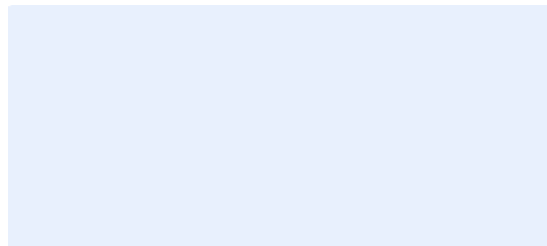


Let's Make Healthy  
Change Happen.



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



4/5/2016

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

# Overview

STEGH launched 'transforming care' in the summer of 2011 as a journey of learning and improving that is never complete and has made, and continues to make significant progress which has been recognized.

Lean thinking respects people and their knowledge, and engages everyone in achieving higher levels of quality and safety, while improving efficiency through the reduction in waste. This is the 'transforming care' challenge we face, not only in at our hospital but also in our healthcare environment in Ontario, and indeed across Canada.

STEGH's involvement in the Ontario Emergency Department Performance Improvement Project or ED PIP in 2009/10 launched the lean journey at STEGH. STEGH has witnessed first-hand the positive results of front line problem solving, using proven lean tools and concepts to address change and improvement.

Engagement at STEGH to the application of lean thinking (that we call 'transforming care' ) is achieved through staff huddles, executive attendance at huddles, transparent and visual displays of measures and data, participation in 'kaizen' problem solving events, participation in yellow and green belt education, the launch of a Patient Experience Council and many, many other activities. These actions all increase the ability to solve problems and continuously improve. The Quality Improvement (QIP) for 2016 / 2017 highlights fourteen priority objectives for improvement. Each objective declared as a priority aligns with our vision for an excellent patient care experience.

PATIENT EXPERIENCE / SAFETY / QUALITY / PEOPLE / FINANCIAL STEWARDSHIP  
Efficient Resource Use

- . Cost Per Patient Stay
- . Attendance at Work
- . Kaizen 2xMonth - Manager Lead

Patient Experience

- . Patient Satisfaction
- . 90th Percentile Physician Initial Assessment (PIA) in Emergency Department

Integration of Care

- . Discharge Summaries Dictated within 48 hours of discharge
- . Individual Care Plans for patients with high needs
- . Patients with Follow-Up Appointment Booked with Primary Care Physician
- . Care Pathways for Relevant Quality-Based Procedures
- . Remote Monitoring for selected COPD / CHF Patients

Safe Care

- . Incidence of Newly Acquired Stage 2 or Greater Pressure Ulcers (CCC / Rehab)
- . Antimicrobial Stewardship
- . Best Possible Medication History Completed Within 24 Hours of Admission
- . Physical Restraint Use in Mental Health

## QI Achievements From the Past Year

IDEAS Project -IMPROVEMENT OF KEY METRICS

Reached 94% on follow-up appointments booked for discharged patients and their primary care giver

90% compliance with completion of Best Possible Medical History for admitted patients

Discharge summaries being completed within 48 hours of patient discharge = 89%

#### EMERGENCY DEPARTMENT - CONTINUOUS FOCUS ON IMPROVEMENT

Reduce in length of stay (90th percentile) - currently at 6.9 hours.

CTAS 3 - Able to achieve a 90th percentile for a wait less than 2.0 for 7 separate weeks.

Full implementation of 12 Safer Healthcare Now Safety Bundles

Patient Satisfaction with care rated as very good or excellent has increased to 94%  
Patient Experience Council and Patient Resource Centre implemented

## Integration & Continuity of Care

STEGH is a large community hospital working in collaboration with the complex and interdependent health systems of southwestern ontario.

STEGH works very closely with local and regional Community Care Access Centers, the Local Health Integration Network, other hospitals, healthlinks and community partners to ensure the needs of the patient are met.

#### INTEGRATION OF CARE

- . discharge summaries sent to family physicians within 48 hours
- . follow-up appointments booked with family physicians prior to discharge
- . Best Possible Medication History within 24 hours of admission
- . Care Plans for patients with high care needs
- . Tele-Homecare
- . Care Pathways

## Engagement of Leadership, Clinicians and Staff

The QIP continues to be developed with active input and agreed upon metrics from our staff, leadership team, Medical Advisory Committee, and Board of Governors. This input and metrics are discussed regularly at department and area huddles.

St. Thomas Elgin General Hospital utilizes continuous daily improvements using the lean model of transformation which we launched in 2011. This is a highly engaging model for all leaders and both clinical and non-clinical staff.

Measures of improvement is key. These metrics are monitored daily and utilized to drive the selection of strategic / operational improvement projects so that we can make changes in real time. This process requires transparency, visible, active, and engaged leadership.

## Patient/Resident/Client Engagement

STEGH continues to work in partnership with its Patient Experience Council which consists of both patient advisors and staff advisors. Working in partnership to ensure an excellent patient care experience through the delivery of patient and family centred care, the council has informed and strengthened the development of Family Presence Guidelines, participated in many continuous improvement events, and actively participates in a number of initiatives that directly inform our QIP, including Patient Experience Rounds and attendance at department huddles.

Most recent success is the Patient and Family Resource Centre which officially opened in the Fall of 2015 and the next wave of patient advisor recruitment.

# Performance Based Compensation [part of Accountability Mgmt]

Of the 14 measures selected for the STEGH 2016/17 QIP, 11 will be directly attached to executive compensation at risk. Those not attached to executive compensation include: Cost per Patient Stay, Antimicrobial Use, and Attendance at Work. For those 11 selected, 5% of executive compensation will be at risk at a rate of 0.5% for each of 10 of the 11 indicators, with one indicator of the 11 receiving a pass if unmet at year end.

## Other

We are continuing to focus on optimizing transitions of care from hospital to community working with our community partners.

### 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 Melanie Taylor

Quality Committee Chair Cathy Crane

Chief Executive Officer Paul Collins

Other leadership as appropriate Dr. Nancy Whitmore