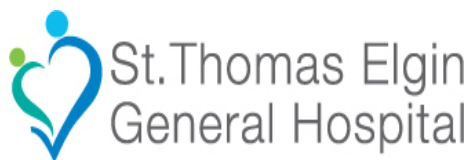


Let's Make Healthy
Change Happen.



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



4/1/2015

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

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 2015 / 2016 highlights six priority objectives for improvement. Each objective declared as a priority aligns with our vision for an excellent patient care experience.

Patient Experience

1. Patient satisfaction

Overall, how would you rate the care you received?

Excellent, Very good, Good, Fair, Poor

- *Average of 92% excellent and very good across all inpatient units*

2. Access

Physician Initial Assessment (PIA) for CTAS 3 patients (90th percentile)

- *Reach 2.0 hours by Dec 2015*

Safety

1. Best Possible Medication History (BPMH) complete within 24 hours

- *Average of 85% for all inpatients admitted to ICU, medical and surgical units*

2. Safety bundles implemented

- *All 12 Safer Healthcare Now bundles to be fully implemented in a minimum of one clinical area by Dec 2015*

Quality

1. Discharge summaries dictated within 48 hours

- *Average of 85% for all inpatients excluding maternal and newborns*

2. Follow up appointments made with primary care provider on discharge from hospital for specific CMG's (chronic disease)

- *Average of 90% for patients discharged from medical units*

Integration & Continuity of Care

STEGH is a large community hospital working in concert with the complex and inter dependent health system of Southwestern Ontario. STEGH is constantly thinking about the role of the hospital in the local city, the county and the region. STEGH works very closely with local and regional Community Care Access Centers, the Local Health Integration Network, Hospitals, Healthlinks and community partners to ensure the needs of the patients are met.

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, local external factors and political uncertainty. The lack of primary care in Elgin county and St. Thomas makes access for citizens a challenge. Both availability and timely access off hours are concerns.

All improvement work in a complex healthcare system has inherent risks that are considered in the context of successful achievement and the need for mitigating strategies. As with prior QIP plans, the 2015/2016 QIP is faced with challenges and risks that STEGH will continually assess, mitigate and course correct by engaging in repetitive Plan-Do-Check-Act (PDCA) cycles.

STEGH relies on a short internal patient feedback 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 questions have been revised to align with the Picker survey process and to allow for increased understanding of patient experience. STEGH is driving patient experience and patient centered concepts into care processes and is supported by the hospitals patient experience council.

The PIA time for CTAS 3 patients continues to be a challenge, despite improvement in 2014/15, due to the increasing ED volumes and the issues presenting with CTAS 3 patients. Namely, low admission rates and longer time to address medical needs in the ED. STEGH staff and physicians are proud of the continued ranking of STEGH as the #1 ER wait times hospital in Ontario in 2012, 2013, 2014 and so far into 2015. STEGH carefully monitors levels of quality/safety while continuing to drive wait times lower. This continued pressure on staff/physicians, blended with a year over year increase in patient volumes with no additional resources, can create change fatigue requiring careful change management.

Implementing all 12 of the safety bundles fully into at least one area is a stretch goal but one in which STEGH leaders are committed to given the reliable nature and the practicality of the tools for improving quality and patient safety. Attention will be paid to the number of, and timing of, all projects underway at STEGH. BPMH is easily measured on the CPOE system and this is the basis for an effective medication reconciliation process on both admission and discharge.

The completion of discharge summaries is highly dependent on the medical staff and STEGH leadership ensures ongoing engagement of the MAC, department chiefs, and entire medical staff to move this target. Attention will be paid to the workload assessment of the unit clerks to ensure the discharge follow up appointments are completed as a priority.

Information Management

STEGH uses business intelligence tools to provide weekly, monthly and annual trending and drill down capability. The data is shared at a local unit level and rolled up to a corporate summary on a weekly, monthly and annual basis. The system, and the team members who support it, are flexible and provide timely responses to changes. The lean operating system is data driven with great transparency having current data points posted daily across the hospital in very public clinical and non-clinical 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 STEGH leaders incorporate real time use of paper, pencil, markers and white boards to keep the system real and human. The organization is flexible to ensure the proper technology requirements of staff are met – leaders continue to use iPads for hand hygiene audits with automatic upload of information.

Data also drives patient experience metrics. Weekly summaries of patient feedback are captured, themed and shared across the organization. The themed reports help identify areas for improvement and allow for focused strategies to address needs identified by our patients/families.

Staff and physicians identified by patients/families for living our CARES values are acknowledged each week on our huddle boards and digital screens and Human Resources compiles these weekly reports for annual reporting and performance management purposes.

Engagement of Clinicians & Leadership

The QIP is developed with active input from the leaders, board members, staff and MAC and agreed upon metrics are discussed regularly at department / clinical area huddles.

The operating system at STEGH continues to be highly visible and utilizes continuous daily improvements using the lean model of transformation launched at STEGH 2011. This is a highly engaging model of all leaders and clinical/non-clinical staff that occurs daily. Measures of improvement are at the core of the system. These metrics are monitored daily at staff huddles, and are utilized to drive the selection of strategic /operational improvement projects and to make real time changes. This process/system requires transparency, visible, active and engaged leadership.

Patient/Resident/Client Engagement

STEGH launched its Patient Experience Council in April 2014, which consists of seven volunteer patient advisors working alongside staff advisors. Working in partnership to ensure an excellent patient care experience through the delivery of patient and family centered care, the Council has informed the development of Family Presence Guidelines, participated in continuous improvement events, and will actively participate in a number of initiatives that directly inform our QIP, including participating in hand hygiene audits, and hand delivering patient satisfaction surveys to patients and families during Patient Experience Week. STEGH recently recruited an additional seven Patient Advisors who will collaborate with staff and physicians to continue to focus on quality improvement opportunities.

Accountability Management

The QIP is monitored very closely which includes monthly discussions and assessments amongst both the executive team and hospital board. Accountability is a key value at STEGH and everyone at STEGH plays a role in assisting the organization to achieve the targets set out in the QIP. All leaders review the data of the QIP metrics every Wednesday and the QIP metrics are reported on to the MAC and Board monthly both verbally and with a dashboard report. This frequent and inclusive review allows for timely feedback and continued PDCA cycles. Both the Board Quality committee and the full Board review the QIP metrics at each meeting.

The utilization of a visual management system and the continued movement of the organization to the lean way of operating enable full transparency and a common understanding of metric achievement. The QIP for STEGH continues to be posted on the hospital website for public review.

Performance Based Compensation [As part of Accountability Management]

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 by the Board Quality committee with recommendations taken to the full Board.

Executive compensation for the 2015/16 QIP has been determined to be 1% each for four of the stated six objectives as:

Patient satisfaction average of 92% excellent and very good across all inpatient units - 1%

BPMH complete within 24 hours (average of 85% for all inpatients admitted to ICU, medical and surgical units) – 1%

Safety bundles implemented (all 12 safer healthcare now bundles to be fully implemented in a minimum of one clinical area by Dec 2015) – 1%

Discharge summaries dictated within 48 hours (average of 85% for all inpatients excluding maternal and newborns) – 1%

Follow up appointments made with primary care provider on discharge from hospital for specific CMGs (chronic disease) (Average of 90% for patients discharged from medical units) – 1%

Health System Funding Reform (HSFR)

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.

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

Chief of Staff Dr. Nancy Whitmore