

Excellent Care
For All.



2014/15

Quality Improvement Plan For Ontario Hospitals

(Short Form)



BLUEWATER
HEALTH

March 31, 2014

ontario.ca/excellentcare



Overview of Our Quality Improvement Plan (QIP) 2014-2015

Bluewater Health's Mission: "We create exemplary healthcare experiences for patients and families every time, and our Vision "Exceptional Care, Exceptional People, Exceptional Relationships" compels our constant quest for quality. Our Strategic Plan - with its eight key strategic corporate goals and our annual Quality Improvement Plan (QIP) are symbiotic in nature, each enabling and supporting the other. Our Strategic Goals are:

Ingrain Patient Safety
Optimize Partnerships
Create a Lean Culture

Improve Access to Care
Achieve Financial Health
Advance Technology

Embed Patient & Family-Centred Care
Develop our People

From experience, we know that the development of a QIP ensures that we remain on track to meet the high standards and expectations of our patients and families, staff, and community. Our 2014-15 QIP builds on the successes and lessons learned from past years and is evidence of our commitment to providing high quality, safe patient care.

Objectives

Bluewater Health has developed the 2014-15 QIP around eight (8) key objectives; each with their own measures and targets designed to provide a clear understanding of organizational priorities and allow for provincial comparability. The embedded initiatives, methods, and processes are aligned with the objectives and seek to incorporate evidence into practice to improve outcomes for patients and maintain the financial health of the organization. In preparing this year's plan, the organization's current performance and targets were discussed and challenged, and new stretch targets established. By definition a "stretch target" implies new strategies, new incentives and entirely new ways of achieving our purpose.

Specifically, by March 31 2015, the QIP stretch targets will enable us to:

- ... Decrease the % of time patients are designated as ALC to acute designation to 9% (currently 14.96% at BWH) by implementing a Discharge Framework incorporating best practice strategies including: early identification of patients with complex discharge requirements through huddles, status reports and working collaboratively with community partners to expedite timely discharge to the appropriate setting.
- ... Decrease incidence of patients converting to ALC designation.
- ... Decrease readmission rates to <13.5% (currently 14.5%) by carefully examining readmissions based on the number of days (within 7 days and within 8-30 days), implementing best practice which includes early identification of *at risk* patients, reviewing discharge readiness and providing written discharge instructions and arranging follow-up prior to discharge.
- ... Improve patients' perceptions and satisfaction with their care experience by engaging *Patient Experience Partners* (volunteers who were previously patients or family members), and imbedding proven strategies into practice.
- ... Increase the number of patients receiving accurate medication reconciliation at time of admission to 90% (currently 88.62%) through staff education, communication and process review.
- ... Reduce the number of category 3 and 4 falls to a total of 9 (last year had total of 11) by continuing with best practice strategies employed by RNAO BPSO Guidelines and implemented by *Staff Champions and Senior Friendly Staff*.

Our performance against quality improvement goals is measured and monitored through balanced scorecards reported to our Quality Committee of the Board, Medical Quality and Utilization Committee, and Quality and Performance Committee and many are also reported on our website for the public to access (www.bluewaterhealth.ca/PerformanceReporting). Our QIP serves not only as a means of communicating our plans to improve and deliver highest quality healthcare experiences at Bluewater Health, but also as an indication of our commitment to accountability and transparency to our community, patients, and staff.

Alignment

The strategy map (below) highlights that the dimensions of quality healthcare are fundamental to our strategic priorities and Strategic Plan. The measures align with local and strategic priorities or Accreditation priorities, are supported by external funding, or demonstrate an opportunity for us to improve from our current performance.



Version 1 - April, 2013

Our QIP is also linked to:

- ... Hospital Service Accountability Agreement
- ... P4R, the Ministry's pay-for-results program to achieve Emergency Department targets
- ... Accreditation Canada's Required Organizational Practices
- ... Canadian Patient Safety Institute recommendations
- ... *Safer Healthcare Now* (C. Difficile rates, fall rates, and medication reconciliation completion rates)
- ... Provincial Infections Disease Advisory Committee recommendations and targets
- ... Registered Nurses of Ontario Best Practice Guidelines
- ... Ministry of Health and Long-Term Care *Action Plan for Health Care*

Integration and continuity of care

Bluewater Health continues to demonstrate its commitment to collaborate with community partners and agencies to improve care transitions and continuity of care to ensure that care is provided in the right place at the right time by the right provider at the right cost. We support health system integration to better serve the patients and community of Sarnia-Lambton and we continue to collaborate with community health service partners such as the Canadian Mental Health Association (CMHA) of Lambton-Kent, local Community Health Centres and Family Health Teams.

Through collaboration with CMHA, Erie St. Clair Local Health Integration Network (LHIN) and local providers of care and treatment for individuals and families living with addictions, we have made tremendous progress toward the development of a local, Integrated Withdrawal Management Program due to open Spring 2014.

We work with such agencies as Community Care Access Centre (CCAC) to assist patients to remain in their homes or to return home as quickly as possible after a hospital admission, supporting our efforts to reduce the number of alternate level of care (ALC) patients occupying acute care beds. Patient flow through the inpatient areas improves flow through the Emergency Department to in-patient beds, facilitating timely access to care and reduced wait times.

We are pleased and proud to be on the local executive and steering committees formed to bring Health Links to Sarnia-Lambton to better address the care needs of our community's most needful residents. As we work collaboratively with the healthcare system across Sarnia-Lambton together we will focus on improving care coordination, improving transitions of care, enhancing the patient care experience and outcomes for patients/ clients/ residents with complex health conditions across and through healthcare organizations.

Additionally, during 2014-15, Bluewater Health, to deliver on its corporate goal —*Optimize Partnerships*—will focus on developing an inventory; framework and model to guide our partnerships and integration initiatives beyond the two shared service organizations of which we are a part.

Bluewater Health has an array of Information Management tools to better understand the needs of our patient population to trend, manage and coordinate care. These include standardized Patient Order Sets, an electronic dashboard to view patient flow in real time (The Hub) and Hospital Report Manager. Coming soon, is a tool to manage surgical wait times across the region as well as a regional clinical viewer tool.

Incorporating Health System Funding Reform (HSFR) into quality processes

We support health system transformation and are prepared to contribute to its success – while balancing our obligation to provide safe, efficient and quality care - as evidenced by our progress in this regard. Bluewater Health remains committed to improving our financial health and achieving a balanced budget as a strategic priority and has an obligation to the LHIN through the Hospital Annual Planning Submission (HAPS) and Hospital Service Accountability Agreement (H-SAA) processes as well as Multi-sector Accountability Agreement (M-SAA).

During the past two years of '*Strengthening Our Capacity*', the hospital has invested significant time and energy to understand and adjust to HSFR implications for Bluewater Health and we have implanted ways the hospital can become more efficient to bring costs and service volumes in line with Ministry expected costs and service volumes.

Our Performance + Transformation System is introducing Lean tools and education to build capacity in our front-line staff, leaders, and physicians in identifying opportunities to become more efficient and innovate and create solutions to do so.

Challenges, risks and mitigation strategies

Throughout the QIP planning process we identified challenges inherent in the current healthcare context as well as risk mitigating strategies in order to successfully achieve our objectives and performance targets.

Challenges:

1. Hospital based funding is anticipated to decrease in the next fiscal year at the same time other operating salary/wage costs continue to increase.
2. Single year and late communication of envelope funding allows for limited predictability for planning and implementation.
3. The growing number of initiatives emerging from the LHIN place pressures on our current human resources.
4. Ministry of Health directed roles and responsibilities, which are outside the control of BWH, can have an impact on our ability to achieve optimal performance.

Risks and Mitigation Strategies:

Risk #1: There may be overlap with existing initiatives, creating duplication of effort and resources.

Risk Mitigation Approach: There needs to be deliberate oversight of all initiatives underway concurrently, to mitigate risk of duplication within the organization and achieve optimal use of resources.

Risk #2: Frontline Staff and Physicians may be resistant to embracing a culture of change that relies on evidence-based practice.

Risk Mitigation Approach: Opportunities to build awareness, competency and skill in understanding the value of quality data need to be incorporated into the professional development plans of frontline managers and physicians. Building capacity at this level is paramount to making the cultural shift sustainable.

Risk #3: Changing patterns of practice based on initiatives may not yield results immediately.

Risk Mitigation Approach: In order to fully measure the effectiveness of improvement initiatives, sufficient time will be required prior to evaluation, as some results may take time to fully emerge in the data sets.

Risk #4:

Reaching predetermined targets may be challenged by the hospital's lack of control over external factors that influence our ability to provide timely assessment for discharge and placement outside of the hospital.

Risk Mitigation Approach: Raise the level of awareness of being timely and consistent with planned improvement initiatives to ensure targets are met and work collaboratively with partner organizations to achieve early resolution.

The Link to Performance-based Compensation of Our Executives

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

Purpose of Performance-based compensation:

The purpose of performance-based compensation related to the Excellent Care for All Act (ECFAA) is to drive accountability for the delivery of quality improvement plans. Performance-based compensation can help organizations to achieve both short and long-term goals. Performance-based compensation will enable organizations to:

1. Drive performance and improve quality care
2. Establish clear performance expectations
3. Create clarity about expected outcomes
4. Ensure consistency in application of the performance incentive
5. Drive transparency in the performance incentive process
6. Drive accountability of the team to deliver on the Quality Improvement Plan
7. Enable team work and a shared purpose

Organizational positions to which performance-based compensation applies:

Compensation for the entire executive team at Bluewater Health is linked to our organization's achievement of quality improvement targets set out in our annual Quality Improvement Plan:

- Chief Executive Officer
- Chief of Professional Staff/Vice President, Medical Affairs/Chief Quality, Patient Safety, Risk Management
- Vice President, Operations/Chief Operating Officer
- Vice President, Operations
- Chief Nursing Executive, Chief Interprofessional Practice, Organizational Development
- Chief, Communications and Public Affairs

Our 2013-14 Pay for Performance Plan is in compliance with *Excellent Care For All Act, 2010* and the *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

For each of our executives, 2% of their current base salary will be withheld and is “at risk” and linked to Bluewater Health achieving the targets set out in its 2014-15 Quality Improvement Plan on the indicators outlined below. Specifically, the targets are the following:

Quality Dimension	Objective	Current Performance	Target Performance
Access	1. Reduce ED wait times	22.45hrs	21hrs
Effectiveness	2. Improve organizations financial Health	0%	0%
Integrated	3. Reduce non-elective readmissions for select CMGs .	14.5%	<13.5%
	4. Reduce unnecessary time spent in acute care (total beds designated as ALC/total number of acute inpatient days)	14.96%	9%
Safety	5. Increase proportion of patients receiving medication reconciliation (at admission)	88.62%	90%
	6. Reduce hospital acquired infection rates (CDIFF).	.23	.25
	7. Avoid total number of inpatient falls (category 3/4) **	11	9
Patient & Family Centred	8. Patients rating care	95.6%	97%
	9. Respect for patient preferences **	80.9%	85%

**** Added by Bluewater Health**

It is intended that the hospital achieve 100% of the targeted improvement set out in the QIP for an objective in order for the performance-based compensation for that objective to be earned. Each objective is weighted at 0.33% of current salary, so that the full 2% of base salary can be earned back if the hospital achieves or exceeds its QIP targets in 6 of the 9 objectives. In no circumstances will the payout of performance-based compensation exceed 0.33% for the 2014-15 fiscal year.

The Board of Directors has the residual discretion to modify the amount of performance-based compensation (subject to the 2% maximum) following assessment of the Hospital’s performance related to the QIP in the event that there has been significant achievement of the objectives specified above and the targets set out in the QIP have not been achieved.

Our Improvement Targets and Initiatives

AIM	Measure			Change
Quality Dimension	Measure/Indicator	Current Performance (2013/14)	Target Performance 2014/15	Planned improvement initiatives (Change Ideas)
Access	ED Wait times: 90th percentile ED length of stay for Admitted patients.	22.45hrs	21 hrs	N/A
Effectiveness	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year.	0%	0%	N/A
Integrated	Percentage ALC days: Total bed days designated as ALC in acute care, divided by the total number of acute inpatient days.	14.96%	9%	<ol style="list-style-type: none"> 1. Raise organizational and community awareness regarding our new Discharge Framework. 2. Establish weekly Community/Hospital Complex Discharge Review Team (CDRC) meetings. 3. Complete "huddles" and status reports for care and discharge planning.
	Readmission to any facility within 30 days for selected CMGs for any cause: The rate of non-elective readmissions to any facility within 30 days of discharge following an admission for select CMG's.	14.5%	<13.5%	<ol style="list-style-type: none"> 1. Examine readmissions into 2 categories: readmits within 7 days and readmits within 8 – 30 days. Current performance = 50% readmissions occur within 7 days therefore refocus on supported discharge from initial hospitalization. 2. Implement HQO's bestPATH Transitions of Care module in the General Medicine and Telemetry Medicine Units. 3. Daily interdisciplinary huddles for discharge planning preparation. 4. Implement standardized written discharge instructions from Emergency Department to support patient transitions of care to primary care provider.
Patient-Centred	From NRC Picker: "Overall, how would you rate the care and services you received at the hospital (inpatient care)?" (add together % of those who responded "Excellent, Very Good and Good").	95.6%	97%	<ol style="list-style-type: none"> 1. Formally engage front-line managers, staff, Best Practice Champions, and Patient Experience Partners in improvement initiatives specific to the roll-up questions for this dimension which includes: <ul style="list-style-type: none"> - Nurse discussed anxieties/fears - Family talked with doctor enough - Did everything to control pain - Enough to say about treatment 2. Implement NRCC Catalyst 3. Embed "Provider Question" page into the Patient and Family guide to prompt pts and families to capture questions for physicians and include question: Is there something you would like to ask/say about your treatment?" <ul style="list-style-type: none"> - Revise the Patient and Family Guide to include the new page
	From NRC Picker: Respect for Patient Preferences Dimension Score (roll-up score of "Treated you with respect/dignity", "Enough say about treatment", "Drs and nurses did not talk in front of you as if you weren't there" In-Patient	80.90%	85%	<ol style="list-style-type: none"> 1. Establish a Patient and Family-Centred Care (PFCC) Committee 2. Strengthen effectiveness of Patient Experience Partner (PEP) Council 3. Increase knowledge, skills and abilities of staff, volunteers and physicians to communicate I Care and I Respect You
Safety	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital.	Q3 2013/14 88.62%	90%	<ol style="list-style-type: none"> 1. Employ strategies to more actively engage Patients and Families in the Medication Reconciliation Process. 2. Improve accuracy related to collection of the best possible medication history. 3. Establish a process to assess quality and accuracy of reconciliation.
	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI, divided by the number of patient days in that month, multiplied by 1,000 - Average for Jan-Dec. 2013, consistent with publicly reportable patient safety data.	Jan - Dec 2013 0.23	0.25	N/A
	**Falls: Prevent harm from falls. Number of Category 3 and 4 falls: Total reported inpatient events. Total reported events for Jan-Dec 2013	Jan - Dec 2013 11	9	<ol style="list-style-type: none"> 1. Continued implementation of RAO Best Practice Guidelines <ul style="list-style-type: none"> - Identification of all adult patients at increased risk of falls on admission using a validated tool. - Assess risk for fall AFTER every fall using a validated tool - Post-fall assessments by the interprofessional team with the involvement of the patient/family - Implementation of multi-factorial falls prevention/injury reduction interventions to prevent further falls/injuries - Falls Prevention Program updated to include Best Practice recommendations 2. Equipment and inventory and assessment

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*.

Stéphane Thiffault
Board Chair

Robert McKinley
Quality Committee Chair

Sue Denomy
President & CEO

Dr. Mark Taylor
*Chief of Professional Staff, & VP Medical Affairs
& Chief of Quality, Patient Safety & Risk Management*