

Let's Make Healthy
Change Happen.



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



3/31/2014

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 HQO (if required) in the format described herein.

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Overview

The organization completed a Strategic Planning Process in 2011/12. The strategic plan is reviewed each year and new corporate priorities are established. The annual operating planning process is then initiated. The publically posted annual QIP is in the fourth year. The organization has a well-developed integrated quality improvement plan that has been in place for more than 10 years, which is an Accreditation Canada requirement. Our integrated quality plan integrates utilization management, medical quality of care and patient safety indicators. We use the QIP for Ontario hospital's template to identify the top priorities for improvement to the public, the LHIN and our partners.

This year there are 13 organizational priorities. All align with local, regional and provincial planning initiatives.

A summary of the objectives by priority follows:

Priority 1 - To reduce Hospital Acquired Infection for C-Diff. (2 indicators)

Priority 2 – To improve organization financial health (1 indicator)

Priority 3 – To reduce ED wait times (5 indicators)

Priority 4 – To improve inpatient satisfaction (4 indicators)

Priority 5 – To reduce unnecessary hospital admissions

Integration & Continuity of Care

None of the 13 corporate indicators we have selected can be achieved in isolation internally or externally. Each priority requires the support of partners across the system. Here are some examples of how we are working with system partners to improve quality of care for our patients.

Priority 1 Partners - Infection Control

In order to reduce HAI – C Diff we collaborate with others such as the local public health unit and other infection control nurses within our LHIN. The infection control nurse (ICN) at our site has a network of local resources and consultants. Internally the ICN is increasing collaboration with our lead pharmacist and both are on the Medication Management Committee. Regionally, LDMH is a member of a regional Pharmacy and Therapeutics committee lead by the Windsor hospitals.

Priority 2 Partners - Financial Health

The ESC LHIN is actively working with LDMH to determine what the community needs are and what services we should be delivering now and in the future as the health care system changes. Our financial health is being gradually eroded by the new funding formula and decreasing ED volumes. Internally we have been making many cost cutting changes. Staff

and managers are active partners in reducing staff sick time and overtime as well as changing care delivery systems in response to workload variances.

Priority 3 Partners – ED Wait Times

LDMH actively participated in the development of the protocols and will continue to do so as the Windsor hospitals undergo changes. Internally a great deal of cooperation is required amongst all departments to achieve the targets set for ED wait time improvement. We have contacted the best performers to learn more about how to improve performance. CCAC is a partner we depend upon to make good plans with families and to support early discharge so patients are able to access inpatient beds in a timely fashion.

Priority 4 Partners – Patient Satisfaction

Every member of the hospital team plays a part in the patient's experience. Every contact with every patient and family affects our reputation. We have a patient advocate as the lead point of contact and the OHA provides good best practice ideas we learn from. Strategies of high performers are published by Health Quality Ontario. Volunteers are important partners in improving patient satisfaction.

Priority 5 - Unnecessary Hospital Admissions

A new partnership has formed and created a business plan and is known as the ESC South Shore Health Link. All partners involved in the management of chronic disease are working on reducing inpatient admissions. Local partners are being supported by HQO, Ivey School of Business, Transform and the ESC LHIN.

Challenges, Risks & Mitigation Strategies

The largest risk is for Priority 2 – Improve Financial Health. The new funding formula has a disproportionate impact on a small hospital. We have currently engaged a consultant to undergo a Needs Assessment process that will identify services required now and in the future. Currently we are receiving ED wait time incentive dollars which is dependent on maintaining ED volumes of 30,000. With implementation of Family Health Teams and extended hours, this is a risk to ED volume which will remove funding from the hospital. Our Assess Restore program is unfunded after Dec 2014 and this is a further risk to maintaining financial health in this organization.

Mitigation strategies are expected to come through capacity planning and realignment of services within the region to meet local needs identified through the consulting process. We expect the ESC LHIN to support the need for a hospital in Leamington as the HUB in our Health Link. Our Board has reached out to the LHIN Board, local partners and leaders to support us in improving financial health.

Information Management Systems

We have made improvements in this area. New additions are MEDWORXXS – software systems that identifies barriers to hospital discharge. EDIS has also been implemented. This system supports ED flow by providing information on the time it takes to carry out various steps in the ED care delivery process.

Engagement of Clinical Staff & Broader Leadership

The planning cycle engages managers, care teams, advisory committees, the LHIN, partners, governance committees and physician leaders in establishing goals, priorities and action plans for change. All QIP plans and results are posted internally on quality boards. Successes are communicated at town hall meetings and in newsletters. Successes are celebrated at the departmental level as well as management team.

Outcomes are reviewed in quarterly LHIN meetings for many of the indicators. Many indicators are publically reported on the LDMH website.

Accountability Management

Salary rollback – Senior Management Team 2%; Chief Executive 5%

Health System Funding Reform

Planning for the impact of Health System Funding Reform has been incorporated into the overall quality process through regular reporting and monitoring of indicators and quality outcomes. A Monthly Organization Performance Report has been designed and implemented to report key metrics for items that impact financial performance as well as Quality. Volumes for Quality Based Procedures are monitored monthly and the projected impact on funding is reported. Scorecards specific to QBP's are reported on a regular basis. The discharge summary for QBP's has been designed to align with best practice per the Quality Based Procedure Handbooks within our hospital and for handoff to our community partners.

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

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

Board Chair Jim Gaffan



Quality Committee Chair Jeff Lewis



Chief Executive Officer Terry Shields



Instructions: Enter the person's name. Once the QIP is complete, please export the QIP from Navigator and have each participant sign on the line. Organizations are not required to submit the signed QIP to HQO. Upon submission of the QIP, organizations will be asked to confirm that they have signed their QIP, and the signed QIP will be posted publically.