

Excellent Care
For All.



2013/14

Quality Improvement Plan for Ontario Hospitals

(Short Form)

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HOSPITAL

April 1, 2013

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.

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Overview of Our Organization's Quality Improvement Plan

Overview of our quality improvement plan for 2013-14

Joseph Brant Hospital (JBH) embodies a commitment to change and continuous improvement in our journey to becoming a leading practice community hospital. Our 2013-14 Quality Improvement Plan (QIP) exemplifies our commitment to provide quality and safe care by building on previous quality improvement plans through the implementation of multi-year strategies to achieve our goals. Our areas of focus in the next year continue to be on patient access and flow and on enhancing efficiencies while delivering exceptional patient care. We will also optimize our external partnerships to promote a sustainable healthcare system driven by integration and coordination.

Focus and Objectives for 2013-14

The targets outlined in the QIP are carried over from 2012-13 as they were developed as multi-year initiatives at that time. In maintaining the same Priority 1 indicators from year to year, we are better able to monitor improvement trends and sustainability of achievements. At the same time, indicators that have not met target can be reviewed in greater depth for reasons and solutions.

Strategies in place to support achievement of measures contained in the QIP include weekly reporting of key metrics at a centrally-located *Quality Wall* and the assignment of executive leads for each Priority 1 indicator to maintain appropriate focus and remove barriers to success.

Specifically, by March 31, 2014, we will:

- Continue to drive improvements in hand hygiene rates through visual reminders at the point of care, posting of weekly audit results and engagement of providers at all levels. These efforts will support achievement of a hand hygiene rate of 85% which is higher than current provincial performance
- Maintain a daily focus on patient flow at bed meetings and leadership meetings, standardize care through the introduction of patient order sets and revise bed management policies to optimize opportunities to ensure early and safe discharges. Target for ED wait times for admitted patients at the 90th percentile is 39 hours
- Continue to work closely with our care partners such as CCAC and primary care to emphasize strategies that decrease deconditioning of patients in the ED that potentially leads to Alternate Level of Care (ALC) designations and longer lengths of stay in hospital. Such efforts are aimed at decreasing the total number of inpatient days designated as ALC to 17% from 17.9%
- Decrease the number of patients readmitted to JBH for non-elective patient care within 30 days of discharge by reviewing readmissions for trends and patterns and putting strategies in place to address patients who frequent the ED to divert visits to the community as appropriate. The intent is to decrease readmissions from 12.65% to 12% overall.

Alignment

The annual QIP was developed following a review of several factors and informational sources including but not limited to:

- Health Quality Ontario's (HQO) document, *2012/13 Quality Improvement Plans: An Analysis for Improvement*;
- HQO's *Quality Monitor 2012 Report on Ontario's Health System*;
- Current Joseph Brant Hospital (JBH) performance against targeted performance
- Provincial performance rates (where available)
- Organizational and Local Health Integration Network (LHIN) priorities for change and improvement
- The Hospital Service Accountability Agreement
- JBH Strategic Plan and annual Operating Plan
- Public reporting requirements for infection rates, HSMR and wait times

Integration and continuity of care:

- This plan reflects both internal and external partnerships that are essential to meeting the established targets and to the coordination of care across the healthcare system
- Key partners include the CCAC, the Hamilton Niagara Haldimand Brant (HNHB) LHIN, and primary care providers. The relationships among these partners is fostered through formal and informal communication channels and includes regular meetings and/or updates to assess service delivery measures, integration opportunities and escalation requirements to achieve alignment and best patient outcomes
- JBH is voluntarily participating in *Health Links* which focuses on a systems approach to the planning and provision of care. It is an initiative driven through the LHIN and the Ministry of Health and Long Term Care (MOHLTC) that is intended to wrap care around patients to get them the services they require in the right environment through various community partnerships and coordinated efforts.
- Other partners are those at provincial levels including the Ontario Hospital Association (OHA), HQO and the Quality Healthcare Network (HQO) in efforts to ensure our plan is consistently aligned with provincial priorities

Health System Funding Reform (HSFR):

- Health System Funding Reform is a significant driver of change and improvement at JBH; we have the opportunity to move to a population-based health systems approach to patient care which improves both the efficiency and effectiveness of care delivery through a focused effort on key diagnosis and patient populations
- JBH has long been a champion in ensuring patients receive the right care at the right time in the right place, as articulated in the 2012-13 QIP.

- Interdisciplinary teams are in place to review multiple data sources to identify current alignment with recognized best practices and possible improvement opportunities among select quality-based procedures (QBP's). The QBP's selected for further examination include stroke, hips/knees, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD) and colonoscopy. The anticipated outcomes include the design of enhanced health care streams for these specific patient populations.
- The priority 1 indicator pertaining to readmissions to hospital as indicated in the 2013-14 QIP can be directly impacted through these efforts

Challenges, risks and mitigation strategies:

While JBH has seen significant successes in improving and sustaining several key metrics related to patient flow and patient safety, much remains to be done. Internal and external pressures continue to impact our ability to flow patients through their acute episode of care. Higher numbers of patients arrive to hospital with existing community-acquired infections and this results in high isolation burdens throughout the facility in efforts to minimize risks of transmission.

Gains have been made in addressing our Alternate Level of Care (ALC) burden for patients no longer requiring acute care. Despite these efforts, we continue to have equal numbers of patients on the patient care units awaiting transitions of care from an acute care episode as those admitted in the ED. These factors contribute to escalating wait times in the ED due to the inability to place admitted patients in a timely manner. Our redevelopment story explains our needs for additional inpatient beds. We remain under-resourced in this area and look forward to additional in-patient beds in 2017/18.

The QIP metrics continue to be integrated into the annual goals and objectives of formal leaders across the organization. The Board Quality Committee regularly monitors progress on the QIP and in turn reports a high-level summary to the Board of Governors.

The Link to Performance-Based 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 Medical Staff and Vice President of Medical Affairs

- 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 quality improvement performance targets. Our executive's compensation is linked to performance in the following way:

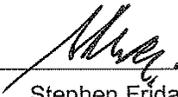
Joseph Brant Memorial Hospital has a pay for performance plan in place that ties executive (as defined by Ontario Regulation 444/10) compensation to the Quality Improvement Plan indicators. The amount of compensation that is performance-based for each Executive is determined as a percentage of that member's 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.

A portion of the hospital Executives' base salary is at-risk, 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	Target	Percentage of Pay at Risk
Safety	Improve hand hygiene compliance by all physicians and staff	85%	1.50%
Access	Reduce Wait Times in the Emergency Department	39 hours	1.50%
Integrated	Reduce unnecessary time spent in acute care	17%	1.00%
Integrated	Reduce unnecessary hospital readmission	12%	1.00%

Accountability Sign-off

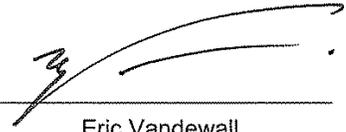
I have reviewed and approved our organization's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*.



Stephen Friday
Board Chair



Sandra Edrupt
Quality Committee Chair



Eric Vandewall
Chief Executive Officer

Our Improvement Targets and Initiatives

Please refer to the complete *“Improvement Targets and Initiatives – Part B”* document