

Excellent Care
For All.



2012/13

Quality Improvement Plan

(Short Form)



Chatham-Kent Health Alliance

March 31, 2012

Part C: Completed November, 2012

Part A:

Overview of Our Hospital's Quality Improvement Plan

Mission:

Together... advancing compassionate, quality care

Vision:

An Exceptional Community Hospital
Setting Standards - Exceeding Expectations

Values:

We value:

Respect
Teamwork
Compassion
Trust
Knowledge
Accountability

Chatham-Kent Health Alliance (CKHA) is committed to providing safe, quality care that is effective, patient-centred, accessible, integrated and efficient.

- **Safe:** We will avoid injuries to patients from the care that is intended to help them
- **Effective:** We will match care to science; avoid overuse of ineffective care and underuse of effective care
- **Patient-Centered:** We will honour the individual and respect choice
- **Accessible and Timely:** We will reduce waiting for both patients and those who give care
- **Integrated and Efficient:** We will work with our partners to improve flow and reduce waste

1. Overview of our quality improvement plan for 2012-13

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 to continuous performance improvement in an environment of service excellence.

We aim to promote transparency with respect to patient relations, hospital governance and administration. In order to achieve the performance goals set out in our QIP, they are closely linked with our hospital strategic plan and built into the corporate objectives with clear alignment and accountabilities identified for each leader through individual and shared work plans to ensure attention across programs. Progress in reaching our goals will be regularly monitored at many levels and will be reviewed at least quarterly at the Mission and Quality Committee of the Tri-Board.

Improving the patient experience is a top priority at Chatham-Kent Health Alliance. Our goal is to put the needs of patients first, and we want patients and families to recommend us to family and friends. 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 patient surveys, our patient declaration of values, and the support of a comprehensive patient relations process.

2. Our QIP objectives and how they will improve the quality of services and care

Our key quality improvement themes are: improving and saving lives and avoiding harm to patients; providing the most effective, evidence-based care possible; improving the patient's experience; offering services in a way that is sensitive to an individual's needs and preferences; providing timely and appropriate health care services to achieve the best possible outcomes; and, continually looking for ways to maximize the use of resources and reduce waste.

The quality indicators that we will monitor and focus our improvement initiatives on include the following:

Priority 1: These are our **highest priorities for the coming year**. They are key hospital quality improvements that have a significant impact on the patient and family experience and have the potential to impact large numbers of patients; they are also challenging to achieve. Our staff and leadership are passionate about these improvements.

- Avoid new stage 2-4 pressure ulcers, reducing the gap between our current performance and the provincial rate by 50% (March 31, 2013)
- Reduce the number of hospital acquired C. difficile infections to below the provincial benchmark, aiming for 0 (March 31, 2013)
- Improve patient satisfaction for in-patients (Medicine & Surgery), exceeding the provincial rate by at least 1% (March 31, 2013)
- Improve patient satisfaction for Emergency Department patients, reducing the gap between our current performance and the provincial rate by 50% (March 31, 2013)
- Reduce the Emergency Department time to initial patient assessment by a physician or nurse practitioner from the current performance by 10% (March 31, 2013)
- Improve our organizational financial health, with an overarching goal to achieve a balanced budget

Priority 2:

- Reduce the length of stay in the Emergency Department for patients being admitted by at least 25 minutes
- Reduce the rate of pneumonia for those receiving care on a ventilator, to below provincial benchmark and aim for 0
- Avoid falls for those receiving care on the Complex Continuing Care units, meeting or exceeding the provincial rate

Priority 3:

- Reduce unplanned hospital readmissions and maintain our current excellent performance
- Reduce patient care days spent in acute care by patients who no longer require acute hospital care, maintaining our current rate which is below the Local Health Integration Network's target of less than 9%
- Improve provider hand hygiene compliance before patient contact, maintaining a rate that is better than the provincial rate
- Reduce unexpected deaths in hospital, maintaining our current performance
- Reduce the use of physical restraints for in-patients on the Mental Health unit, maintaining our current excellent performance
- Reduce rates of complications associated with surgical care by using the Surgical Safety Checklist, maintaining our current excellent performance at 100%
- Reduce the rate of central line blood stream infections, maintaining our current excellent performance at 0

3. How the plan aligns with the other planning processes

CKHA's Quality Improvement Plan (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 a new vision – *An Exceptional Community Hospital*. The vision sees CKHA becoming a hospital that will provide exceptional care, attract/retain exceptional talent, develop exceptional ideas and be 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
- 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 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.

By identifying a priority around fiscal responsibility, we acknowledge work underway through our current budget process, which is transitioning to a two-year budgeting cycle. We will also adjust our budget assumptions to consider the recently announced new funding formula for hospitals, additional announcements in the recent provincial budget as well as the anticipated details around specific hospital funding. CKHA will work within our fiscal responsibilities to ensure we are delivering high quality, efficient services across all programs and departments.

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 and deaths 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.

4. How the plan takes into consideration integration and continuity of care

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. A team of Discharge Planners, Patient Navigators, Patient Flow Coordinators and Social Workers align and coordinate their efforts under a leadership structure that supports best practices for patient care processes.

A corporate improvement team (Utilization and System Integration) is in place and working towards the standardization of workflow processes to improve patient flow efficiencies and to promote the transfer Alternate Level of Care (ALC) patients who are no longer in need of an acute level of care to an appropriate community level of care such as home care, long term care or rehabilitation. Change plans aligned with the QIP include full implementation of an algorithm and policy which will address the assessment and identification of the required level of care along with a more standardized referral process.

5. Challenges, risks and mitigation strategies

Sustaining Performance – it is challenging to sustain Emergency Department (ED) Performance Improvement Project (PIP) and Pay for Results (P4R) initiatives with limited resources and ED provider shortage. CKHA is collaborating with the Ministry and LHIN on physician recruitment strategies.

Fluctuations in Data – some indicators have been observed to have a large range of fluctuation – making it more difficult to measure with confidence if the improvement initiatives have made a difference (i.e., high degree of variability in the falls data). Rather than reacting to these fluctuations as they occur, we have developed a system-wide plan with stretch goals to meet the targets over time and by year-end.

Timeliness of Data – some data are not available as frequently as the objectives are being monitored (e.g., CCRS, 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). Requests for more frequent or raw data from sources on pressure ulcers and falls will allow us to monitor trends more often.

Environment Challenges - the design of the older areas of the hospital at Sydenham and Chatham campuses may have more impact on our infection rates (C. Diff) making it more difficult to detect improvements. A corporate Infection Prevention and Control (IPAC) strategy has been developed and is being activated.

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 ED physicians for coverage.

Numbers of Priorities - there are multiple action plans and priorities for programs related to strategic planning, accreditation follow-up, patient safety and quality of work life survey results, and case review recommendations. Having multiple important priorities is a challenge for the organization to bring focus and clarity for direction and allocation of limited resources.

Fiscal Challenges – the new hospital funding model, which is being fully implemented for the first time, is likely to present new or unforeseen challenges. Given the size of our organization and the challenges in recruiting and establishing sustainable fee structures for some physician roles, the hospital will also need to continue to subsidize physician reimbursement in some programs. Strategies are in place to mitigate these risks to the extent possible but they will remain a challenge over the coming year.

Part B: Our Improvement Targets and Initiatives

<http://bit.ly/1Nj8rya>

Part C: 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

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

The President/CEO and Members of senior management who report directly to the CEO or equivalent

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

Linking Compensation to the Quality Improvement Plan

Our 2012-2013 Performance Based Compensation Plan is compliant with ECFAA. For all of the above noted executive positions, 2% of their salaries will be withheld and now be “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 individual goals and objectives that improves the overall performance of the organization and as determined by the Board of Directors.

Performance will be tied to the PRIORITY 1 indicators specifically:

- Safety
 - Reduce the incidents of new pressure ulcers
 - Reduce clostridium difficile (c-difficile) associated diseases (CDI)
- Access
 - Improve Emergency Provider (Physician or Nurse Practitioner) initial assessment time
- Patient-Centered
 - Improve Patient Satisfaction – Inpatients
 - Improve Patient Satisfaction – Emergency Department
- Effectiveness
 - Improve Organizational Financial Health

The six 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%
- In the event that baseline performance is not maintained no portion of the weighted value will be eligible to be received.

| Indicator | Achievement of Targets | Improvement from Previous Year Performance | Same performance as baseline year |
|---|------------------------|--|-----------------------------------|
| | 100% | 80% | 50% |
| Reduce <i>c-Difficile</i> infections | ≤0.34 | 0.41 | 0.62 |
| Reduce Incidents of Pressure Ulcers | ≤3.6% | 5.3% | 10.4 |
| Improve Organizational Financial Health | 0.0 (total margin) | -1.41 | -0.63 |
| Emergency department PIA | ≤3.81 hrs | 4.23hrs | 4.23 |
| Patient Satisfaction – inpatients | ≥74% | 71% | 60.7% |
| Patient Satisfaction - ER | ≥55% | 51% | 41.6% |

Part D: Accountability Sign-off

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

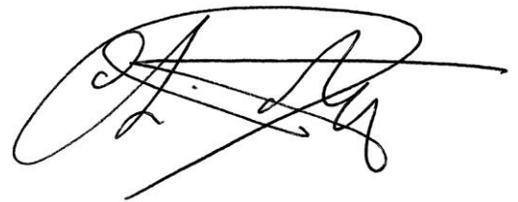
1. Was developed with consideration of data from the patient relations process, patient and employee/service provider surveys, and aggregated critical incident data
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in and extent to which, executive compensation is tied to achievement of QIP targets; and
4. Was reviewed as part of the planning submission process and is aligned with the organization's operational planning processes and considers other organizational and provincial priorities (*refer to the guidance document for more information*).



Paul Weese
Board Chair



Brenda Richardson
Quality Committee Chair



Colin Patey
Chief Executive Officer