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

2016/17

JOSEPH BRANT HOSPITAL

3/2/2016

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.

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Overview

This is an exciting time for Joseph Brant Hospital (JBH). Our Redevelopment is progressing quickly. We are transforming both our physical space and the way we work to enable us to better deliver on our vision of Compassionate Care, Exemplary Service, Every Time. To achieve these goals, JBH is continuing on its’ journey to become a lean organization by designing services that focus on what is valuable to our patients and families. The heart of our lean philosophy is about respect for people, continuous learning and ongoing quality improvement. While we are excited by the changes underway at JBH, keeping aligned to our key initiatives and managing the rate and pace of change will be a critical success factor over the next few years.

In alignment with JBH’s Strategic Plan, the 2016/17 Quality Improvement Plan (QIP) focuses our staff, physicians, leaders and partners to work together to achieve goals that are aligned to provincial and Local Health Integrated Network (LHIN) priorities, national performance standards established through Accreditation Canada, and most importantly, aligned to feedback received from our patients and families about what is important for our patients and our community. The Quality Improvement Plan (QIP) for 2016/17 highlights eight indicators for improvement:

Effective
- Reduce 30 day readmission rates for select Health-Based Allocation Model (HBAM) Inpatient Groups (HIGs)
- Reduce readmission rates for patients with Congestive Heart Failure (CHF)

Efficient
- Reduce unnecessary time spent in acute care

Patient-centred
- Improve patient satisfaction

Safe
- Increase proportion of patients receiving medication reconciliation upon admission
- Reduce hospital acquired infection rates

Timely
- Reduce wait times in the ED for admitted patients
- Reduce wait times in the ED for non-admitted complex patients.

As part of our continuing journey to become a lean organization, JBH introduced the concepts of Gemba Time (dedicated time for leadership to be present where work is done to create value for our patients and families) and formal Gemba Walks focused on quality and safety. Through Gemba Time, leaders gain opportunities to share approaches, experiences and leading practices with their peers, and to engage with patients, families, staff, physicians, and volunteers about change ideas. Since August, 2015, 36 departments have been visited for Gemba Walks and 42 separate scheduled visits have taken place. Repeat visits for follow up have started, given that nearly all departments have been visited at least once. Members of the Board of Governors have also attended Gemba Time. Based on the
number of ideas generated through Gemba Walks, the implementation of Ideas Boards
followed shortly thereafter.

From August through to December 2015, the following successes have been recorded:
- 10 independent Governors (83%) had attended a scheduled Gemba Walk.
- 74 “just do it” ideas have been implemented from Gemba Walks.
- 72 ideas stemming from the ideas boards have been implemented.

**QI Achievements From the Past Year**

Over the past year, patient flow was one of the top priorities for JBH. In 2014, our
performance on our 90P ED length of stay for admitted patients was 63.15 hours. Through
many improvement strategies, JBH achieved a 32% improvement in our wait times by
achieving a 42.7 90P length of stay for admitted patients in 2015. Some of the improvement
strategies that enabled JBH to reduce over 20 hours off our wait times include:

- Expediting patient flow through real-time order entry of discharges from all inpatient
  units;
- Using a pull-one strategy to reduce gridlock in the ED;
- Introducing Patient Navigators to ensure patients’ acute plans of care were ‘initiated
  on admission and early discharges were realized;
- Implementing SMART (Seniors Mobile Assess Restore) Team in the ED for early
  identification, assessment and timely access to restorative interventions to improve
  the patient’s experience in the ED, and reduce their length of stay (LOS) and the need
  for bedded restorative programs;
- Continuing with daily patient huddles targeted to support patient transitions of care,
  and introducing daily patient huddles in the ED;
- Piloting a Short Stay Unit to assess the feasibility of preventing admissions to hospital
  for patients with no medical reason for admission, when immediate discharge home
  was not possible.

For 2015, the Emergency Department Provincial Summary Report recognized JBH as having
recorded greatest improvement in 90th percentile ER LOS. While this improvement is
positive, there is still work to be done.

Alternate Level of Care (ALC) management continues to be an area of concern that impacts
patient flow, through to ED. A designation of ALC means that a patient is currently occupying in a bed in a service that s/he no longer requires, and is waiting to move to a
service better designed to meet the person’s need. Despite twice weekly ALC Gridlock
meetings with the CCAC, the percent of ALC days at JBH remains higher than target. Early
results are promising from a short stay pilot designed to provide up to 72 hours for
patients/families to access appropriate community supports when there is no medical reason
to admit, and when immediate discharge home is not possible. Continuing to evolve the
short stay initiative is a key strategy that will be undertaken to help address ALC
management in the upcoming year.
JBH is currently performing 6% better than the provincial target for the new 30 day readmission rate for selected patient groupings. Over the past year, JBH has been an early adopter of new community-based transitional programs, such as a new INSPIRE program designed to improve the quality and coordination of care for patients with moderate to severe Chronic Obstructive Pulmonary Disease (COPD). Supported by the Canadian Foundation for Healthcare Improvement, JBH has been able to provide a more holistic, proactive transition from hospital to home, and better linkages with community resources. More recently, JBH has also taken a lead role in piloting a new Integrated Collaborative Care Model for patients with Congestive Heart Failure (CHF) and COPD, whereby enrolled patients will receive 60 days of monitoring and support post discharge. Further development of the Integrated Collaborative Care Model will be a key focus for next year. In addition, JBH has continued as an active participant in the Burlington Health Link. JBH hosted a Health Links fair, whereby community partners came to JBH to improve our understanding of the range and types of services available in the community, and to build better relationships with our community partners. The event was very well received, and JBH will again host another Health Links fair in this upcoming fiscal year.

Hand hygiene remains an important patient safety strategy. Teams, programs and departments have participated in weekly reporting of hand hygiene rates before patient contact at our weekly “Quality Wall” report outs. Hand hygiene rates improved over 2% to achieve a rate of 94.3%, exceeding the target by 1.3%. The Quality Wall is a place where progress towards corporate targets are reported and posted. During weekly huddles at the Quality Wall, leaders provide updates about their team’s performance on targets, share key learnings from complaints or compliments, and where successes are recognized. It is also the place where improvements, called “Gemba Time In Action” are celebrated.

Examples of other quality achievements through “Gemba Time In Action”:

- **Improved Patient Experience** - Gemba Time helps Patients. For example, the Intensive Care Unit (ICU) and Diagnostic Imaging departments added the option of a triple lumen Peripherally Inserted Central Catheter (PICC) line to an ICU order set to reduce the number of IV starts a seriously ill patient in the ICU would require.

- **Improved Effectiveness** - Laboratory Services, Receiving and the Maternal & Child Unit collaborated to improve the time it took for bloodwork from newborns to be received by the Provincial Newborn Screening Program in Ottawa. Following the improvement, JBH is now meeting the one day target 95% of the time, which is above the provincial average.

- **Reduced Waste** - Pre-Op Screening nurses and our Admitting and Registration team were performing the same check on patient charts. This redundancy was eliminated, freeing up approximately 30 minutes per shift for patient-focused work.
• **Capacity Building** - Through Gemba Time, Leaders and Teams are learning to use Quality Tools and measurement approaches. For example, Quality Crosses have been utilized to track areas for potential improvement.

• **Culture of Continuous Improvement** - Cultural impacts noted so far include increased collaboration across programs (vs. silos) and a shift to everyone being responsible for improvement.

## Integration & Continuity of Care

Patient flow, from access into the ED through to safe transitions back to the community, continues to be a top priority for JBH. Meeting increasing demands for the delivery of acute care services is impacted by patients in hospital who no longer require hospital care, but rather, an alternate form of care best delivered in the community. JBH continues to focus on the development and expansion of 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. JBH also remains as an active partner in the Burlington Health Link.

Successful flow into the hospital and back to the community requires a commitment from all partners and care providers, including JBH, to continually be flexible, innovative and open to change in order to achieve our metrics and deliver the level of care our patients and families expect and deserve. This year’s QIP reflects the ongoing development and refinement of 2 partnered projects:

1) The Integrated Collaborative Care project to support transitions to community post discharge for patients with CHF and COPD is a multi-partner initiative involving hospitals, CCAC, community service agencies and primary care practitioners.

2) The Short Stay Unit is a joint initiative with the HNHB CCAC to provide up to 72 hours for patients/families to access appropriate community supports when there is no medical reason to admit to hospital, and when immediate discharge home is not possible, owing to the need for complex psychosocial coordination of care.
Engagement of Leadership, Clinicians and Staff

The 2016/17 QIP was developed through a consultative process with organizational and physician leaders based on previous QIPs and other existing action plans and initiatives. Engaging with patients, families, staff, clinicians and volunteers during Gemba time about quality and safety issues has been a key driver to develop a deeper understanding of our challenges and opportunities.

Program and corporate performance dashboards and scorecards reflect key metrics, including those contained in the QIP, to promote organization-wide engagement. Corporate alignment through targets and data monitoring has proven to be an effective way to promote a culture of transparency and improvement.

Value Stream Mapping, Kaizen events, visual management and other lean tools and techniques will be the mechanisms through which improvements are designed, implemented and monitored. Staff, clinicians, and leadership will be brought together to jointly develop our skills in deploying lean tools and delivering on iterative process improvement plans.

Patient/Resident/Client Engagement

JBH has an ongoing process to gather feedback from patients and families through our patient relations process. Complaints are tracked and trended based on themes. The top two categories of complaints relate to quality of care and access to care. Quality of care complaints are reviewed for learning and improvement ideas. During the first 3 quarters of this year, JBH has implemented 11 change ideas arising from quality review, with another 24 improvements in progress.

Patient Relations met with the Mental Health Consumer Advisory Council to gather feedback about the current Patient Relations process and ways we could improve engagement with our patients and community. An excellent discussion ensued resulting in a number of recommendations, including but not limited to; use of social media and local media for communication; having more of a presence in the hospital via posters and brochures; encouraging staff to invite patients and families to provide feedback to Patient Relations, sharing information with our partner agencies and advisory groups, and collecting feedback on both positive experiences and areas of concern. The advisory committee suggested that JBH be proactive in the media to share our positive stories and services. The committee suggested service excellence and diversity training for staff.
To gather additional feedback to inform the Quality Improvement Plan, JBH engaged ED patients directly to provide qualitative feedback about the overall experience of care in the emergency department. 70% of patients interviewed raised concerns about ED wait times. Based on feedback from qualitative interviews and data gathered through the patient relations process, JBH has included metrics for both admitted and non-admitted complex patients as part of this year’s QIP.

JBH operates a unique community-based adult day program that provides therapeutic recreation, physical therapy and occupational therapy to support clients to maximize and maintain their abilities, reduce risks to health and maintain quality of life. All of the clients at Wellness House have had experience with either the emergency department or the inpatient units of the hospital. A focus group was done with the clients of Wellness House to seek feedback about what is important to them when seeking services at the hospital, and factors that help to prevent readmission to hospital. The common themes were wait times in the Emergency Department along with ongoing communication gaps related to testing and follow up. They recognized the importance of having an up-to-date list of current medications during any hospital visit and upon discharge, which supports our focus on collecting the best possible medication history (BPMH) and completing medication reconciliation. 75% of the clients preferred receiving a paper version of the patient experience survey, 25% were interested in an email version.

The Community Members of the JBH Board of Governors had an opportunity to provide feedback on the QIP during the presentation to the Quality Committee of the Board.

Performance Based Compensation [part of Accountability Management]

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
- Senior Vice President
- Vice President, Patient Care Services and Chief Nursing Executive
- Vice President, Public Affairs and Communications
- Vice President, Human Resources
- Vice President, Finance and Corporate Services and Chief Financial Officer

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 Hospital has a pay at risk 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 at risk for each Executive is determined as a percentage of that member’s base salary. Overall, there is five percent (5%) total pay at-risk compensation for the positions listed above.

A portion of the hospital Executives’ base salary is at-risk, based on the process measures and associated goals for planned improvement ideas, and linked with the following Quality Improvement Indicators:

- Reduce readmission rates for patients with Congestive Heart Failure (CHF)
- Reduce wait times in the Emergency Department (admitted patients)
- Reduce unnecessary time spent in acute care
- Improve patient satisfaction (emergency department)
- Reduce hospital-acquired infection rates (Clostridium Difficile Infection)

**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

\[Signature\]
Don Dalicandro  
Board Chair

\[Signature\]
Sandra Edrupt  
Quality Committee Chair

\[Signature\]
Eric Vandewall  
Chief Executive Officer