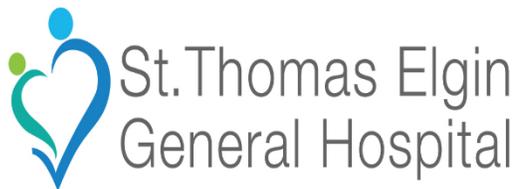


Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



3/23/2017

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

ontario.ca/excellentcare

Overview

St. Thomas Elgin General Hospital's (STEGH) Vision is to deliver an excellent patient care experience, in a safe and compassionate environment, in collaboration with our healthcare partners. To fulfill our Vision, we utilize a Lean philosophy and framework that gives direction to everything we do. STEGH began its Lean journey in 2011 with the goal to transform the culture at our hospital. Lean is an approach that focuses on continuous improvement in the pursuit of excellence and a key pillar is respect for people - all people in the system, including patients, families, providers, and volunteers. Our Lean approach has helped us achieve a multitude of successes and improvements to positively impact patient experience. Our continuous improvement efforts are also guided by our Mission:

- To care for those who access our services while enabling their participation in decisions about their care, and to proactively coordinate their smooth access to other health care services within the broader continuum of care;
- To support learning and continuous improvement in the delivery of safe, efficient, quality-oriented, and values-driven services;
- To make choices about services and service-delivery options that consistently balance system needs with available resources, in a constantly changing healthcare environment;
- To promote a collaborative partnership in education through established affiliations with universities, colleges and tertiary healthcare organizations.

In developing our Quality Improvement Plan (QIP), we have aligned our strategic priorities with that of the Ministry of Health, the Southwest Local Health Integration Network (SWLHIN) and our partner community health services providers. These priorities include Patient Experience, Safety, Quality, People and Financial Stewardship. STEGH's QIP also demonstrates our commitment to safe, quality care, to our CARES Values (Compassion, Accountability, Respect, Excellence and Safety) and to patient/family centred care.

STEGH's vision to deliver a positive patient experience - every time - is the very foundation of all that we do and we are fully committed to doing this work in partnership with patients, families, providers and community partners.

Our quality agenda is driven from the bedside to the boardroom with a robust reporting process to broadly share feedback and opportunities. Patient/family feedback from surveys are reviewed weekly, quality and safety metrics are reviewed weekly at our leadership huddle, staff attend daily huddles and are able to identify continuous improvement opportunities at any time, we share improvement initiatives to the organization on a bi-weekly basis, and the Board monthly scorecard measures the metrics from our QIP. These weekly and Board level scorecards are posted on all huddle boards in the hospital as well as on our external website.

As a leading hospital in the province in both Emergency Department wait times and advancing patient experience strategies, we will continue to deliver quality in all aspects of the care we provide and will continue to be open and transparent with our stakeholders. Through the development and subsequent public posting of our QIP, we will encourage continued dialogue with our patients and community about the quality of care they are receiving and encourage engagement through our Patient Experience Council, our volunteer Patient Advisors, our Patient Experience Office.

The 2017-2018 QIP identifies 13 key indicators that will guide our quality improvement for the coming fiscal year. These include:

Patient Experience:

- Did you receive enough information when you left hospital?
- Number of ER Patients meeting the 90th percentile Time to Physician Assessment

Safety:

- % of mental health patients with follow up plan at discharge
- % of medically complex patients with specialist follow up appointments booked on discharge from medical units
- % of workplace safety events in targeted categories (violence, needle sticks/sharps, strains/sprains)
- % of discharge summaries dictated within 48 hours of discharge.

Quality:

- % of Quality Based Procedures (QBP) Order Sets implemented
- % of Choosing Wisely Toolkits implemented
- % of Baby Friendly Measures implemented for Baby Friendly Certification

People:

- Number of Wellness opportunities held for staff and physicians
- Number of staff recognized corporately at Leadership Huddles

Financial Stewardship:

- Average paid sick days/month per FT employee
- Direct cost per inpatient day (RN,RPN,PSW,Unit Clerk hours per day over census)

QI Achievements From the Past Year

STEGH was successful in meeting or exceeding many targets from the QIP for 2016-2017. These included:

- Achieving our target of 94% for our inpatient satisfaction score (Excellent or Very Good response)
- Exceeding our target (88%) for BPMH completed within 24 hours of admission with a rate of 93%
- Exceeding our target (87%) of discharge summaries completed within 48 hours with a rate of 92%
- Exceeding our target (90%) of patients with follow up appointments booked when discharged with a rate of 99%
- Exceeding our target (10) of individual care plans for complex medical patients by completing 13
- Exceeding our target (75%) of COPD and CHF Medicine Admissions referred to Telehomecare for ongoing care and support with a rate of 91%
- Achieving a significantly lower % of physical restraint use in Mental Health with only .4% (target 2%)

Population Health

Health is much more than the absence of disease. It is a resource for living that includes a sense of physical, mental, emotional, spiritual, and social well-being. Good Health depends on the Determinants of Health including food, housing, education, income, peace and justice, physical environment, healthy child development, and social supports. Health is everyone's responsibility. All sectors of society take part in influencing the determinants of health including levels of government, community and health agencies, community groups and individuals. The total population of Elgin St. Thomas was 87,461 in the 2011 Census. Seniors made up 16% of the population and that proportion is increasing overtime. Children and youth accounted for 13% of the population and that proportion is decreasing. Elgin St. Thomas has a large rural population, reporting 35% of residents living in rural regions.

The medium income of all households in Elgin St. Thomas was \$54,411. Most households earned between \$20,000-\$49,000 (29%) and \$50,000-\$79,000 (25%). In Elgin St. Thomas, 17% of the population had less than a high school diploma and 30% had only a high school diploma.

People living in Elgin St. Thomas consider themselves healthy overall with 90% rating their health as good or better, although more people reported better health when they had a higher income. Elgin-St. Thomas had higher rates of all cause hospitalizations compared to Ontario. Chronic diseases and injuries accounted for the majority of the leading causes of hospitalization. Elgin St. Thomas also had higher rates of all cause mortality than Ontario

More people in Elgin St. Thomas are smoking compared to the province and the rates are not decreasing over time. Nearly half of adults in Elgin St. Thomas reported drinking in excess of the low risk drinking guidelines which aims to prevent the long term risks of chronic disease due to alcohol consumption.

More than half of adults in Elgin St. Thomas had a Body Mass Index (BMI) above the normal weight range but this was similar to the province.

Equity

To ensure that all of our vulnerable populations receive timely follow up care when discharged from hospital, STEGH now arranges follow up appointments with primary care providers at the time of discharge. For those patients without a family doctor, we connect them with a Family Health Team to provide their follow up care in the community. This year, we will be implementing a new process that will involve scheduling follow up care appointments with specialists to ensure timely access to specialized care for medically complex patients. We are extending our follow-up care plans to include mental health inpatients, one of our most vulnerable populations. We will be introducing a new QIP Indicator for 2017 that will ensure there is an agreed upon follow-up plan prior to patient discharge for our Mental Health Inpatients.

Integration and Continuity of Care

STEGH is pleased to be part of a Health Links program, which is focused on our highest-use patients. Coordinated and integrated care is the heart of Health Links which was launched in December 2012.

This new model of care aimed at improving care for high needs patients sees all providers working at the local level to integrate clinical care and coordinate plans at the patient level.

The team uses common principles for coordinated care plans so that all complex patients will have the same experience and help in navigating the healthcare system.

Access to the Right Level of Care - Addressing ALC Issues

At STEGH, we are very focused on our Alternate Level of Care (ALC) patients in both acute and post acute care streams. We have a higher than average ALC rate in our post-acute care stream and we are working with CCAC and our longterm care partners to reduce this rate. With the implementation of coordinated access to rehab and complex care beds, we have seen an increased rate in our acute patients. This process often adds a 2-3 day ALC length of stay for these patients. We will be working closely with CCAC to create a Home First refresh strategy utilizing the great work from William Osler. We have an ALC Committee that meets monthly to review all ALC patients and to ensure that all appropriate options have been explored and applications have been made. We have clarified accountabilities at

STEGH to ensure that CCAC Care Coordinators are the only individuals discussing disposition and discharge plans with patients and their families to ensure consistent messaging and adherence to policies and legislation. Our Executive Team also signs off on all ALC patients staying in hospital to await placement to ensure that all options have been explored and that the patient is accessing the right level of care within the right environment. STEGH also strongly encourages the use of the Wait At Home (IH2H) Program.

Engagement of Clinicians, Leadership & Staff

The QIP continues to be developed in partnership with key stakeholders, including staff, leaders, physicians, and our Board of Governors, all of whom provided input into determining the QIP metrics. Each QIP metric is supported by a dedicated, multidisciplinary team that is ultimately focused on delivering an excellent patient care experience every time. STEGH utilizes a continuous daily improvement approach that allows staff at the bedside or frontlines to identify continuous improvement opportunities. Using a daily huddle board, these ideas are tracked and reported out to the broader organization on a bi-weekly schedule. These Continuous Improvement (CI) initiatives are also shared at our Board of Governors' meetings. This is a highly engaging model for all staff, leaders, and board volunteers. We are fortunate that clinicians, leaders, and staff are so committed to quality improvement and that they have embraced this approach to quality improvement at STEGH.

Resident, Patient, Client Engagement

Listening to and involving the patients, families and caregivers in all stages of the care design process and in the delivery of this care is a key driver of STEGH's QIP. Patient and family engagement is critical to STEGH's quality improvement efforts. Patient surveys are distributed to every discharged patient and this survey is also available electronically. We are pleased to report a return rate of more than 40%, which provides us with robust and rich data on which to base our quality improvement work.

Our Patient Experience Council reviewed this year's QIP and provided feedback prior to the final indicators being selected. Patient Advisors are also actively involved in our Model of Care Planning Committee, Wayfinding Task Team and are routinely called upon to participate in rapid improvement and Kaizen events through our Transforming Care Office.

Our Patient Experience Council was also involved in the development and launch of STEGH's Patient Family Centred Care Framework and Patient and Provider Engagement Strategies to improve the care experience for those we are privileged to serve.

Staff Safety & Workplace Violence

STEGH has worked hard over the past few years to create a Just Culture where people feel safe to speak up about the issues of staff safety and workplace violence. We have offered training to de-escalate individuals, including respect and civility sessions, safe management training, and gentle persuasion techniques. We know that this issue is of paramount importance to both our providers and our patients. This year's QIP will set the baseline for the coming years to measure how frequently management completes follow up within two working days for incidents of violence, needle stick/sharps, and strains/sprains.

Currently, all leaders huddle once a week where quality, risk and safety metrics are reviewed and discussed. These metrics include employee incidents by both type and severity.

Performance Based Compensation

Of the 13 measures selected for the STEGH 2017/18 QIP, a total of five will be directly linked to executive compensation at risk. These include:

- Patient Experience 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 hospital? (Target 60% completely)
- % of Medically Complex Patients with specialist follow up appointments booked at discharge from medical units (Target 80%)
- % of workplace safety events in targeted categories where management complete checklist follow up within two working days (set baseline 75%)
- % of Choosing Wisely Toolkits implemented (Target 80%)
- Direct cost per inpatient day (RN, RPN, Unit Clerk hours) per day over census (Targets is to have 70% of Units meeting the unit specific cost targets)

For those included, 5% of executive compensation will be at risk at a rate of 1.0% for each indicator.

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

Board Chair
Quality Committee Chair
Chief Executive Officer