Let's Make Healthy Change Happen.

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

LDMH
COMPASSIONATE CARE CLOSE TO HOME

3/31/2016

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.

Ontario

1. OVERVIEW

Please use the Overview to provide HQO and the public with contextual information about your QIP, including information about broader organizational strategy, key considerations, significant challenges that might influence your QIP. The Overview should also include information about how progress to date, strategic documents (e.g. strategic plan, SAAs), patient/client/resident feedback, and other important inputs have come together to inform this year's QIP priorities, targets, and activities. Put another way, the Overview should help your patients/clients/ residents, staff members, and members of the public understand the goals and objectives of your QIP.

The strategic plan is reviewed each year and new corporate priorities are established. The annual operating planning process is then initiated. The publically posted annual QIP is in the sixth year. The organization has a well-developed integrated quality improvement plan that has been in place for more than 10 years, which is an Accreditation Canada requirement. At the last Accreditation Canada review, LDMH was awarded "exemplary status".

Our quality plan integrates utilization management, medical quality of care and patient safety indicators. We use the QIP for Ontario hospital's template to identify the top priorities for improvement to the public, the LHIN and our external partners.

This year there are 12 organizational priorities. All align with local, regional and provincial planning initiatives.

A summary of the objectives by priority follows:
Priority 1 – To reduce Hospital Acquired Infection for C-Diff and hand hygiene.
Priority 2 – To improve organization financial health
Priority 3 – To reduce ED wait times
Priority 4 – To improve inpatient and ED patient satisfaction
Priority 5 – To reduce unnecessary hospital admissions
Priority 6 – To improve medication reconciliation at admission

2. QI Achievements From the Past Year?

Describe your organization's greatest QI achievement/initiative from the past year. *Please provide information about what you achieved and how. For example, how have patients/ clients/residents been impacted by this achievement? How did you use data to drive improvement? How was senior leadership involved? What did you learn? Were patients/clients/residents involved in the development or deployment of this initiative? Please provide as much detail as possible to help us understand the significance of this achievement to your organization and the patients/clients/residents you serve.*

In Fiscal year 2015 / 2016 ending March 31, 2016 we identified 13 priorities. Of those priorities 9 achieved improved performance vs. the prior time period.

Actions that improved results included:

- Implemented Stroke Order Set;
- Changed Call Bell system forcing nurses to bed side;
- Patients are receiving Stroke and CHF reference guides upon discharge;
- Implemented early morning CT Scan ordering criteria to achieve faster turnaround times;
- Time to inpatient bed has been reviewed and streamlined to achieve improved results;
- Implemented an incremental 12 hour RN shift in ED;
- Changing NP work protocol to increase volume of CTAS fours and fives; and
- Increase signage throughout Hospital for Hand Hygiene.

Corrective actions continue to be implemented to improve results on indicators where targets did not show improvements and include:

- Improving the ED experience by redesigning the waiting area and incorporating hospitality concepts including IPADS and a complimentary beverage service;
- Implementing a 2nd physician program starting in the new fiscal year to address wait time issues;
- Continue to advocate for proper funding to support the ESC LHIN Integration order.

As we enter our new Strategic Planning Cycle we have partnered with Windsor Regional Hospital to conduct the process concurrently with the focus being on how we can collectively improve patient services regardless of organization. Our recent Community Survey shows a strong bond between the Hospital and the community and we have been engaged directly with the Municipality and local businesses on innovation projects.

3. Integration & Continuity of Care

Many of the indicators in the QIPs can only achieve large-scale improvement with collaboration with other partners. In this section, please describe who your organization is working with to improve integration and continuity of care, both within your organization and as patients move across the system. (For example, how you're working with other sectors to support transitions in care.) Please provide information about specific partnerships and how they support your QIP and QI initiative, as well as any successes that you attribute to these partnerships.

The 12 corporate indicators we have selected can be achieved internally and externally with the support of partners. Here are some examples of how we are working to improve quality of care for our patients:

Priority 1 Partners - Infection Control

In order to reduce Hospital Acquired Infections (HAI) – C Diff, we collaborate with others such as the local public health unit and infection control nurses within our LHIN utilizing a network of local resources and consultants.

Internally the Infection Control Nurse collaborates with our lead pharmacist, Director of Emergency Department, Chief of Staff and the Medication Management Committee supporting antibiotic stewardship.

Education is being provided to all Medical and Clinical staff and the Board of Directors regarding public reporting to MOHLTC, and what it means and how each person plays an important part in HAI. Weekly audits and monthly summaries of results, both positive and negative, are shared across the organization.

Priority 2 Partners - Financial Health

LDMH worked with an independent consultant and the ESC LHIN to build a sustainable Hospital model that determined the community needs and services we should be delivering now and in the future. Strategic planning is being developed in collaboration with Windsor Regional Hospital (WRH). The new funding formula and maintenance of P4R Program is confirmed by the Ministry. This will impact finance and operations and we have forecasted a sustainable model for the next three years with the assistance of the ESC LHIN.

Integrate inpatient units and critical care areas assist in delivering continuity of care and support operational efficiencies such as reducing overtime and improving staff utilization. Amalgamation of the departments supports the care delivery systems in a small rural hospital.

Priority 3 Partners – ED Wait Times

Cooperation amongst all providers and departments is required to achieve the targets set for ED wait time. This is evident at LDMH with the proven success of "time to inpatient bed" which is well below the LHIN average. The impact on ED length of stay for admitted patients benefits from the integration of services. LDMH remains number one in the ESC LHIN with respect to ED wait times.

Priority 4 Partners – Patient Satisfaction

Every member of the hospital team plays an integral part in the patient's experience. A Patient Advocate is the lead point of contact for complaints and commendations. Patients and families present experiences monthly at Quality Council to link board members and staff to the valuable learnings gained by working through concerns together. Volunteers are important partners in improving patient satisfaction and sustaining a collective positive impact to the citizens we serve.

	2012/13	*2013/14*	*2014/15*	*2015/16 (Apr - Sept 2015)*
IP Complaints	22 complaints/ 2976 discharges **0.74%**	23 complaints/ 2919 discharges **0.79%**	21 complaints/ 3186 discharges **0.66%**	6 complaints/ 1468 discharges **0.41%**
ED Complaints	43 complaints/ 29157visits **0.15%**	36 complaints/ 28476 visits **0.13%**	49 complaints/ 28663 visits **0.17%**	10 complaints/ 15682 visits **0.06%**

Priority 5 - Unnecessary Hospital Admissions

A partnership has formed with external partners known as the "Neighbourhood of Care" who are co-located in an area adjacent to the LDMH ED. Leadership developed the Mental Health & Addictions program linked with much needed agencies that provide options of care and access for County citizens. By providing in-kind space a neighbourhood evolved and whereby programs would begin to understand each other and stimulate referrals to other agencies who could meet additional patient needs.

4. Engagement of Clinicians & Leadership

Please describe how your organization is engaging your leadership, clinicians, and staff in your QIP. You might also comment on what is working well and where there are challenges, as well as how this supports accountability.

The planning cycle engages managers, care teams, advisory committees, the LHIN, external partners, governance committees and physician leaders in establishing goals, priorities and action plans for change.

All QIP plans and results are posted internally on quality boards. Successes are communicated at town hall meetings, in newsletters and via social media.

Outcomes are reviewed with the ESC LHIN for many of the indicators and are publically reported on the LDMH website.

5. Patient/Resident/Client Engagement

Please describe how your organization is engaging your patients/clients/residents in the development and implementation of your QIP and QI activities. Are you using patient/client/resident councils, town halls, focus groups, experience-based co-design, or surveys? How have these influenced your QIP?

At LDMH we gather information from our patients through patient satisfaction surveys, feedback received through our online website, patient feedback process and family meetings. Feedback from patients and families is critical to the success of the quality improvement work at LDMH. Patient stories are shared at the Quality Council Committee of the Board. These may stem from incidents, complaints, compliments or other means as appropriate.
All complaints or concerns are investigated and followed-up with the complainant. Complaints are centrally logged so that trends or themes can be assessed. A complaints/compliments report is developed twice per year for reporting purposes and presented to the Quality Council of the Board of Directors. Case reviews that originate from incident reporting, specifically those that result in a greater degree of harm or a critical incident, include patient/family engagement through disclosure and feedback.

The information gathered from our patients, residents, caregivers and family members is used to identify what went well and what could have been improved. Suggested improvements are used to identify areas of focus which drive the development of this Quality Improvement Plan. Town hall meetings are held with the community regarding program development and changes in service. Local newspapers and the media are communicated regularly with by our Director of Communications and CEO.

6. Performance Based-Compensation [part of Accountability Management]

ECFAA requires that the compensation of the CEO and executives reporting to the CEO be linked to the achievement of performance improvement targets laid out in your QIP. The purpose of performance based compensation related to ECFAA is to drive accountability for the delivery of QIPs, enhance transparency and motivate executives. ECFAA mandates that hospital QIPs must include information about the manner in and extent to which executive compensation is linked to achievement of QIP targets. Ensure the following information is included:
For each executive, the percentage of salary that is linked to the achievement of QIP targets The specific QIP targets to which executive compensation is linked and justification/rationale for the selection of each A clear and comprehensive description of the way executive compensation and performance on QIP targets are linked, including the terms that are used to determine payout For more information on how to complete the performance based compensation section of your QIP, including best practice examples of what information to include, refer to the Ministry of Health and Long-Term Cares website: MOHLTC website

The COS, the CEO and the direct reports of the CEO are linked to the achievement of performance improvement targets that are identified in the QIP. The percentage of salary that is linked to the achievement of the QIP targets are as follows:

- COS – 2%
- CFO – 2%

- CNE – 2%
- Senior Director Corporate Services – 2%
- Director of HR – 2%
- CEO – 5%

The specific QIP targets are identified on the 2016/17 LDMH QIP Work Plan and the justification for each target is established based on past performance or a combination of ESC LHIN or Ministry information. Weights are assigned to each of the 12 targets and compensation is tied to outcomes vs. targets.

7. Other

In order to improve Access to Care for the catchment area we serve (approx. 72,000) comprised of residents and up to 10,000 seasonal workers LDMH has transition to an organization that:

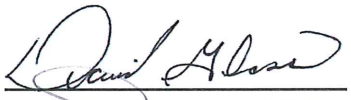
- provides services directly; and
- Host Community Agencies that provide services primarily around MH&A

Further, we are now hosting agencies outside of Health Care (not funded by MOHLTC) to improve access for our community.

8. 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

Board Chair – David Glass  (signature)

Quality Committee Chair – Marnie Setterington-Goens  (signature)

Chief Executive Officer – Terry Shields  (signature)

CEO/Executive Director/Admin. Lead  (signature)