

Let's Make Healthy  
Change Happen.



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



3/31/2014

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 HQO (if required) in the format described herein.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

Our vision for St. Thomas Elgin General Hospital (STEGH) is an “An excellent patient care experience, every time” and as a leadership team we are on a journey of transforming the care provided to our patients. The experience of the patient and their family is paramount and we uphold daily the values of Compassion, Accountability, Respect, Excellence and Safety to assist us in achieving our vision.

We use the vision, values and strategic directions as touchstones daily to hold us accountable to our community and key stakeholders and we have good evidence to demonstrate STEGH performance.

Our Quality Improvement Plan (QIP) for 2014/2015 highlights seven priority objectives for improvement. Each objective declared as a priority aligns with our vision for an excellent patient care experience; is a priority we are actively trying to improve on or is an objective we are monitoring to ensure sustainment of recent gains.

The QIP development occurs with input from the Medical Advisory Committee (MAC) and the leadership team and the hospital operating system is one of visible management and continuous daily improvement using the lean model of transformation launched at STEGH 2011. This is a highly engaging model of all leaders and clinical/non-clinical staff. Measures of improvement are at the core of the system monitored daily at staff huddles, and drive the selection of strategic /operational improvement projects. This process/system requires and engenders transparency and sharing of goals. This is the milieu in which the QIP is developed and all objectives are measured within the day-to-day operations of the organization and do not require any additional resources.

### ***STEGH priority objectives for 2014/2015 QIP are as follows:***

- Reduced wait times in ED, specifically, reduce the 90th percentile Physician Initial Assessment time for CTAS 3 patients to two hours. This is a gap in our present system as we have a very nimble system to address CTAS 1 and 2 patients and an accelerated system to address less acute CTAS 4 and 5 patients through our rapid assessment zone. We are addressing the challenge of CTAS 3 patients who may end up waiting longer.
- Reduction of unnecessary time spent in hospital by continuing to reduce our Alternate Level of Care (ALC) days for all patients by December 2014 to 16%. This new target includes Complex Continuing Care beds and Rehabilitation beds where previously it only measured acute care beds where the indicator has been measuring less than 6%. This is a more timely and relevant measure that includes all open ALC cases. The 16% target is from our Hospital Services Accountability Agreement (HSA).
- Patient Satisfaction has two objectives for 2014/2015. We desire to see an increase in the percentage of patients responding "Yes, Definitely" to "Willingness of patients to recommend this hospital to friends and family" in response to our in house survey. STEGH is also starting a new process of implementing Post Discharge calls. The target is to have post discharge calls to 80% of all discharged patients by December 2014. It is critical for us to know on a daily basis if ~~our community members feel we are living up to our vision and we need to understand where~~

we can improve. Our in house model of patient surveys allows real time follow up and weekly monitoring by all leaders. The literature demonstrates the multiple benefits of post discharge phone calls including the increase in patient satisfaction and smoother transitions in care when executed consistently.

- STEGH will increase the proportion of patients receiving medication reconciliation upon admission. The goal is to achieve 95% compliance for medication reconciliation on admission by December 2014 for all admissions with greater than 48-hour length of stay. With the implementation of Computerized Physician Order Entry (CPOE) the medication reconciliation process has become an automated process and it must be completed on admission. Communication of medications is a critical component of safe care, improves transitions of care and potentially readmission. The leadership is highly committed and reviews medication reconciliation data weekly as a team.
- With continued effort to reduce hospital acquired infection rates, hand hygiene compliance before patient contact will increase to 95%. Despite the current rates and given the importance of clean hands to health and patient safety, STEGH continues to strive for the theoretical best rate.
- STEGH is aiming to reduce the incidence of new pressure ulcers stage two or greater across the entire patient population at our hospital by December 2014. This has been a focus for the past few years and last year's goal of 1.2 per 1000 patient days for the Complex Continuing Care unit was exceeded. This new target of a 50% reduction is a significant stretch goal and includes all patient care areas. This metric is reviewed on every floor every week and there is a consistent organization wide approach to wound care including standardization.

## **Integration & Continuity of Care**

Like many large community hospitals, STEGH is increasingly challenged to think about our role in the region, not just locally. The QIP is closely tied to the Strategic direction of the organization, the vision and values. To achieve success in our objectives, STEGH works closely with the local and regional Community Care Access Centers (CCAC), the Local Health Integration Network (LHIN) and our community partners. The recent partnership with CCAC to implement the Home First project and the Access to Care pilot are significant examples.

The focus on access through CTAS 3 wait times, ALC and the patient care experience contribute to high quality care that is accessible and coordinated across the continuum of care.

STEGH has begun working with the LHIN and local care partners on the creation of the Elgin Health Links and this will link well to our quality initiatives.

## **Challenges, Risks & Mitigation Strategies**

All hospitals are challenged to continue to improve in the face of increasing complexity, changing patient demographics and disease processes, decreasing fiscal resources and political uncertainty.

For the objectives chosen for the 2014/2015 QIP there are challenges and risks that we continually assess to mitigate and course correct by engaging in repetitive Plan-Do-Check-Act (PDCA) cycles.

STEGH currently has sustained a high level of compliance for hand hygiene now and moving the target higher will be a challenge. We are continually looking at better ways to improve and ingrain changes.

The ALC target, which includes all beds now, will be a challenge as STEGH no longer controls access to our CCC beds because of the CCAC / LHIN Access to care project. Success of Home First program must be maintained and the close relationship with CCAC in jointly monitoring the transfer process and impact on acute bed occupancy is critical. STEGH will continue to focus on patient flow and discharge to optimize throughput.

The PIA time for CTAS 3 patients is a challenge as this grouping of patients typically has low admission rates and requires considerable time to address in the department. Driving wait time lower requires testing additional changes to ER processes. Our staff and physicians are proud of the ranking of STEGH as the #1 ER wait times hospital in Ontario in 2012, 2013 and so far in 2014. We must be careful to maintain high levels of quality/safety while continuing to drive wait times lower. The continued pressure on staff/physicians can create change fatigue requiring careful change management.

STEGH made the decision to move away from the NRC Picker survey, as it was found to be cumbersome, overly detailed, garnered a low response rate and provided late data. STEGH relies on a short internal survey administered at discharge with responses, including all written comments, processed in 7-day cycles with results posted visibly on huddle boards across the hospital. The "recommend" survey question duplicates the NRC Picker question. Responses have shown a high level of satisfaction so it is a challenge to sustain and increase. We are driving more patient experience/patient centered concepts into our care processes, now supported by our community patient experience council.

Literature supports the activity of Post Discharge Calls as helpful to patient confidence and wellness, reducing readmission rates and helping identify care process issues. The challenge for STEGH will be in establishing a system that is relevant, useful to both parties and sustainable.

### **Information Management Systems**

STEGH uses business intelligence tools to provide trending and drill down capability with weekly data to the clinical units, which is rolled up, to the board and medical staff monthly. Our lean operating system is data driven with great transparency of current data/measures posted daily across the hospital in very public locations. This level of concurrent transparency does require some sophistication of information management systems/resources (utilization management system, electronic bed boards, data management systems) to support it, but at the same time we incorporate real time use of paper, pencil, markers and white boards to keep the system real and human.

STEGH has just completed implementation of the CPOE component of the Electronic Patient Record (EPR), which promises to have an impact on important safety issues such as medication error rates.

Leaders complete hand hygiene audits weekly by use of iPads that upload to a database.

Touch screens are in the Emergency Department to allow immediate experience feedback.

### **Engagement of Clinical Staff & Broader Leadership**

The QIP is developed with input from the MAC and the leadership team. The hospital operating system is one of visible management and continuous daily improvement using the lean model of transformation launched at STEGH 2011. This is a highly engaging model of all leaders and clinical/non-clinical staff. Measures of improvement are at the core of the system monitored daily at staff huddles, and drive the selection of strategic /operational improvement projects. This process/system requires and engenders transparency and sharing of goals. The QIP is created in this milieu.

### **Accountability Management**

Accountability is a key value at STEGH and all leaders as well as the MAC are engaged in assisting STEGH to achieve the outlined QIP targets. The leadership team reviews the data of the metrics on a weekly basis and reports to the MAC and Board of Directors monthly by way of verbal report and dashboard.

STEGH leadership operates with a high level of transparency and utilizes a visual management system.

The QIP is monitored monthly directly by both the Board Quality Committee and the Board as a whole. All leaders and the senior executives are present at weekly quality and safety huddles, which address a number of issues including all QIP metrics. This allows for timely feedback and continued PDCA cycles. All of the specific metrics affecting a clinical area are on the clinical teams daily huddle board and reviewed daily through all 29 departments across the hospital.

Compensation for executives tied to target achievements is recommended by the board members of the Board quality committee and then approved by the full board. Compliance with target achievement is addressed similarly. Executive compensation for the 2014/14 QIP has been determined to be 1% for five of the stated seven objectives. The five tied to compensation are hand hygiene compliance, medication reconciliation at admission, pressure ulcer rate, discharge phone calls and PIA time for CTAS 3 patients.

The QIP is posted on the hospital website for public review.

### **Health System Funding Reform**

The HSFR process is being integrated and followed closely by STEGH. Two senior leaders sit on the local LHIN HSFR local impact committee involving local funding of Quality Based Procedures. STEGH is also embarking on a case costing system for 2015.

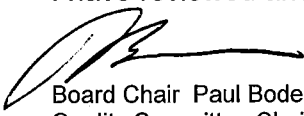
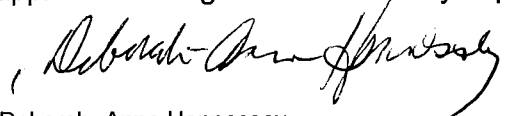

The initiatives of Medication Reconciliation on discharge, the reduction in Hospital Acquired Infections and readmissions, the improved patient experience and fewer patient complications will all commit to increasing our efficiency, improving quality and safety while also increasing our efficiencies and improving costs. These actions are driving STEGH to achieve important results that focus on the patient.

All of the QIP metrics are measured within the day-to-day operations of the organization and do not require any additional resources. STEGH has incorporated HSFR initiative throughout our management portfolios and incorporate into daily work.

## 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 Paul Bode  
Quality Committee Chair Deborah- Anne Hennessey  
Chief Executive Officer Paul Collins

*Instructions: Enter the person's name. Once the QIP is complete, please export the QIP from Navigator and have each participant sign on the line. Organizations are not required to submit the signed QIP to HQO. Upon submission of the QIP, organizations will be asked to confirm that they have signed their QIP, and the signed QIP will be posted publically.*