

Let's Make Healthy
Change Happen.



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



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Overview of Our Organization's Quality Improvement Plan

At Chatham-Kent Health Alliance (CKHA), our priority is to deliver safe, accessible quality care to the community we serve. To live our Mission: *Together ... advancing compassionate, quality care* and to achieve our Vision: *An exceptional community hospital – setting standards, exceeding expectations*, we continuously look for ways to improve the quality of our services and the patient and family experiences within the local health care system.

CKHA's Quality Improvement Plan (QIP) is evidence of our commitment to providing the highest quality, safe patient care. We are committed to setting high standards and exceeding the expectations of our patients and continuous performance improvement in an environment of service excellence. Improving the patient experience is a top priority at CKHA.

We are committed to providing safe, quality care that is effective, patient-centered, accessible and integrated.

- **Safe:** We will avoid harm to patients from the care that is intended to help them
- **Effective:** We will be fiscally responsible and spend valuable health care dollars wisely
- **Patient-Centred:** We will improve satisfaction and honour the individual and their family
- **Accessible:** We will reduce waiting for both patients and those who give care
- **Integrated:** We will work with our community partners to improve flow and support the best care in the right place

At CKHA, quality, patient safety and the patient experience are at the foundation of everything we do. It is evident in how we interact with and care for patients and their families, and is embedded in how care is delivered. Our goal is to put the needs of patients first, and **we want patients and families to recommend us to family and friends.**

- We are committed to creating a positive patient and family experience and delivering high quality health care in a timely manner;
- We are committed to being a high-performing healthcare organization that is patient-centred, promotes the principles of accountability and transparency, and continues to strive for quality in all aspects of the care we deliver;
- We support clinical processes to make patients safer while they are in hospital;
- We are responsive and accountable to the public;
- We believe that quality should be the goal of everyone involved in delivering health care and that care is provided in a way that is in keeping with patient beliefs and values;
- We aim to enhance patient transitions within the hospital and with our partners across the health care system; and,
- We will continue to work with our Health Links and community partners to reduce avoidable emergency department visits and return patients home, whenever we can.

Through the development and public posting of our QIP, we share our action plans on identified priorities and targets, and we encourage a dialogue with our patients and community about quality of care through the Patient & Family Advisors (and the Patient & Family Centred Care Committee), patient surveys, our patient declaration of values, and the support of a comprehensive patient relations process.

Objectives of our QIP for the Coming Year

Our annual QIP highlights key strategies for quality improvement within our organization and across our local health care system. It is a key component of CKHA's comprehensive quality program. **Our key quality improvement themes are: providing timely and appropriate health care services to achieve the best possible outcomes; continually looking for ways to maximize the use of resources and reduce waste; providing the most effective, evidence-based care possible; offering services in a way that is sensitive to an individual's needs and preferences; improving the patient's experience; and, improving and saving lives and avoiding harm.**

The objectives for the coming year include the following:

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- Use technology and innovative care models to reduce wait times in the Emergency Department by 44% or 5.3 hours over current performance and maintain top 25% in Ontario P4R hospitals;
- Improve organizational financial health by achieving a balanced budget;
- Reduce unnecessary time spent in acute care with an ALC rate goal of 9% or less while maintaining the status of the lowest rate in our LHIN;
- Coordinate care with internal teams and community partners to reduce unnecessary return visits to the hospital after a patient is discharged with a rate at 4% or less;
- Create the ideal patient experience to improve patient satisfaction and achieve NRC & Picker scores of 93% or greater for the Emergency Departments and 96.4% or greater for the acute in-patient units on overall rating of care;
- Promote patient safety by increasing proportion of patients receiving medication reconciliation upon admission to hospital and transfer within hospital, and;
- Keep patients, visitors, volunteers, physicians and staff safe and free from hospital acquired infections through improving hand hygiene and environmental cleaning strategies.

How our QIP Aligns with Other Planning Processes

Aligning our improvement agenda with our corporate strategies will strengthen our ability to successfully achieve our Vision and embed innovative clinical practices and service delivery models into the culture of the organization. By successfully achieving our vision, we will positively impact patients and families, our organization, and the communities we serve.

CKHA's QIP is driven by the Strategic Plan and is aligned with other programs and priorities from within our community and the province.

The CKHA Strategic Plan: Our strategic plan is the foundation for all of the work we do to support our vision – *An Exceptional Community Hospital*. The vision sees CKHA being a hospital that provides exceptional care, attracts/retains exceptional talent, and develops exceptional ideas; a hospital with exceptional performance. CKHA aims to be an exceptional community hospital that is setting standards and exceeding expectations. It positions CKHA as patient and people focused, and a leader in innovation, best practices and change.

Patients: Integrate care across the continuum to better serve our patients and community

- Focus on safe, high-quality patient care
- Deepen and expand partnerships with local providers and community agencies
- Grow our work around seamless Patient and Family Centred Care
- Expand access to our health services

People: Enable a culture of empowerment, compassion and caring

- Retain and attract excellence
- Enable a culture of empowerment
- Promote value-based decision-making
- Provide opportunities for teaching and learning

Innovation: Be a centre of excellence for key community needs

- Advance knowledge in the areas of greatest needs in our community
- Optimize our use of technology
- Enable a culture of creativity across the organization

Performance: Generate results worthy of an exceptional community hospital

- Perform better than provincial targets and set the bar for community hospitals
- Promote our services and stories in our community and across the province

When we are successful at achieving our targets for Emergency Department (ED) wait times, we will fulfill our obligations for our hospital service agreement (H-SAA) and our participation in the Ministry's pay-for-results (P4R) program. We align ED wait times and Alternate Level of Care (ALC) targets through patient care programs such as Geriatric Emergency Management (GEM) nurses who focus on seniors in the ED, contributing to success with Local Health Integration Network's (LHIN) targets.

We continue to work on infection prevention and control improvements to reduce the number of hospital acquired infections and improve hand hygiene compliance and aim to meet Provincial Infectious Disease Advisory Committee (PIDAC) recommendations and targets. We continue our work on patient discharge instructions to improve patient knowledge and reduce hospital readmissions, aligned with requirements for Accreditation Canada.

We follow recommendations from the Canadian Patient Safety Institute (CPSI) and by using tools from Safer Healthcare Now (SHN!) will reduce preventable adverse events in our hospital. As a Registered Nurses' Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO) we align our patient care activities with evidence based best practice guidelines to reduce the risk of developing hospital acquired pressure ulcers and the incidence of falls. The RNAO Client Centred Care best practice guideline and Institute for Family-Centred Care guidelines assist us with improving our patient and family centred care and patient relations processes.

In addition to the all of the above, we continue to look to the Minister of Health and Long-Term Care's *Action Plan for Health Care* for direction. We have already initiated numerous activities that align to the *Action Plan* and, as we execute this QIP, we aim to continue to work with our partners, particularly our community partners, to create a healthcare system that best serves our patients.

Integration & Continuity of Care

Through our ongoing commitment to support health system integration to better serve the patients and community of Chatham-Kent, we continue to collaborate with community agencies including the Canadian Mental Health Association Lambton-Kent (CMHA-LK) and Chatham-Kent Community Health Centres (CK-CHCs). Together, we identified clinical outpatient services that are better suited for delivery by community based primary care organizations and have made great progress in moving select outpatient programs into the community where they are needed. CKHA is proud of its integrated management team with the CMHA-LK. This shared responsibility and accountability for mental health services supports seamless access to quality care in Chatham-Kent.

Community agencies including the Community Care Access Centre (CCAC) work with CKHA to assist patients to remain in their homes or to return home as quickly as possible after a hospital admission, supporting our attempts to reduce the number of alternate level of care (ALC) patients in acute care beds. Flow through the in-patient areas promotes flow through the ED with timely access to care and reduced wait times.

CKHA Co-Leads the Chatham-Kent Health Links and is working collaboratively with the entire healthcare system across Chatham-Kent to focus on the high-risk, high-cost users and better manage their care without reliance on the acute care system. We recognize that the care needs of individuals require the services of multiple agencies connected in a seamless way. Through our partnership in Health Links we will improve care for seniors and others with complex conditions. This innovative approach brings together health care providers in a community to better and more quickly coordinate care for high-needs patients.

Health System Funding Reform

CKHA has a strong record of system leadership and integration. Through HSFR, CKHA has been able to accelerate its plans to realize a local system that aims to provide with the right care, in the right place, at the right time and at the right cost. At the same time, the implications of HSFR on a community hospital require internal understanding of the new model and robust processes to ensure quality and service volumes are appropriate for the community we serve.

Beginning in 2012, CKHA has regularly offered education & engagement sessions for staff, physicians and volunteers to understand the new funding model and direct implications on CKHA operations. Over the past two years, CKHA has prepared operating plans for Board approval based on the foundation of improving access to safe, quality care and within the realities of the new funding model. To do so, CKHA leverages its decision support team and clinical expertise to assess its performance against provincial benchmarks and to prepare business cases to support new service delivery targets and volumes identified through HBAM and QBP.

To support the full implementation of QBPs, CKHA has established QBP specific working groups that combine the expertise of a wide-range of stakeholders to fully examine care delivery at CKHA against expected targets and best practices. In 2014/15, CKHA will continue its commitment to innovative solutions to system transformation, including shifting high volume, low risk procedures to the community-based specialty clinics as appropriate.

Challenges, Risks & Mitigation Strategies

Sustaining Performance – it is challenging to sustain Emergency Department (ED) Pay for Results (P4R) initiatives with limited resources and ED physician provider shortages. CKHA continues to collaborate with the Ministry and LHIN on physician recruitment strategies and new models of care in the ED. A new model of care including NPs and PA is underway and should have a positive effect on ED LOS and performance in general.

Timeliness of Data – some data are not available as frequently as the objectives are being monitored (e.g., NRC & Picker), making it more difficult to follow trends to determine the effectiveness of strategies. Decision support tools and strategies are being implemented by CKHA and some raw data can now be monitored much more frequently, some even daily (e.g., Emergency Department activity DART tool).

Emergency Department Flow - access is affected by the large number of unattached patients and limited access to urgent care centres outside of the hospital and lack of full complement of local ED physicians for coverage. Access to in-patient beds for those who are admitted is limited by the number or type of available in-patient beds. Plans are underway for development of an 'express' admission and discharge room with flow improvements predicted as a result.

Fiscal Challenges – With the introduction of the new funding models through HSFR, CKHA like many hospitals across the province continues to face fiscal challenges. While there are strategies to mitigate these impacts, there are limited resources available for additional supports and some improvement strategies. We have established medical and surgical groups to monitor the operational savings related to the Quality-based Procedures (QBPs) that are a key element of the funding model.

Information Management Systems

Our hospital and clinical/financial processes are extremely well supported by an energetic and dedicated decision support team. The aging infrastructure of our current Information System creates limits to the ability to create a fully functioning electronic health record. We anticipate moving to a more robust regional system in the coming years.

Even with this aging electronic system, our providers have access to daily ED activity and flow reports (DART), real-time occupancy and activity reports through Oculys, and monthly dashboard type reports to share with staff at Unit Safety/Performance Huddles, Town Hall meetings, Operations and Leadership Council meetings. Data are reviewed at the Board Quality Committee and the Tri-Board committee meetings. Electronic databases are used to collect feedback and incident data and reports are used to find themes or trends that require attention.

Engagement of Clinical Staff & Broader Leadership

We established a new model of medical leadership that has the Chief of Staff and Department Chiefs supported by two Senior Medical Directors. One Senior Medical Director will focus on Quality and Patient Safety, while the other focuses on Performance and Utilization. At the same time, we have established a Joint Program Operations Council, that will bring medical, clinical and key operational leaders together on a bi-monthly basis to address emerging issues in the areas of quality, safety, utilization and performance. This new approach will create an excellent balance where clinical staff, along with medical staff and administrative leaders will work shoulder-to-shoulder to achieve shared quality improvement goals and commitments for the organization. This is an exciting time for CKHA.

Accountability Management

Compensation at Chatham-Kent Health Alliance will be linked to performance for the following individuals:

The President/CEO and members of senior management

- Vice President & Chief Financial Officer
- Vice President & Chief Nursing Executive
- Vice President Medical Affairs & Chief of Staff

Our 2014-2015 Performance Based Compensation Plan is compliant with ECFAA. For all of the above noted executive positions, 2% of these individuals salaries are withheld and “at risk”. 90% of the 2% at risk will be tied directly to the achievement of the QIP targets and initiatives while the remaining 10% will be tied to the achievement of goals and objectives that improves the overall performance of the organization.

The targets will be equally weighted. The following incentives will be available for each target:

- Target achieved 100%
- Improvement over previous year (target not achieved) 80%
- Same as previous year (minimum threshold achieved) 50%

Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan.



Brenda Richardson
Tri-Board Chair

Liz Meidlinger
Quality Committee Chair

Colin Patey
Chief Executive Officer

Our Improvement Targets and Initiatives

<http://bit.ly/1Gxn92H>