

Let's Make Healthy  
Change Happen.



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



3/23/2016

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.

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# Overview

Chatham Kent Health Alliance's Mission; Together...advancing compassionate, quality care together with our Vision; An exceptional community hospital-setting standards, exceeding expectations compels our constant search for new ways of improving the quality of services we provide. Our strategic priorities (as outlined below) informed our quality improvement plan and are aligned with the objectives of the Excellent Care for all Act, 2010. Many of our key strategic directions are embedded within the Quality Improvement Plan (QIP), this includes concepts of integration of care, partnering with patients and families, enabling a culture of empowerment, knowledge and accountability and providing seamless access to safe, and high quality care; they are all woven throughout our QIP work plan.

Our Strategic Direction:

- 1. Integrate care across the continuum to better serve our patients and community\***
  - Continuum has many meanings. For its Strategic Plan, CKHA interprets continuum to reflect care within the hospital (across programs) and across the system (across local, regional, and provincial providers and partners).
- 2. Provide seamless access to safe, high-quality patient care**
  - Partner with patients and families in care delivery, design and decisions
  - See and treat the whole person, particularly complex elders, not just a single medical diagnosis, every time
- 3. Enable a culture of empowerment, knowledge and accountability**
  - Actively develop and attract excellence
  - Reflect values-based behaviours across our inter-professional teams
  - Provide opportunity for teaching, learning and researching
- 4. Be a centre of excellence for integration, partnerships and adoption of leading practices**
  - Leverage knowledge sharing across the healthcare system
  - Accelerate innovative solutions for patients and providers alike
  - Nurture a culture of creativity across CKHA

Chatham-Kent Health Alliance has developed the 2016-17 QIP around seven (7) objectives. The objectives chosen are believed to be the organization's key quality priorities, each with their own measures and targets to provide a clear understanding of our organizational priorities. Embedded within the QIP work plan are evidenced-based initiatives, methods, and processes we believe are necessary to improve outcomes for patients. In preparing the 2016/17 QIP we engaged a large cross section of leadership and patient experience advisors, to first discuss the organization's current performance and then to develop our objectives and challenge our targets.

Our objectives and targets for 2016/17 will;

- Decrease hospital readmission rates for our patients living with congestive heart failure (CHF) and other very complex medical conditions. We will achieve this by improving coordination of care internally as well as with our community partners which include the Community Care Access Centres, Long term Care Facilities, Family Health Teams, Community Health Centers and the Nurse Practitioner Led Outreach Team.

- Increase the number of patients who receive comprehensive medication reviews at admission to and discharge from hospital ensuring patients are prescribed and also taking the appropriate medications throughout their care journey.
- Promote patient safety by reducing the number of hospital acquired infections by improving hand hygiene practices, effective environmental cleaning and strategies to ensure appropriate use of antibiotics.
- Promote the safety and improve quality outcomes for our elderly patients by reducing rates and duration of delirium episodes in patients admitted to our hospital who are 65 years of age or older.
- Improve access to safe, quality care by reducing wait times in the Emergency Department with a focus for on reducing the time it takes between arrival to the Emergency Department to the time it takes for an initial assessment by a provider.

## QI Achievements From the Past Year

Two of our greatest quality improvement initiatives in 2015/16 were related to patient flow and access.

1. Total number of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his or her treatment. These days are referred to as Alternate Level of Care (ALC) days. Reducing ALC days are important in hospitals because when patients who are occupying an acute care bed and their condition does not require that, it means that bed is not available for a patient in need of one. As well, it is important for patients to be in the appropriate place receiving the care they require and deserve whether that means a non-acute bed in hospital, a retirement home, a long term care facility or their own home. Our performance for the indicator was 6.04%, the lowest rate of all hospitals in the Erie St. Clair LHIN. This was achieved due to commitment and collaboration of Interprofessional teams including physicians and CCAC. We meet weekly and as needed to discuss patients who have challenges to overcome in order to be discharged to the appropriate level of care. We work together with the team, the patient and often their family to develop a plan. Part of the reason we have success in this area is that the focus of all team members involved is how to help the patient through this journey to achieve the best possible outcome for the patient. This commitment combined with creativity and innovative solutions has demonstrated results in improving ALC rates
2. Reduce wait times in the Emergency Department (ED), in 2015/16 we focused on reducing the time a patient waits in the ED once the decision has been made that the patient needs to be admitted to an inpatient bed in the hospital. We measure the 90th percentile ED length of stay for admitted patients. In 2015/16 the Provincial average wait time for admitted patients was 28.7 hours. CKHA was able to achieve a wait time for admitted patients of 9.9 hours. We implemented a robust Patient Flow Coordinator role, this nurse works to ensure patients are discharged and transferred in a timely manner and beds are available for incoming patients. Much work has been done to educate all members of our team about the risk for patients associated with long stays in the ED, they work

together to ensure timely admission to an inpatient bed to improve patient outcomes. The implementation and enhancement of our electronic bed management system gives all clinical and support staff real-time data on patients who are waiting in the ED, where and when beds will be available and how long a patient has been waiting,. This has been an invaluable tool that has contributed greatly to our achievement.

In addition to the two achievements related to access, we have been very successful in reducing readmission rates. CKHA selected Congestive Heart Failure, Chronic Obstructive Pulmonary Disease and Stroke as the Case Mix Groups to focus on for non-elective readmission to CKHA within 30 days. Our performance for this indicator was 5.36 % and we were able to achieve better than our target. With the support of a dedicated a nurse we were able to interview patients who had been readmitted to our hospital within 30 days of their discharge from our facility over a six month period. The nurse either visited the patient while in hospital or contacted them by phone shortly after their second discharge. These visits/phone calls provided us with very rich information from the patient and their family about some of the challenges they faced when initially discharged and in many cases, to identify what could have been done differently to ensure a more successful discharge. Leveraging this information and insight, we redesigned discharge instructions based on their feedback and taught our nurses how to use 'teach back' to ensure the instructions they were giving patients were presented in an understandable way. The feedback our patients and their families gave us also helped us realize a need for stronger partnerships and enhanced collaboration with our community partners to improve the discharge experience for our patients as well as ensure they had the proper supports and follow-up in the community.

## Integration & Continuity of Care

Our regional health system is becoming increasingly patient centred. As our health system trends in this direction our own organization recognizes the need to do our very best to work with our partners to support our common patients in their care. Over the 2016/2017 year, we will be working to align common Quality Improvement Plan targets across sectors, and work to outline common strategies for the benefit of our current and future patients as an integrated health system within Chatham-Kent. We call the Chatham-Kent Quality Integration Project.

In supporting the Chatham-Kent Quality Integration Project, our organization, in partnership with our Local Health Integration Network (LHIN), CCAC, Long-Term Care Homes, Family Health Teams, Community Health Centres and Nurse Practitioner Led Outreach Team have included this common statement in each of our Quality Improvement Plan narrative as a commitment to advancing quality care across our health system. Together as partners, our 2016-2017 quality integration efforts are focused on supporting patients in preventing readmission and unnecessary admission to hospital. Our partners are also accountable for meeting objectives related to unnecessary hospital admissions, and you will observe the notation 'Chatham-Kent Quality Integration Project' in at least one indicator related to hospital admissions on each of our Quality Improvement work plans.

Chatham-Kent Health Alliance continues to collaborate with the Canadian Mental Health Association Lambton-Kent (CKMA-LK) to deliver outpatient services into the community and where they are most needed. As well our integrated management approach with Chatham-Kent Community Health Centers (CK-CHC), our strong and collaborative relationship with the Thamesview Family Health Team

is ensuring we continue our progress in supporting seamless, coordinated access to quality care in Chatham-Kent for all patients but especially those with complex conditions and needs.

## Engagement of Leadership, Clinicians and Staff

Our performance against quality improvement goals is reported to the Mission and Quality Committee of the Board, Patient Experience Council, Quality and Patient Safety Committee as well as our Joint Program Operations Council and Formal Leadership Council. By reporting to all of these groups we ensure that the medical, clinical and key operational leaders are informed and engaged in the quality improvement goals of the organization. We recognize we have opportunity to improve engagement of clinicians and support staff working at the 'frontline'. Some of the strategies we are implementing to achieve this are: presenting the QIP at monthly orientation for new employees; engaging 'frontline' clinicians and support staff to participate in leading and or assisting with quality improvement initiatives; and, exploring effective ways to communicate performance to 'frontline' staff.

## Patient/Resident/Client Engagement

At Chatham-Kent Health Alliance we strive to engage our patients and families in helping us improve the quality and design of the services we provide. We have an active, engaged Patient Experience Council that meets monthly. Our strategic objective to partner with patients and families in care delivery and design is something we work very hard to achieve. In order to have a true, collaborative partnership with patients and families we have set goals to have patient advisors on many committees, we are beginning to include them on interview panels for management and leadership positions and advisors are being asked to actively participate in quality improvement initiatives associated with the QIP work plan.

A focus group of CKHA Managers, Directors and Patient Advisors were brought together in February 2016 to make recommendations to CKHA Senior Leadership and the CKHA Board of Directors as to which objectives and indicators should be the focus of our 2016/17 QIP. We believe this focus group was able to make informed recommendations as we shared with them our current performance, Provincial performance (where applicable) related to the priority and additional indicators provided by Health Quality Ontario. Patient feedback from 2015/16, as well as critical incidents, was shared to further inform their decisions.

In March 2016 we held a workshop on "Experienced Based Co-design." The concepts were introduced to all of our Leadership Team and over 20 formal and informal leaders attended a day long workshop along with three patient advisors. The organization is committed to involving patients in redesigning services based on their actual experiences at CKHA using the Experienced Based Design approach.

# Performance Based Compensation [part of Accountability Mgmt]

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

- The President/CEO
- Chief Operating Officer
- Vice President & Chief Nursing Executive
- Chief of Staff

Our 2016-2017 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%

## Other

In alignment with CKHA’s strategic plan and its commitment to enable a culture of empowerment, knowledge and accountability for its people, we are introducing the ‘CKHA Culture – What to Expect at Work’ initiative. This work is being supported by two working groups, one comprised of staff and the other physicians, with a goal to create an organization where everyone agrees to work together, to treat each other properly and for all of us to feel safe and supported to speak openly with people in any position and at all levels. We are very proud of this initiative and believe that building a workplace culture that promotes values and character building practices help organizations achieve their potential and contribute to the successful performance of the entire organization.

# Our Improvement Targets and Initiatives

<http://bit.ly/1X0uggg>

# Sign-off

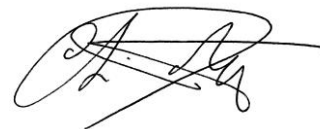
I have reviewed and approved our organization's Quality Improvement Plan



Brenda Richardson, Chair,  
Chatham-Kent Health Alliance  
Board of Directors



Liz Meidlinger, Chair,  
Mission & Quality Committee



Colin Patey, President &  
Chief Executive Officer