

Let's Make Healthy  
Change Happen.



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



**3/31/2015**

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 HQO (if required) in the format described herein.

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

## Overview

### Overview of Our Quality Improvement Plan (QIP) 2015-2016

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:

<b>Ingrain Patient Safety</b>	<b>Improve Access to Care</b>	<b>Embed Patient &amp; Family-Centred Care</b>
<b>Optimize Partnerships</b>	<b>Achieve Financial Health</b>	<b>Develop our People</b>
<b>Create a Lean Culture</b>	<b>Advance Technology</b>	

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 2015-16 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 2015-16 QIP around seven (7) 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, 2016, the QIP stretch targets will enable us to:

- Decrease the % of ALC days in Acute Care beds to 15.3% (per LHIN methodology using closed cases in acute care) (currently 13.11% using open cases in acute care at BWH Sarnia) by optimizing weekly Community/Hospital Complex Discharge Review Team meetings; creating Complex Discharge rounds in ED; increase knowledge of ALC and awareness of community supports. NOTE: changed target to align with ESC LHIN methodology on reporting (%ALC days -closed, acute)
- Decrease ED Wait Times (90<sup>th</sup> percentile length of stay for Admitted patients) to 20 hours (currently 22 hours at BWH Sarnia) by incorporating the "Patient Flow and Access" initiative and maximizing ED tools and resources to improve time to consult and time to consult disposition.
- Decrease readmission rates to <12.8% (currently 15.55%) by carefully examining readmissions based on the number of days (within 30 days), implementing best practice which includes early identification of *at risk* patients, improving discharge preparedness by engaging patient and family and the interdisciplinary team, and including Physicians in expected date of discharge (EDD).
- Improve patients' perceptions and satisfaction with their care experience by engaging *Patient Experience Partners* (volunteers who were previously patients or family members), and adopting Patient and Family Centered Care strategies of NOD(Name, Occupation, Do), hourly rounding, white board communication, Teachback and inviting patients to discuss anxieties and fears into practice.
- Increase the number of patients receiving accurate medication reconciliation at time of admission to 95% (currently 92.3%) through staff education, communication and process review and addition of a permanent pharmacy Med Rec position.

- Reduce hospital acquired *C.difficile* rates to 0.23 (currently 0.39 Sarnia/CEEH combined) by continuing to monitor antibiotic use through antibiotic stewardship, continued education to staff and patients about hand hygiene and routine practices, and ensuring best practices for environmental cleaning continue.
- Improve organizational financial health by reducing the percent by which total corporate revenues exceed or fall short of total corporate expense to 0% (currently 0.09%) by focusing on role optimization, improvements to patient flow and supply cost savings.

## 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 Infectious 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 & 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, ensuring 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 the Erie St. Clair Local Health Integration Network (ESC LHIN), the City, County 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 (IWMP). Since April 2014, when clients began to use Day and Community Withdrawal Management Services, over 250 clients have accessed these services. The linkage between the withdrawal management and outpatient addictions treatment services at BWH is proving to be an important benefit for clients of both services. With the location of these services in the same physical space, clients and professionals can easily access either service, minimizing wait time for appointments and eliminating the challenges of navigating a sometimes confusing system. A model of care to provide a focal point and facilitate accessibility to holistic care with a recovery focus is necessary for people faced with mental health and substance use/gambling problems. In order to meet the commitment to fully implement the IWMP, BWH has begun the MOHLTC Capital Planning process to create a suitable, community-based facility.

We work with such agencies as the Erie St. Clair 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 2015-16, Bluewater Health strives to continue deliver on the strategic priority of Exceptional Relationships through the corporate goal — Optimize Partnerships. In 2014/15, Bluewater Health developed a Collaboration Framework and the associated policy and tools. The community collaborations focus on improving quality care and care transitions for patients and families and leveraging resources. As well, the policy enables and guides key decision-makers, clinical leaders and staff to initiate, promote and facilitate strong and effective collaborations between Bluewater health and Community Partners.

## Challenges, Risks & 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:

- Hospital based funding is anticipated to decrease in the next fiscal year at the same time other operating salary/wage costs continue to increase.
- Single year and late communication of envelope funding allows for limited predictability for planning and implementation.
- The growing number of initiatives emerging from the ESC LHIN place pressures on our current human resources.
- Ministry of Health and Long-Term Care 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: Front-line 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 front-line 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 of patients 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.

## Information Management Systems

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. ClincialConnect, is a tool to manage surgical wait times across the region, as well as a regional clinical viewer tool.

## Engagement of Clinical Staff & Broader Leadership

Our performance against quality improvement goals is measured and monitored through balanced scorecards reported to our Quality Committee of the Board, Quality and Patient Experience Committee, and Performance and Utilization Committee, and many are also reported on our website for the public to access ([www.bluewaterhealth.ca/PerformanceReporting](http://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.

## Patient/Resident/Client Engagement

This QIP relies heavily on a review of the current patient satisfaction survey results and seeks to strengthen the survey's power by adding new survey questions to find out what patients think about our newest patient-centred initiatives. It seeks to bring the data closer to the front line teams for their awareness and innovation. Built into the plan are strategies to ensure that we are engaging our patients through spread of post-discharge calls and introducing patient rounding. The Patient Satisfaction portion of this QIP was created in consultation with the Patient Experience Partner Council Co-chair and reviewed by the Patient Experience Partner Council.

## Accountability Management

### 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 2015-16 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 2015-16 Quality Improvement Plan on the indicators outlined below. Specifically, the targets are the following:

Quality Dimension	Objective	Current Performance	Target Performance
Access	Reduce ED wait times	22hrs	20hrs
Effectiveness	Improve organization's financial health	0.09%	0%
Integrated	Reduce non-elective readmissions for select CMGs	15.5%	12.8%
	Reduce unnecessary time spent in acute care (total number of acute inpatient days designated as ALC/total number of acute inpatient days)  NOTE: changed target to align with ESC LHIN methodology on reporting (%ALC days -closed, acute. Current performance is calculated using open cases).	13.11%	15.3%
Safety	Increase proportion of patients receiving medication reconciliation (at admission).	92.3%	95%
	Reduce hospital acquired infection rates (C. diff)	0.38	0.23
Patient & Family Centred	Patients rating care (Inpatient/ED)	93.7%/88.3	97%/90%
	Would you recommend this hospital (Inpatient/ED)	76.0%/67.6%	80%/70%

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 0.4% 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 5 of the 7 objectives. In no circumstances will the payout of performance-based compensation exceed 2% of any executive base salary for the 2015-16 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.

## Health System Funding Reform

### 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 ESC LHIN through the Hospital Annual Planning Submission (HAPS) and the Hospital Service Accountability Agreement (H-SAA) processes, as well as the Multi-Sector Accountability Agreement (M-SAA).

During the past sixteen months 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.



## 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

---

Lorri Kerrigan, Chair, Bluewater Health Board of Directors

---

Robert McKinley, Chair, Quality Committee of the Board

---

Sue Denomy, President & CEO

---

Dr. Mark Taylor, Chief of Professional Staff/Vice President,  
Medical Affairs/Chief Quality, Patient Safety, Risk Management