

Excellent Care
For All.



2011-12

Quality Improvement Plan

(Short Form)

Joseph Brant Memorial Hospital
1230 North Shore Blvd.,
Burlington, Ontario
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March 23, 2011

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 the OHQC in the format described herein.

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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 organizations 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 organization. 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 organization. In addition, this section provides you with an opportunity to describe your priorities and change plan for the next year.

1. Overview of our quality improvement plan for 2011-12

Joseph Brant Memorial Hospital (JBMH) is committed to the provision of exemplary and compassionate healthcare and does so through a culture that is focused on clinical excellence, quality and patient safety. A passion for service drives our interactions with our patients and with one another. This doesn't mean "when we can", it means *every time*. No exceptions.

When this plan is implemented, our patients will have shorter waits for admission into an inpatient bed from the Emergency Department (ED). Patients who no longer require acute care will be more quickly supported in their transition back to their home or to an appropriate alternative placement. Patients at risk for falls will be clearly identified to the health care team and measures put in place to minimize the risk of falls resulting in injuries. Call bells will be responded to quickly and hand hygiene compliance rates for staff and physicians prior to patient contact will be improved to limit the transmission of infectious diseases.

2. What we will be focusing on and how these objectives will be achieved

At Joseph Brant Memorial Hospital, we have selected specific indicators for improvements based on current data, patient feedback and system pressures and priorities. By focusing our efforts in 5 key areas, we believe we can implement and sustain the desired improvements to enhance the quality of care and services to our patients. Many initiatives have been implemented and remain in place to support our performance in the areas of Hospital Standardized Mortality Ratio, Clostridium *difficile*-associated disease and Ventilator-Associated Pneumonia rates and total margin. We will continue to monitor all indicators as outlined in the Quality Improvement Plan (QIP) and expect to maintain or slightly improve performance for these measures.

For targeted improvements, by March 31, 2012, we will:

- improve our hand hygiene compliance rates before patient contact by approximately 10% over the next year.
- reduce our falls resulting in injuries to patients by 5%.
- decrease ED wait time by 5% for patients presenting to our ED who require admission.
- decrease our total number of inpatient days designated as Alternate Level of Care (ALC) by 2%.
- increase our inpatient patient satisfaction scores specific to reasonable response times to call bells by 5%.

From April 2011 to March 2012, we will:

- conduct education and training sessions for staff, physicians and volunteers about hand hygiene and the "4 moments" as outlined by the Ministry of Health and Long Term Care, audit compliance rates and share results throughout the organization.
- maintain our initiatives related to falls prevention and injury reduction and share audit results to raise awareness and make improvements
- work with our Community Care Access Centre (CCAC) partners to enhance appropriate patient placement and/or discharge services in a timely manner.
- partner with our community physicians and local medical clinics to develop strategies to appropriately avoid ED visits and/or admissions, particularly in the frail elderly population
- adapt and adopt best practices in bed utilization management.
- set expectations for call bell response times, provide education to staff at all levels and conduct audits of response times.

3. How the plan aligns with the other planning processes

JBMH has recently embarked on the development of a renewed Vision and Mission for the hospital followed by a broad community consultation to support a new strategic plan. The Quality Improvement Plan (QIP) aligns with the new strategic plan by focusing on both current and future needs of our patients and the community. As targets are achieved, new targets for sustainability and areas of focus can be determined for subsequent years.

The objectives as set out in this plan are considered within the context of the overall operating plan.

The indicators contained in the QIP are consistent with those contained in the Hospital Service Accountability Agreement and mandated public reporting requirements including Hospital Standardized Mortality Ratio, Alternate Level of Care (ALC) rates and wait times. It also aligns with Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN) requirements associated with Pay for Results.

We meet regularly with the Community Care Access Centre (CCAC) to review discharge planning processes and ensure alignment between hospital and community patient placement and discharge processes.

4. Challenges, risks and mitigation strategies

Hospitals do not function in isolation – we are part of a broad network of providers and partners who each play a critical and pivotal role in providing high-quality patient care – *the right care, at the right place and at the right time*. When any part of that network breaks down, all those connected to it are impacted.

For JBMH, it is reported that the current rate for the designation of new ALC Long-Term Care patients exceeds that of the placement rate. That means that in order for us to meet our target of **decreasing inpatient days designated as ALC days by 2%**, we must remain focused on our initiatives to support the appropriate use of acute care beds such as initiating discharge planning upon admission, regular and frequent rounding among members of the care team, identification of patients ready for discharge and review of complex patients to assess barriers to discharge. In addition, our CCAC partners will have to meet the demands of rapid assessments in order to move patients out of the hospital and into a supportive home environment at a faster pace. Our physician partners will be required to designate patients as ALC status as soon as the acute phase of their stay ends. This will enable a more rapid deployment of the necessary resources such as CCAC or other community agencies in addressing specific patient requirements and eliminating barriers to appropriate discharge.

As part of a LHIN-wide initiative, JBMH and the CCAC will regularly review target reports and conduct “patient by patient” reviews to identify opportunities for improvement.

We know that ALC is part of a continuum of care – a continuum that most often begins in the ED. To ensure our **target of decreasing wait times for patients requiring admission from the ED by 5% is achievable**, we must continue to implement strategies that include: bed mapping and clinical clustering, enhanced discharge planning activities, ED diversion tactics, and use of best practices in bed management.

One of the priority areas of focus for JBMH in 2011/12 will be on hand hygiene compliance, specifically before patient contact. The increasing prevalence of antibiotic-resistant organisms and *C. difficile* in the community pose a hazard when individuals are admitted to hospital. In addition, opportunities for transmission of infectious diseases while in hospital increase with our specific patient populations and issues related to an aging physical plant with higher proportions of shared accommodations and toilets. Pressures related to overcrowding also contribute to the possibility of transmission. Best practices in infection prevention and control support hand hygiene as one of the most effective ways to minimize transmission. **Hand hygiene enhancement strategies** include increased auditing and communication of results to nurses, physicians, allied health professionals and environmental staff. A product review of alcohol-based hand sanitizers is in progress and is expected to improve compliance due to increased product availability and product satisfaction.

JBMH is a participant in the Registered Nurses Association of Ontario’s Best Practice Spotlight Organization on falls prevention. This initiative provides us with the opportunity to conduct research on the implementation and impact of best practices related to **falls prevention**. A Falls Prevention and Injury Reduction Committee guides the collection and dissemination of information related to these best practices. Constant overcrowding and daily use of up to 50 overcapacity beds presents ongoing challenges related to falls prevention. The areas of focus and the objectives set out in this Quality Improvement Plan (QIP) are inter-related, and as patient flow is improved and patients are appropriately placed for their ongoing care needs, the impact of overcrowding will be minimized. This initiative has already demonstrated impressive results with a noted decrease in the number of falls sustaining injury and the goal is to decrease these even further.

The Patient Satisfaction Surveys administered through the Ontario Hospital Association and NRC Picker has a question for those who have received services in hospitals that direct respondents to state whether they would recommend the hospital to friends and family. A wide variety of factors influence this response. For some, it relates to how they were greeted upon their arrival, for others, how their pain was managed, for others, the taste and temperature of their food. As patients, we are influenced differently. By addressing some of the factors that affect perception, it is expected that the overall recommendation rating will improve over time. The **focus on reasonable response times to call bells** in this first year of the Quality Improvement Plan will be one element in an ongoing patient satisfaction improvement strategy.

Part B: Our Improvement Targets and Initiatives

Joseph Brant Memorial Hospital is committed to continuous quality improvement and to enhancing the overall patient experience for our patients and families. The Quality Improvement Plan (QIP) provides the opportunity to share our goals and objectives for improvement with the public. This section of the QIP provides measures and indicators that will be used to demonstrate improvements in the selected areas of hand hygiene, falls, length of stay and patient satisfaction. The QIP Excel spreadsheet is attached.

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*

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

Our executives' 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.

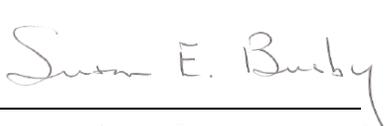
The Executives of the hospital will receive performance based compensation based on process improvements and achievement of the goal linked with the following Quality Improvement Indicators as shown below:

Quality Dimension	Objective	Improvement Goal 2011/12	Priority	Percentage of Pay at Risk
Safety	Improve hand hygiene compliance by all physicians and staff	10%	1	2.5%
Patient-Centered	Improve patient satisfaction by reducing staff response times to call bells	5%	1	2.5%

Part D: Accountability Sign-off

I have reviewed and approved our hospital's Quality Improvement Plan (QIP) 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/provider surveys, aggregated critical incident data, and patient safety indicators;
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.

		
_____ Susan Busby Board Chair	_____ Stephen Friday Quality Committee Chair	_____ Eric Vandewall Chief Executive Officer