

Excellent Care
For All.



2013/14

Quality Improvement Plan for Ontario Hospitals

(Short Form)



Exceptional care, inspired by you

April 1, 2013

ontario.ca/excellentcare

Overview of Our Organization's Quality Improvement Plan

1. Overview of our quality improvement plan for 2013-14

Quinte Health Care (QHC) is dedicated to the delivery of exceptional and compassionate care and to continually enhancing the quality and safety of care in an environment that reduces risk for patients and staff. We are accountable for and committed to providing care and services to our patients and families that reflect our values:

- Compassion – Imagine It's You
- Respect – Respect everyone
- Accountability – Take ownership
- Teamwork – We all help provide care
- Learning – Always strive to improve

QHC's quality improvement goals for 2013-2014 support our strategic plan and directions including:

1. Enhance the quality and safety of care
2. Create an exceptional patient experience
3. Provide effective care transitions
4. Be an exceptional workplace

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

Over the course of the next year QHC will focus on enhancing the quality and safety of care and services delivered at all four hospitals. By March 31st, 2014 Quinte Health Care will achieve the following aims and measures as aligned with our four strategic directions.

Enhance the quality and safety of care

Our aim is to improve the overall safety of care we deliver to our patients. Our focus this year will be to increase medication reconciliation on admission. Over the past 3 years QHC has implemented medication reconciliation across the 4 hospitals, achieving consistent compliance at 3 hospitals. However there remains a significant opportunity to improve within the Belleville General Hospital particularly for admitted medical patients. Medication reconciliation on admission is key to completion of medication reconciliation on discharge, a fundamental step in increasing patient safety and decreasing unnecessary readmissions.

Create an exceptional patient experience

Our aim is to create an exceptional patient experience through increased patient flow and reduced wait times in the Emergency Rooms (ER). QHC measures the amount of time patients wait in our ERs from the time the patient is triaged in the ER to the time they are either discharged home or admitted to the hospital and moved to an inpatient bed. Progress has been made in reducing this wait time in 2012-13 however, further improvements can be made.

In order to achieve a reduction in our ER wait times we will focus on several improvement strategies including:

- ensuring consistent use of the clinical decision unit for patients who meet eligibility criteria for monitoring and decision to admit/discharge within 24 hours

- development of clinical pathways for the most frequent case mix groups (CMGs) including chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF)) to reduce lengths of stay on inpatient units and increase capacity for admitted patients
- implementation of a rapid admission unit and short stay units to ensure ‘pull’ of admitted patients from the ER
- reduction of alternate level of care for palliative and complex patients to increase inpatient capacity for admitted patients.

Provide effective care transitions

Our aim is to ensure that we are consistently seeking integration opportunities with our community partners so that patients experience effective care transitions within QHC and between QHC and other health care providers. This will result in patients and their families finding it easier to move through the healthcare system and access the care they need. We achieved considerable success in 2013-2014 to date and will continue to focus on increasing the availability of inpatient beds by reducing the number of “alternate level of care” (ALC) patients in the hospitals. A patient is designated as ALC if they no longer need acute care but they are waiting in hospital for a more appropriate option to become available in the community. This increases the flow of patients throughout the hospital, allowing Emergency Room (ER) patients faster access to inpatient beds when needed.

In order to achieve this goal, the following strategies will be undertaken:

- implementation of a seniors’ strategy, focusing on identification of complex patients (cognitively and behaviorally challenged) early in the hospitalization process. Through an interprofessional approach including education and capacity building, individualized care plans will be developed for these complex patients as well as environmental modifications as necessary and possible.
- collaboration with Community Care Access Centre (CCAC), longterm care homes, retirement homes and Behavioral Supports Ontario through weekly review of all complex patients to assess discharge status and proactively identify actions to move patients to the most appropriate care setting.
- collaboration with primary care and CCAC to ensure that palliative care patients no longer require acute symptom management or end of life care (when the patient and family choose to stay in hospital) are provided necessary supports to return to home for as long as possible. This initiative is supported by two Health Links collaborative in which QHC is participating.

Be an exceptional workplace

Our aim is to provide an exceptional workplace at QHC where staff, physicians and volunteers are proud to recommend QHC as a place to work. This involves providing opportunities for all to learn and grow. Part of our success in achieving this objective in 2013-14 will be through the involvement and active participation of staff, physicians and volunteers in the improvement initiatives tied to our 13/14 QIP. Participation in the above activities by staff, volunteers and physicians will lead to improved systems to provide care within, better quality of care for our patients and continued opportunities to learn and grow.

Through this process they will:

- participate in ongoing education and coaching on quality improvement methodologies and the science of patient safety
- actively contribute to improvement strategies in their respective work areas in the hospital

- live the values of the hospital and support the key priorities linked to enhancing the quality and safety of care.

Key enablers – Balanced fiscal position

QHC believes that a strong and balanced fiscal environment is key to providing sustainable, quality care. To that end, the total margin is a priority for the 2013/14 QIP. Several key initiatives, such as supply chain management, reduction of overtime and sick time and focusing lengths of stay and ALC targets to provincial benchmarks contribute to an efficient and effective organization. Staff, physicians and volunteers are encouraged to find ideas for cost savings in their various departments and teams have been formed to develop these ideas into tangible plans. Regular ‘huddles’ at the unit and department level discuss progress toward achieving savings and further ideas for more efficiencies.

3. How the plan aligns with the other planning processes

The QIP is one of several key components that contribute to the achievement of the QHC strategic plan. As stated, the 13/14 QIP was informed by this strategic plan and specifically links to our four key strategic directions. The QIP also aligns with several requirements from the Hospital Service Accountability Agreement (H-SAA), key improvement strategies through the South East Local Health Integration Network and Accreditation Canada. The strategic plan priorities inform the development of the operating plan (budget), the Quality Improvement Plan and the annual project plan, encompassing the HSAA, LHIN and accreditation priorities. This process starts in the fall of each year and permits time for discussion, development and approval of plans, as outlined in the following table.

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Board Planning Retreat												
PLANNING												
Operating Plan Principles												
Identification of QIP Opportunities												
ANALYSIS												
Development of Operating Plan												
Investigation of QIP Opportunities												
Strategic Priority Review												
APPROVAL												
Operating Plan Approval												
QIP Approval												
Annual Project Plan												
IMPLEMENTATION												
Improvement initiatives start-up												
Implementation												

4. Integration and continuity of care

As an organization of 4 community hospitals, QHC believes that relationships with primary and community care partners are key to achieving health for all our communities. This is reflected in the

QHC strategic plan and direction “Improve transitions of care.” As stated above, QHC is an active partner in two Health Links initiatives, Rural Hastings and Quinte Health Links. The priorities for each of these Health Links initiatives supports QHC’s strategic directions and the QIP indicators medication reconciliation, decreasing the percentage of ALC patients and reducing readmissions for patients with chronic obstructive pulmonary disease and congestive heart failure. Development of common clinical pathways is one initiative that will create a more seamless transition between hospitals and community for our patients.

Further, the focus on improving care for complex patients actively engages the CCAC, long term care and retirement homes, together with Behavior Support Ontario to develop organizational capacity and individualized clinical and discharge plans. These initiatives are based on a philosophy that the hospital is only one player in a larger patient journey and includes both the admission and discharge processes as part of that continuum of care.

5. Health System Funding Reform (HSFR)

Ontario’s healthcare system is experiencing a major transformation through the Health System Funding Reform. Selected procedures, referred to as Quality Based Procedures (QBPs) have a target cost and hospitals are challenged to provide care within that cost while meeting required quality outcomes. Hospital funding is adjusted to reflect these lower costs. This change in the basic allocation of resources will continue to drive value and effectiveness in the provision of hospital care.

Several changes have already occurred as a result of this funding reform, for example cataract surgery has undergone a change at QHC with an increase in the number of procedures performed per day, utilizing the full scope of all members of the healthcare team. Ongoing monitoring of patient outcomes has assured us that safety and quality of care remain high.

In the 13-14 QIP, there are several indicators that are targeted toward assisting the organization to meet the challenges of the HSFR. Reducing readmissions for patients with COPD and CHF, two of the quality based procedures, will require QHC to develop evidence based clinical pathways to reduce variation in care between care providers. This will also link patients back to the community with more timely and uniform data.

Reducing the % ALC is another indicator which will help QHC mitigate the HSFR impacts as these initiatives are focused on helping patients transition to the community when care can be appropriately provided there, particularly for palliative and complex patients. This will help create more capacity in the hospital for patients requiring acute care. As these initiatives are developed the imperative to maintain quality is reflected in the QIP.

6. Challenges, risks and mitigation strategies

Throughout our QIP planning process project charters are developed for each initiative that identifies challenges and opportunities and strategies to mitigate risks. While our organization has the ability to respond to the ever changing healthcare environment, the following challenges and risks are noted and will be kept in the forefront as we proceed with implementing our 13/14 QIP.

- significant changes to Hospital base funding formula which is anticipated to decrease funding in the next fiscal years
- the assumed costs associated with this framework such as education, information services and decision support enhancements are built into the assumptions for the upcoming 2013/14 budget.
- the ability to gather timely, accurate data from a variety of complex data sources.
- unavoidable external risks exist that are often outside of QHC's control, such as the availability of long-term care home beds and capacity of the primary care and community care systems, such as behavioural support resources in the region.

Beyond these ongoing challenges and risks inherent to the healthcare environment we have taken several steps to proactively mitigate risks to achieving our goals and objectives as outlined in the 13/14 QIP through the following measures:

- Corporate improvement teams are assigned to each of the Priority 1 indicators on our QIP
- Each team will receive resources, knowledge and skills to successfully apply the QHC improvement model and achieve our set targets
- Progress reports from each team will be shared with the Senior Leadership Team on a monthly basis using a visual management tool comprised of red, yellow and green colour codes; indicating distance from achieving set targets. This provides the ability to quickly identify challenges and roadblocks and the necessary strategies to remove the roadblocks
- Quarterly reports will be shared with the corporate Quality and Patient Safety Committee, the Board Quality of Patient Care Committee, the Board of Directors and the Medical Advisory Committee using the same visual management tool as noted above

The alignment of our 13/14 QIP with the strategic plan along with processes and structures to identify and mitigate risks places QHC in a good position to make improvements to the care and services we provide in accordance with our goals, objectives and targets as outlined in our QIP.

7. Link to performance-based compensation

Quinte Health Care implemented a performance-based executive compensation framework in 2011/12, consistent with the Excellent Care for All Act. Each member of the Senior Leadership Team* has a portion of their compensation directly tied to performance expectations and goals that reflect the annual Quality Improvement Plan (QIP) as approved by the Board of Directors. The process for selection of indicators includes: a) identification of indicators by the Board Quality of Patient Care Committee b) review of indicators by Senior Leadership c) recommendations for final indicators made to Board Human Resource Committee d) Board Human Resources Committee recommends final indicators with weighting and targets to Board of Directors for approval e) Board of Directors approves final indicators. The board reviews progress against each of the goals on a quarterly basis. Annual assessment of the performance is done at the end of the fiscal year once all of the year-end financial, clinical and business performance data are available.

In the QHC 2013-14 QIP, all senior leaders will have pay-at-risk linked directly to two key QIP performance targets as outlined in the table below. In order to ensure teamwork and shared accountability for achieving results, the QIP related performance targets will be the same for all senior leaders. These goals have a strong alignment with QHC strategic directions and priorities.

A target has been set for the 90th percentile ER length of stay indicator. Given that confirmation of Ministry funding for 2013-14 may not be confirmed until June 2013, the approval of a target for total margin will be delayed until the Board of Directors and Senior Leadership can be assured of their year-end financial goal. Additional pay-at-risk for senior leadership members will be linked to strategic leadership and system goals and will be finalized once strategic goals and initiatives for 2013-14 along with the improvement projects are approved. Weightings will be added once all goals are identified.

Performance-Based Compensation for Select 2013-2014 QIP Indicators			
Senior Leadership Team Roles*	% Pay-at-risk	QIP Quality Goals	Current Performance & Target (13/14)
President & CEO	5%	1. <i>Total margin</i> (consolidated): percent by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding impact of facility amortization in a given year. 2. <i>90th percentile ER length for stay</i> for admitted patients at all four hospitals.	1. <i>Total Margin</i> <i>Current Performance</i> -0.2 (Q3 12/13) <i>Target</i> The target for total margin will be confirmed once funding data is available. 2. <i>90th Percentile ER LOS</i> <i>Current Performance</i> 21.4 hours (Q4 11/12- Q3 12/13) <i>Target</i> ≤ 20 hours
Chief of Staff	5%		
Vice Presidents (3)	3%		
Director of Communications	1%		
Director of Strategic Planning & Projects	1%		

Accountability Sign-off

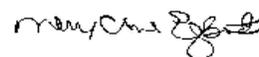
I have reviewed and approved our organization's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*.



Brian Smith
Board Chair



John Petrie
Quality Committee Chair



Mary Clare Egberts
Chief Executive Officer

