemble de l'ICUO afin de promouvoir une culture qui valorise et respecte les différences.

- Championnes et champions régionaux de la santé cardiaque des femmes : Grâce à un modèle de partenariat avec les hôpitaux régionaux, l'ICUO fait mieux connaître les facteurs de risques relatifs à la santé des femmes et aux maladies cardiovasculaires.

- La nécessité d'inclure : Cette initiative vise à sensibiliser le personnel

clinique aux risques pour la santé des personnes transgenres et non binaires. Le projet découle de données indiquant que les personnes transgenres désignées comme femmes à la naissance ont un risque plus élevé de maladies cardiovasculaires que les femmes cisgenres.

- Sous-comité de l'accessibilité : Relevant de l'équipe spéciale de l'ICUO en matière d'IDEA, ce sous-comité produira un nouveau document de référence, un plan de travail et une nouvelle formation standardisée, en plus de former des experts internes en matière d'IDEA.

EXPÉRIENCE DES PATIENTS/CLIENTS/RÉSIDENTS

La participation des patients passe par la valorisation du point de vue et du vécu des patients, de leurs proches et de leurs aidants. Le respect, le partenariat, l'équité, la participation et l'apprentissage sont au cœur des efforts de l'ICUO. Nos sondages sur l'expérience des patients et notre processus de gestion des préoccupations nous permettent de recueillir les avis des patients, des aidants et du public afin d'améliorer constamment la qualité et la sûreté de nos soins et services. Les projets suivants sont centrés sur l'expérience des patients :

- Soutien à long terme post-réadaptation cardiaque : En s'appuyant sur une initiative créée et testée par l'équipe de la recherche, l'ICUO organisera chaque mois des discussions de groupe en ligne entre les personnes ayant terminé leur réadaptation cardiaque et un animateur. Les discussions porteront sur les réussites, les difficultés et les objectifs des participants et participantes.

- Parcours des patients ROSC (retour de circulation spontanée) : Ce projet multidisciplinaire de plusieurs phases permettra de développer les éléments nécessaires pour soutenir les patients ROSC et leurs proches à toutes les étapes de leur parcours (admission, soins après le congé, réadaptation cardiaque, suivi des lésions cérébrales aiguës).

- Informations relatives au congé après une opération cardiaque : Initiative visant à améliorer le processus de congé après une opération cardiaque, en améliorant le sommaire de rendez-vous pour y inclure les activités à éviter, des informations sur la réadaptation cardiaque et des détails sur le suivi. Une vérification rétrospective garantira l'inclusion standardisée de ces informations dans chaque sommaire de rendez-vous.

- Informations relatives au congé après une hospitalisation pour un SCA ou l'IC : Initiative pour améliorer le processus de congé après une hospitalisation pour un SCA ou l'IC, en améliorant le sommaire de rendez-vous, en formant le personnel sur l'utilisation des outils GAP dans Epic et en uniformisant les informations pour assurer des soins complets après l'hospitalisation.

EXPÉRIENCE DES PRESTATAIRES DE SOINS

L'ICUO a un Comité pour la participation et le mieux-être du personnel dont le mandat est de trouver des occasions d'améliorer l'expérience de nos professionnels. Entre autres initiatives, le Comité a créé le prix Héros/Héroïnes de nos cœurs. Ce prix décerné par les pairs vise à saluer le travail visible et invisible du personnel de l'ICUO. Ces derniers mois, nous avons offert à notre personnel des massages gratuits en collaboration avec les étudiants du programme de massothérapie du Willis College.

Organisée dans le but de recruter de nouveaux talents, la Foire d'emploi de l'ICUO est une occasion de réseauter, d'apprendre et de découvrir de nouvelles possibilités d'épanouissement personnel et professionnel. La dernière édition a eu lieu le 13 juin 2023. Cette journée, qui met en relief l'éventail de carrières possibles à l'ICUO, permet aux personnes intéressées de se faire une idée et de prendre des décisions éclairées sur leur avenir professionnel.

L'ICUO offre un programme de soutien par les pairs qui permet aux membres du personnel de se soutenir émotionnellement et de s'entraider dans les situations difficiles. Le programme met en relation le personnel avec des pairs formateurs.

Depuis la pandémie de COVID-19, l'ICUO a assoupli les modalités de travail du personnel non clinique, qui a maintenant la possibilité de télétravailler.

SÉCURITÉ

L'ICUO utilise le logiciel SLS de Datix pour signaler les incidents liés à la vie privée, à la sécurité, aux employés, à la loi de Vanessa et à la sécurité des patients à des fins d'apprentissage, d'analyse des tendances et de suivi. Les gestionnaires cliniques sont chargés d'examiner les incidents à l'interne avant qu'ils ne soient soumis aux équipes d'examen.

Le Comité d'examen de la sécurité des patients examine les tendances pour cerner les occasions d'amélioration et les pratiques et procédures devant être mises à jour. L'équipe de la santé et sécurité au travail examine les incidents liés à la sécurité du personnel et effectue des analyses de sécurité pour les éléments relevés dans les rapports.

Les tendances relevées sont présentées chaque trimestre aux patients, aux visiteurs et au personnel dans les unités, qui affichent différentes informations relatives à la qualité (hygiène des mains, raisons des annulations des opérations et des procédures, commentaires des patients, données des listes d'attente et mises à jour aux politiques et procédures pertinentes).

Cette année, l'ICUO mènera les projets suivants en vue d'améliorer la sécurité de tous :

- Rapports continus sur la violence au travail, création d'une boîte à outils pour les dirigeants et mise à jour de la formation sur le logiciel SLS pour le personnel clinique.
- Création d'un guide d'information préopératoire sur le cannabis.
- Analyse thématique des incidents liés à la sécurité des patients, incluant l'examen des commentaires et préoccupations. Les résultats seront transmis au Comité d'examen de la sécurité des patients.
- Collecte de données et analyse des événements qui ne devraient jamais arriver.
- Analyse des modes de défaillance et de leurs effets au Service de pharmacie afin de cerner les occasions d'améliorer la qualité et la sécurité de la gestion des médicaments à l'ICUO.

APPROCHE EN MATIÈRE DE SANTÉ DES POPULATIONS

L'ICUO offre des soins de prévention primaire, de réadaptation et de prévention secondaire grâce à son programme de réadaptation cardiaque et son Centre de la prévention et du mieux-être. Nous diffusons de l'information sur la prévention des maladies du cœur lors de différentes activités, comme la Journée de la santé cardiaque des femmes, l'événement *Informé, c'est soigner* (qui vise à vulgariser la recherche sur la prévention et le mieux-être) et la Journée de sensibilisation aux maladies valvulaires cardiaques.

Les patients traités à l'ICUO sont inscrits à des séances d'information sur leur condition, leur intervention et leur opération dans le cadre de notre programme de consultation externe. L'objectif est de les aider à mieux gérer leurs symptômes, à adopter de saines habitudes pour le cœur, à abandonner le tabac et à optimiser leur santé. Pendant leur hospitalisation, les patients sont automatiquement orientés vers le programme de réadaptation cardiaque afin de faciliter la transition entre l'hôpital et leur domicile et de favoriser l'adoption de saines habitudes pour le cœur. Le programme inclut de l'aide en santé mentale, des informations et des conseils sur la nutrition, une évaluation de l'état physique, de l'aide pour cesser de fumer, des informations sur les médicaments et des évaluations de suivi.

Le Centre de la prévention et du mieux-être offre plusieurs programmes et services, dont le programme de soutien par les pairs Femmes@Cœur; un programme de soins virtuels qui aide les patients à mieux comprendre leur état de santé et à gérer les facteurs de risque cardiovasculaires; le programme CardioPrévention pour les patients présentant un risque modéré ou élevé de maladie du cœur; une application pour les patients souffrant de problèmes

cardiaques qui souhaitent entreprendre un programme d'exercices; un service de livraison de repas sains pour le cœur; et des modules d'apprentissage en ligne pour informer le public sur la prévention et le mieux-être.

RÉMUNÉRATION DES CADRES

La proportion de la rémunération de nos cadres qui est fondée sur le rendement reflète ce qui est en vigueur dans les autres établissements de taille semblable et correspond aux pourcentages suivants :

- PDG : 10 % du salaire de base
- Vice-présidents : 5 % du salaire de base

Vu leur importance pour l'ICUO et pour la prestation de soins exceptionnels, on recommande de baser l'évaluation du rendement sur les éléments suivants pour l'exercice 2024-2025 :

1. En attendant votre rendez-vous en cardiologie

La liste d'attente pour une nouvelle demande de consultation d'un cardiologue est actuellement d'au moins huit mois, avec environ 1000 patients en attente. Ce projet vise à fournir aux patients les ressources disponibles pendant qu'ils attendent leur premier rendez-vous en cardiologie après avoir été acceptés. L'équipe proposera un webinaire mensuel animé par une infirmière, une physiothérapeute et une diététiste afin de passer en revue et de souligner les informations pertinentes. Le webinaire portera notamment sur l'inscription à myChart, l'orientation vers les cliniques et les examens offerts à l'ICUO, la gestion des symptômes et les saines habitudes pour le cœur (exercice, alimentation et abandon du tabac). L'objectif est d'améliorer la préparation aux rendez-vous à la clinique, d'accroître le nombre de patients inscrits au programme d'abandon du tabac avant leur rendez-vous, de réduire le nombre de visites aux urgences et chez les médecins généralistes, et d'améliorer la satisfaction des patients qui doivent attendre longtemps pour un rendez-vous en cardiologie.

Produits livrables / objectifs du projet :

- Webinaire créé d'ici le T2 de 2024-2025.
- 90 % des patients se verront proposer le webinaire.
- Hausse de 10 % des inscriptions au programme d'abandon du tabac d'ici le 31 mars 2025.

Pondération : 33,3 %

2. Sensibilisation à la culture inuite

L'ICUO a adopté les modules du CHEO sur la sensibilisation à la culture inuite et souhaite faire suivre cette formation au personnel de réadaptation cardiaque.

Produits livrables / objectifs du projet :

- 90 % du personnel de réadaptation cardiaque suivra les quatre modules de formation d'ici le 31 mars 2025.

Pondération : 33,3 %

3. Analyse des modes de défaillance et de leurs effets (AMDE) au Service de pharmacie

Le Service du contrôle de la qualité réalisera un examen du Service de pharmacie de l'ICUO à l'aide des outils LEAN/AMDE, afin de cerner les risques, les lacunes et les occasions d'amélioration. Une équipe de pharmaciens sera formée afin de cartographier les processus et d'établir un plan de travail pour combler les lacunes. Le plan de projet sera présenté à la haute direction.

Produits livrables / objectifs du projet :

- Le Service du contrôle de la qualité réalisera un exercice LEAN/AMDE d'ici le 31 mars 2025.

- Le Service du contrôle de la qualité présentera un plan de projet au gestionnaire et au vice-président responsables de la pharmacie d'ici le 31 mars 2025.

Pondération : 33,3 %

RESPONSABLE DÉSIGNÉE À CONTACTER

Bonnie Bowes, chef des soins infirmiers et vice-présidente, Qualité, confidentialité et renseignements sur la santé
bbowes@ottawaheart.ca

AUTRE

L'engagement de l'ICUO en faveur de l'amélioration de la qualité et de la sécurité des patients se traduit par nos efforts constants pour évaluer et améliorer les soins que nous prodiguons. Notre évaluation du rendement actuel en matière de qualité a révélé des points forts et des points à améliorer, sur lesquels nous avons basé notre plan d'amélioration de la qualité. Grâce à des initiatives ciblées et au suivi régulier de nos progrès, nous sommes convaincus que nous continuerons à offrir des soins sûrs et de grande qualité à nos patients et à leurs proches. En continuant d'incarner nos valeurs axées sur la sécurité, l'équité, l'efficacité, la continuité, les besoins des patients et le mieux-être, nous veillerons à offrir des soins de la plus haute qualité à nos patients et à la communauté.

APPROBATION

Il est recommandé que les personnes suivantes examinent et approuvent le plan d'amélioration de la qualité de l'établissement :

J'ai examiné et approuvé le plan d'amélioration de la qualité de notre établissement le **2 avril 2024**



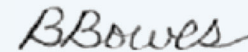
Dalton McGuinty, président du conseil d'administration



Kathryn Butier Malette, présidente du Comité de la qualité



Rob Beanlands, président-directeur général



Bonnie Bowes, autre membre de la direction