

Excellent Care
For All.



2011-12

Quality Improvement Plan

(Short Form)



Chatham-Kent Health Alliance

March 31, 2011

This document is intended to provide public hospitals with guidance as to how they can satisfy the requirements related to quality improvement plans in the *Excellent Care for All Act, 2010* (ECFAA). While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and hospitals should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, hospitals are free to design their own public quality improvement plans using alternative formats and contents, provided that they comply with the relevant requirements in ECFAA, and provided that they submit a version of their quality improvement plan to the OHQC in the format described herein.

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Part A:

Overview of Our Hospital's Quality Improvement Plan

1. Overview of our quality improvement plan for 2011-12

The CKHA Quality Improvement Plan (QIP) is evidence of our commitment to providing the highest quality, safe patient care. We are committed to exceeding expectations of our patients and to continuous performance improvement in an environment of service excellence.

We aim to increase transparency with respect to patient relations, hospital governance and administration. Our goal is to put the needs of patients first. Through the development and public posting of our QIP, we encourage a dialogue with our patients about quality of care through patient surveys, our patient declaration of values, and the support of a comprehensive patient relations process.

2. What we will be focusing on and how these objectives will be achieved

Our key quality improvement themes are: improving and saving lives, improving effectiveness and access, and patient satisfaction. The quality indicators that we will monitor and focus the development of improvement initiatives around include the following:

Safety - To improve and save lives, our priorities will be to:

- Avoid new skin pressure ulcers and patient falls
- Improve hand hygiene compliance and reduce C. difficile infections
- Reduce the number of unexpected hospital readmissions and deaths

Effectiveness and Access – To improve effectiveness and access to hospital services, our priority will be to:

- Reduce wait times in the Emergency Department

Patient Centredness – To improve the way in which we are responsive to patients, our priorities will be to:

- Improve satisfaction for hospital in-patients
- Improve satisfaction for our out-patients from the Emergency Department

Aims and Measures – By March 31, 2012, through the implementation of a number of new and ongoing improvement initiatives, we will:

- Hold rates of certain infections at zero
- Improve our hand hygiene compliance by 5%
- Reduce the number of pressure ulcers by closing the gap between CKHA and Provincial rates by 50%
- Reduce the number of falls by 20%
- Reduce the number of C. diff. infections to close the gap between CKHA and Provincial rates by 50%
- Reduce the number of hospital re-admissions by 1%
- Reduce the unexpected hospital death rate by 5 points (the mortality rate uses calculations to arrive at a rate or score)
- Continue to reduce the wait times for admitted patients in the Emergency Departments so that 90% of the time, they are admitted within 8 hours of registration
- Improve patient satisfaction to close the gap between CKHA and Provincial rates by 50% for both in-patients and outpatients from the Emergency Department

3. How the plan aligns with the other planning processes

The Chatham-Kent Health Alliance (CKHA) Quality Improvement Plan (QIP) links and aligns with our Strategic Planning priorities for safe, quality, patient/family focused care and other planning documents developed by CKHA and our partners. If we are successful at 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. Patient care programs such as Geriatric Emergency Management (GEM) nurses who focus on seniors in the ED, will contribute to success with Local Health Integration Network (LHIN) targets.

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

The Community Care Access Centre (CCAC) activities to assist patients to remain in their homes or to return home as quickly as possible after a hospital admission, will support our attempts to reduce the number of alternate level of care (ALC) patients in acute care beds. Following recommendations from the Canadian Patient Safety Institute (CPSI) and 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.

4. Challenges, risks and mitigation strategies

Challenge:	Alternate level of care patient pressures and shift in philosophy to “Home First” rather than to Long Term Care.
Strategies:	Collaborating with Community Care Access Centre (CCAC) and Local Health Integration Network (LHIN) to roll out Assess and Restore program and Resettlement Program.
Challenge	Sustaining Emergency Department (ED) Performance Improvement Project (PIP) and Pay For Results (P4R) initiatives with limited resources and ED physician shortage.
Strategies:	Collaborating with Ministry and LHIN on physician recruitment strategies
Challenge	Developing a culture of sustained infection prevention and control strategies
Strategies	Developing a corporate Infection Prevention and Control (IPAC) strategy

Recent organization restructuring and position vacancies may slow the implementation of some of the initiatives.

Accuracy of 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).

Environment - Challenges in design of the older areas of the hospital at Sydenham and Chatham campuses for C. difficile. They may have more impact on our infection rates rendering our improvement initiatives undetectable.

Accessibility - Emergency Department (ED) 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 physician coverage.

Numbers of Priorities - There are multiple action plans and priorities for programs related to strategic planning, accreditation follow-up, patient safety and work life pulse 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.

Part B: Our Improvement Targets and Initiatives

<http://bit.ly/1Bubj2A>

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

1. The following performance-based executive compensation plan applies to CKHA Executives:
 - Chief Executive Officer
 - Chief of Staff
 - Vice President and Chief Nursing Executive
 - Vice President and Chief Financial Officer
2. The percentage of pay at-risk for 2011-2012 is 2.0% for all members of CKHA's Senior Leadership Team
3. Wages to be withheld until the end of 2011/12 fiscal year with payouts to be determined upon evaluation of year-end performance

See Table 1 below.

QIP Metric Indicator	Current Performance	Target Performance FY 2011-12	Provincial Average	Performance Weighting %	% of available Incentive			
					100%	66%	33%	0%
Pressure Ulcers – percent of complex continuing care residents with new pressure ulcer in the last three months	10.5% - Chatham	5.25% - Chatham	2.8 (09/10)	16%	<5.25-6.98	6.99 – 8.98	8.99 – 10.4	>10.5%
	12.2% - Sydenham	6.1% - Sydenham			<6.1 – 8.1	8.2 – 10.12	10.13 – 12.1	>12.2%
CDI Rate – Number of patients newly diagnosed with hospital-acquired CDI (per 1000 days)	0.62 – Chatham	0.46 – Chatham	0.30 (09/10)	16%	<0.46 – 0.51	0.52 – 0.56	0.57-0.61	>0.62
	0.81 - Sydenham	0.55 - Sydenham			<0.55 – 0.64	0.65 – 0.72	0.72 – 0.8	>0.81
						Current	TARGET	Met / UnMet (100%)
ED – 90 th percentile Length of Stay for Admitted patients	12.1 – Chatham	8 hours	8 hours (provincial target)	16%	% Admitted patients with LOS <= 8 hrs	79%	>84%	
	10.3 - Sydenham				Average Time to Physician / NP Initial Assessment	5.0 hours	4.5 hours	
Improve: “would you recommend “ scores – Inpatient	60.78%	67.39%	74%	16%	Medicine – Discussed danger signs to watch for	55.3%	59.8%	
					Medicine – Discussed when to resume normal activities	42.7%	48.4%	
					Surgery – Ease of finding someone to talk to	65.9%	72%	
					Surgery – Explained test results understandably	78.3%	83%	
					Surgery -Discussed when to resume normal activities	63.9%	70%	
Improve: “Would you recommend scores” – Emergency	Corporate – 60.3%	49.5% - Chatham	57.4%	16%	Emergency – Explained reason for ED wait	36.1%	54%	
	41.6% - Chatham				Emergency Department – Left Without Being Seen	7.2%	<3.9%	
	75.8% - Sydenham							

Table 1: 2011 Performance Based Executive Compensation Metrics

Part D: Accountability Sign-off

[Please see the QIP Guidance Document for more information on completing this section.]

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:

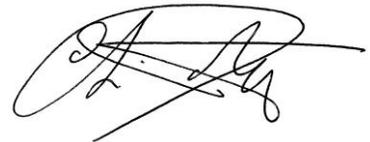
1. Was developed with consideration of data from the patient relations process, patient and employee/provider surveys, aggregated critical incident data, and patient safety indicators;
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in 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.



[Insert Name]
Board Chair



[Insert Name]
Quality Committee Chair



[Insert Name]
Chief Executive Officer