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

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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) is committed to delivering exemplary health care, focused on clinical excellence, quality and patient safety. This achievement requires the transformation of health care 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 2015/16 Quality Improvement Plan (QIP) takes into account other organizational planning processes. Rooted in our Strategic Plan, it 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.

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 2015/16 QIP. JBH maintains a robust performance monitoring system that culminates in a quarterly Corporate 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 2015/16 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, 2016, JBH will:

- Set a target for ED wait times for admitted patients at the 90th percentile of 39 hours through the expansion of the pull-one strategy to a seven day model. This process will continue 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. As well, JBH will continue to look at performance improvement and communication opportunities and standardizing processes for moving patients through the system of care.
- Maintain a balanced budget or zero deficit through the containment of discretionary budget and non-critical capital spending, as well as monthly financial reviews within programs with the development of immediate corrective action plans.
- Address volumes of ALC patients through the standardization of processes around admission to hospital and set expectations around discharge. We will support this work with standardization of ALC Gridlock meetings and shared accountability among all providers.
- Perform weekly reviews of patient readmissions to hospital and work with community partners on Health Links strategy in Burlington, aimed at the management of patients with chronic diseases within the community. We will specifically focus on the COPD patient population as they transition from hospital to home to avoid unnecessary re-admission.
- Focus on defining the patient experience across all departments and services for care planning purposes and to develop patient-centered care action plans for improvement and readiness for the new hospital tower.
- Utilize e-Documentation to increase proportion of patients receiving medication reconciliation upon admission in Patient Care Services (PCS) and expand process in more areas with the intent to roll-out hospital wide.
- 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 by engaging patients, families and staff and sharing metrics to support and motivate change. Achieve a target of 93% compliance which is higher than current provincial performance.

**Challenges, Risks & Mitigation Strategies**

Patient flow continues to be 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 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. 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 achieve our metrics and deliver the level of care our patients and families expect and deserve.
The introduction of Health System Funding Reform (HSFR) compensates hospitals, CCACs, retirement and long-term facilities based on the achievement of best practices in the delivery of care and services. To maximize this new funding formula, JBH will continue to focus on Quality Based Procedures as outlined in the QIP, including the achievement of best practices in the management of COPD and overall standardization of care.

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 that is focused on strengthening our information management systems and practices. The e-Documentation Health Steering Committee is focused on the initial e-doc rollout in PCS, scheduled for fall of 2015, and continues to plan for the broader hospital-wide roll out. 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 2015/16 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 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 of transparency and improvement and one 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.

In conclusion, the JBH 2015/16 QIP focuses 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
- Senior Vice President
- 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

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 process improvements and allocated across nine (9) initiatives and linked with the following Quality Improvement Indicators:

- Reduce wait times in the Emergency Department
- Reduce unnecessary time spent in acute care
- Improve patient satisfaction
- Improve hand hygiene compliance
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 Dalicandro  
Board Chair

Kathryn Osborne  
Quality Committee Chair

Eric Vandewall  
Chief Executive Officer