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

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.

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Overview

Joseph Brant Hospital (JBH) remains committed to excellence in the delivery of care and services to our patients. This achievement requires the transformation of healthcare not only within the physical boundaries of the hospital, but across the broader healthcare system. We recognize that we are one part of a larger system that plans, delivers and monitors the healthcare of communities we serve and that optimum outcomes for patients cannot be achieved in isolation from our partners in primary and community care.

The 2014/15 Quality Improvement Plan (QIP) takes into account other organizational planning processes; from our Strategic Plan that focuses on meeting the needs of our patients through to our accountability agreements with the Local Health Integration Network (LHIN). The QIP also aligns with national performance standards established through Accreditation Canada of which JBH is a member hospital organization.

Integration & Continuity of Care

The Ministry of Health and Long-Term Care (MOHLTC) has set out a vision for system-wide quality improvement across all health care sectors, using QIPs as a focal point for change. The MOHLTC is focusing on transformational priorities and systems change. Indicators intended to move forward this provincial vision for quality and performance improvement have been selected as key enablers to drive desired results. Collaboration with other sectors is viewed as a hallmark of how change can collectively happen.

JBH has chosen to make these priority indicators the focus of its 2014/15 QIP. JBH maintains a robust performance monitoring system that culminates in a quarterly Quality and Safety Dashboard. Quality improvement targets established in previous versions of QIPs continue to be monitored through this dashboard which is available on the JBH website.

Our 2014/15 QIP focuses on the seven identified priority indicators with the addition of hand hygiene compliance before patient contact measure due to the importance of this metric in the management of both hospital and community acquired infections.

Specifically, by March 31, 2015, JBH will:

- Set a target for ED wait times for admitted patients at the 90th percentile of 39 hours through the development of escalation processes intended to pull patients from the ED to designated waiting areas on the inpatient units as well as determine trigger points for opening extra unfunded beds to alleviate flow pressures. Standardization of processes related to discharge and subsequent bed cleaning will continue and be monitored for improvement opportunities;
- Maintain a balanced budget or zero deficit through monthly variance analysis and the development of mitigation strategies to ensure timely corrective action to any budget shortfalls;
• Address volumes of ALC patients and work with our Community Care Access Centre (CCAC) partners to review all ALC patients at least weekly for discharge planning and target an average of 10% of ALC patients for discharge to appropriate destinations each week. Escalation processes will be collaboratively developed with internal and external stakeholders to ensure timely management of ALC volumes.
• Perform weekly reviews of patient readmissions to hospital with the same diagnosis for improvement opportunities.
• Particular focus will be placed on the management of chronic obstructive pulmonary disease (COPD) patients for more intensive case reviews to improve performance from the current 21.7% to 21.5%. We will work with our CCAC and associated partners in the development of a Health Links strategy aimed at the management of patients with chronic diseases within the community;
• Engage the health care team in understanding patient perceptions of their care through the socialization and review of patient surveys and results in all programs in order to meet and/or exceed the Ontario Community Hospital Average (OCHA) scores for inpatient and ED care.
• Utilize the model of medication reconciliation upon admission currently in place to guide the development of further plans and strategies to expand the process to at least three additional inpatient units;
• Maintain current infection prevention and control practices in relation to surveillance, monitoring, environmental cleaning, hand hygiene and antimicrobial stewardship in the management of Clostridium difficile disease;
• Continue to drive improvements in hand hygiene rates before patient contact through provider engagement strategies such as visual cues, weekly reporting and the use of social media to achieve a target of 90% compliance which is higher than current provincial performance.

Challenges, Risks & Mitigation Strategies

Patient flow remains one of the highest priorities at JBH. Meeting increasing demands for the delivery of acute care services can be impacted by higher volumes of patients in hospital who no longer require hospital care, but rather, an alternate form of care best delivered in the community. JBH continues to develop and expand upon collaborative relationships with other community providers such as the CCAC, family physicians, retirement homes and long-term care facilities to ensure patients continue to receive the right care at the right place at the right time. This requires a commitment from these identified community partners and care providers, and from ourselves to continually be flexible, innovative and open to change in order to deliver the level of care our patients and families expect and deserve.
Information Management Systems

The availability of timely and accurate data provides us with enhanced understanding of our community requirements and allows us to examine and set targets to better meet those needs both within and outside the walls of JBH. We have a robust eHealth Strategic Plan in place that is focused on strengthening our information management systems and practices. As we continue to meet the plan milestones, information about our patients and their care will be more accessible both internally and externally to our partners in an electronic environment. Such an environment promotes the sharing of information more quickly and accurately for planning and decision making purposes.

Engagement of Clinical Staff & Broader Leadership

The 2014/15 QIP was developed through a consultative process with organizational and physician leaders having consideration to previous QIPs and other existing action plans and initiatives. Our CCAC partners are also part of the consultative and monitoring process through their involvement in some of our hospital quality committees. Program performance dashboards are being created to reflect key metrics, including those contained in the QIP to promote organization-wide engagement, from the bedside to the boardroom. This continues to promote a culture that is focused on quality and performance improvement at all levels.

Accountability Management

Executive leads or sponsors are assigned to the QIP indicators in order to remove any identified barriers and achieve success. The QIP metrics are routinely integrated into the annual goals and objectives for each member of the Senior Leadership Team (SLT), the directors and the managers. Targets for performance-based compensation for the SLT have been approved by the Board of Governors and maintain focus on key measures intended to improve the patient experience.

Health System Funding Reform

JBH continues to strive for improved patient outcomes by focusing on specific groups of patient services that are aligned with our community care needs. With the introduction of Health System Funding Reform (HSFR) all providers within the system, including hospitals, CCACs, retirement and long-term care facilities are compensated according to the achievement of best practices in the delivery of care and services. Through this approach, it is expected that the health care system can achieve improved quality and effectiveness as well as better efficiencies. The link among integrated system-wide QIPs and HSFR is a key driver in transforming patient care management at JBH. Selected measures, targets and methods contained in this year’s QIP, particularly for readmissions, are tied specifically to quality-based procedures for achievement of best practices in the management of COPD and require an integrated approach with our care partners.

In conclusion, the JBH 2014/15 QIP reflects a focus on continued performance improvement with particular emphasis on the measures that are essential not only to system change, but on measures that will support enhanced patient satisfaction and safety.
The Link to Performance Compensation

The purpose of Performance-based compensation is:

1. To drive performance and improve quality care
2. To establish clear performance expectations
3. To create clarity about expected outcomes
4. To ensure consistency in application of the performance incentive
5. To drive transparency in the performance incentive process
6. To drive accountability of the team to deliver on the Quality Improvement Plan
7. To enable team work and a shared purpose

The Executives who will participate in the plan and be subject to the compensation-at-risk include:

- President & Chief Executive Officer
- Chief of Staff
- Vice President, Patient Care Services and Chief Nursing Executive
- Vice President, Public Affairs and Communications
- Vice President, People and Clinical Support Services
- Vice President, Finance and Corporate Services and Chief Financial Officer
- Director, Strategy Management & Governance Liaison

Compensation of our executives is tied to the achievement of the quality improvement performance targets. Our executive’s compensation is linked to performance in the following way:

Joseph Brant Memorial Hospital has a performance pay plan in place that ties executive (as defined by Ontario Regulation 444/10) compensation to the Quality Improvement Plan indicators. The amount of compensation that is performance-based for each Executive is determined as a percentage of that member’s base salary. Overall, there is five percent (5%) total of at-risk compensation for those listed above, with each priority weighted as outlined in the chart below.

A portion of the hospital Executives’ base salary is at-risk, based on process improvements and achievements linked with the following Quality Improvement Indicators as shown below:

<table>
<thead>
<tr>
<th>Quality Dimension</th>
<th>Objective</th>
<th>Target</th>
<th>Percentage of Pay at Risk</th>
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</thead>
<tbody>
<tr>
<td>Access</td>
<td>Reduce wait times in the Emergency Department</td>
<td>39 hours</td>
<td>1.25%</td>
</tr>
<tr>
<td>Integrated</td>
<td>Reduce unnecessary time spent in acute care</td>
<td>17%</td>
<td>1.25%</td>
</tr>
<tr>
<td>Patient-centred</td>
<td>Improve patient satisfaction</td>
<td>85%</td>
<td>1.25%</td>
</tr>
<tr>
<td>Safety</td>
<td>Improve hand hygiene compliance</td>
<td>90%</td>
<td>1.25%</td>
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Accountability Sign-Off

I have reviewed and approved our organization’s Quality Improvement Plan and attest that our organization fulfills the requirements of the Excellent Care for All Act.

Don Wray  
Board Chair

Kathryn Osborne  
Quality Committee Chair

Eric Vandewall  
Chief Executive Officer