

Excellent Care  
For All.



2012/13

# Quality Improvement Plan

(Short Form)

**Joseph Brant Memorial Hospital**

**2012/13**

This document is intended to provide public hospitals with guidance as to how they can satisfy the requirements related to quality improvement plans in the *Excellent Care for All Act, 2010* (ECFAA). While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and hospitals should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, hospitals are free to design their own public quality improvement plans using alternative formats and contents, provided that they comply with the relevant requirements in ECFAA, and provided that they submit a version of their quality improvement plan to HQO in the format described herein.

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

## Part A:

# Overview of Our Hospital's Quality Improvement Plan

*Purpose of this section: Quality Improvement Plans (QIPs) are, as the name suggests, all about improvement. They are an opportunity for hospitals to focus on how and what to improve, in the name of better patient-focused care. As such, they will be unique documents, designed by, and for, each individual hospital. Overall, a QIP should be seen as a tool, providing a structured format and common language that focuses an organization on change. The QIP will drive change by formalizing a plan and facilitating shared dialogue to support continuous quality improvement processes. This introductory section should highlight the main points of your hospital's plan and describe how it aligns overall with other planning processes within your hospital and even more broadly with other initiatives underway in your hospital and across the province. In addition, this section provides you with an opportunity to describe your priorities and change plan for the next year.*

## Overview of our quality improvement plan for 2012-13

Joseph Brant Memorial Hospital (JBMH) is committed to becoming a leading practice community hospital. Our Strategic Plan approved in 2011, supports this commitment through a focus in the following areas: Quality and Safety, Exceptional Customer Service, Inspired People and Teamwork, Innovation and Leading Performance. Our attention to Quality and Safety specifically guides us to be relentless in providing superior quality of care to everyone we serve, to continuously develop and implement evidence-based practices in quality and safety and to strive for excellence by designing quality and safety into everything we do. Our primary focus in the next year is on patient flow to ensure patients receive the right care at the right time in the right place and on care and service processes in the Emergency Department (ED) as one of the main entry points to our hospital.

## Objectives for 2012-13

The 2012-13 Quality Improvement Plan (QIP) is based on a comprehensive review and assessment of our current and future state and builds on our previous year's successes while not losing focus on opportunities for improvement. While all measures or indicators outlined in the QIP are important and carefully monitored, we have selected several key measures as our targeted drivers of quality and patient safety. Specifically, by March 31, 2013, we will

### Improve patient safety by:

- Improving hand hygiene rates *before* patient contact by 10% over last year to minimize risk of hospital-acquired infections

### Improve patient access by:

- Decreasing ED wait times by 6.5 hours (or almost 20%) for patients presenting to our ED who require admission

### **Address barriers within the broader health care system by:**

- Decreasing our total number of inpatient days designated as Alternate Level of Care (ALC) by 15% to support the delivery of care in the right place at the right time
- Decreasing the number of patients who return to hospital for admission within 30 days following discharge for a previous episode of care

In addition, we will continue our focus to make improvements on:

- The reduction of hospital acquired pressure ulcers
- The reduction of falls resulting in injuries to patients by more than 50%
- The reduction of unnecessary deaths in hospital as evidenced by improvements of 5% in our Hospital Standardized Mortality Ratio (HSMR) rates
- Improving patient satisfaction rates to levels that exceed the Ontario Community Hospital Average rates for recommending Joseph Brant Memorial Hospital to friends and family and for the level of care and services provided

Specifically, from April 2012 to March 2013, we will:

- Continue to provide education and training sessions for staff, physicians and volunteers about hand hygiene, engage unit hand hygiene auditors to provide immediate feedback to care providers
- Establish weekly leadership rounding for reporting of specific QIP metrics, including hand hygiene, falls, pressure ulcers and infection rates to initiate early interventions and improvements
- Maintain a focus on patient flow with daily bed meetings and weekly leadership rounding; introduce patient order sets to standardize care and enhance our model of care and service
- Continue to collaborate and work effectively with our key partners in the Community Care Access Centre (CCAC) to enhance appropriate and timely patient placement and/or discharge
- Expand and enhance current discharge planning processes for early identification and removal of barriers to patient placement and/or discharge
- Continue to improved call bell response times using best practices such as intentional rounding and communication tools

### **Alignment with other planning processes**

- The targets are aligned with the strategic priorities of Joseph Brant Memorial Hospital (JBMH) which are derived from our Strategic Plan, approved in June 2011
- The plan aligns with the Hospital Service Accountability Agreement and includes key measures such as Total Margin and the percentage on Alternate Level of Care (ALC) days
- The objectives and targets are considered within the context of the overall JBMH operating plan
- The plan is consistent with mandated public reporting requirements including infection rates, HSMR and wait times
- Alignment with the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) requirements associated with *Pay for Results* is present in the plan.

## Integration and continuity of care

- The plan reflects both internal and external partnerships that are essential to meeting the established targets
- JBMH continues to participate in the Registered Nurses Association of Ontario's Best Practice Spotlight Organization of falls prevention. The strategies formulated through that partnership are implemented in practice in efforts to decrease falls associated with injuries to our patients
- The relationship among JBMH providers and the CCAC is fostered through formal and informal communication channels such as regular joint planning meetings, intensive case reviews and the use of technological aids to support the flow of timely information to drive priority setting and decision making
- Participation in numerous networks including the stroke network, the Quality Healthcare Network (QHN) and the LHIN quality and safety network provide best practices information for integration into the plan. Participation in various educational opportunities such as webinars through the Ontario Hospital Association (OHA) and Health Quality Ontario (HQO) ensure our plan is aligned with provincial priorities.
- Lessons learned from the development of the 2011-12 QIP and discussions related to the 2012-13 QIP have occurred at numerous LHIN tables, with quality improvement professionals, V.P's and CEO's in efforts to ensure ongoing alignment

## Challenges, risks and mitigation strategies

Joseph Brant Memorial Hospital continues to transform the delivery of care and services to the patients we are privileged to serve. With a focus on the provision of *the right care, at the right place at the right time*, we are constantly looking to improve the flow of patients through their acute episode of care and back to home or when home is no longer an appropriate destination, to an alternate suitable placement.

As with other hospitals we are dependant on a systems-approach to improvements through collaborative relationships built with our physician partners, other acute care partners, the CCAC, long-term care facilities and retirement homes within our community in order to achieve the targets set forth in our plan.

Enhancing our model of care to ensure there are no gaps in service delivery requires our providers at all levels to be flexible and innovative in their approaches to patient care. Resources are dedicated to support the required changes, however we know that change requires time for new behaviours to become hardwired into practice.

Executive leads or sponsors have been assigned to the Level One priorities contained in the 2012-13 QIP in order to remove identified barriers and achieve success. The QIP metrics have been built into the annual goals and objectives for each member of the Senior Leadership Team, the directors and will become part of the manager and unit objectives. The Board Quality Committee regularly monitors progress on the QIP and in turn reports a high-level summary to the Board of Governors.

## Part B: Our Improvement Targets and Initiatives

*Purpose of this section: Please complete the [“Part B - Improvement Targets and Initiatives”](#) spreadsheet (Excel file). Please remember to include the spreadsheet (Excel file) as part of the QIP Short Form package for submission to HQO ([QIP@HQOntario.ca](mailto:QIP@HQOntario.ca)), and to include a link to this material on your hospital's website.*

[Please see the QIP Guidance Document for more information on completing this section.]

Please see the complete [“Improvement Targets and Initiatives – Part B”](#) pdf document

## Part C: The Link to Performance-based Compensation of Our Executives

Purpose of Performance-based compensation:

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 will be subject to the compensation-at-risk include:

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

### Manner in and extent to which compensation of our executives is tied to achievement of targets

Our executive's compensation is linked to performance in the following way:

Joseph Brant Memorial Hospital has a *pay for performance* 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.

The Executives of the hospital will receive performance based compensation based on process improvements and achievement of the goal linked with the following Quality Improvement Indicators as shown below (*subject to Board of Governors approval*):

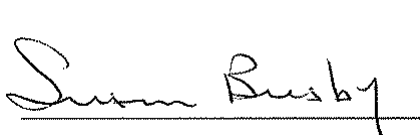
Quality Dimension	Objective	Improvement Goal 2012/13	Priority	Percentage of Pay at Risk
Safety	Improve hand hygiene compliance by all physicians and staff	10%	1	1.50%
Access	Reduce Wait Times in the Emergency Department	15%	1	1.50%
Integrated	Reduce unnecessary time spent in acute care	15%	1	1.00%
Integrated	Reduce unnecessary hospital readmission	25%	1	1.00%

## Part D: Accountability Sign-off

[Please see the QIP Guidance Document for more information on completing this section.]

I have reviewed and approved our hospital's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*. In particular, our hospital's Quality Improvement Plan:

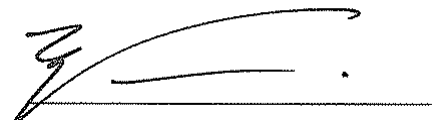
1. Was developed with consideration of data from the patient relations process, patient and employee/service provider surveys, and aggregated critical incident data
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in and extent to which, executive compensation is tied to achievement of QIP targets; and
4. Was reviewed as part of the planning submission process and is aligned with the organization's operational planning processes and considers other organizational and provincial priorities (*refer to the guidance document for more information*).



Susan Busby  
Board Chair



Sandra Edrupt  
Quality Committee Chair



Eric Vandewall  
Chief Executive Officer