

Let's Make Healthy
Change Happen.



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



3/21/2016

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

Message from President & CEO, David Musyj.

Windsor Regional Hospital's (WRH) 2016/2017 Quality Improvement Plan (QIP) continues to build on the vision of Outstanding Care...No Exceptions! The QIP aligns with the Erie St. Clair Local Health Integrated Network (ESCLHIN) priorities, the Health Services Accountability Agreement (HSAA), with the Ministry of Health and Long Term Care, and Windsor Regional Hospital's Strategic Plan. The QIP allows us to better direct resources to the areas where they will have the greatest impact. To Excel in Patient Safety and Quality is one of Windsor Regional Hospital's strategic directions.

The 2016/2017 QIP is based on a comprehensive assessment of opportunities to improve quality and safety and reflects quality themes that support our vision for a high performing health care system. The QIP builds on the plan from previous years with the ongoing commitment to improve in areas that have been the focus of quality improvement. The QIP reflects the overall mission to deliver an outstanding care experience driven by a passionate commitment to excellence, and is at the core of many of our 16 Corporate Quality Indicators.

In December 2015, Windsor Regional Hospital was successfully accredited by Accreditation Canada and received the designation 'Accreditation with Commendation'. Our relentless pursuit and our commitment to patient safety and quality improvements stood out throughout the Accreditation process as an area of distinction. Furthermore, the work of almost 4000 staff, 500 physicians and 700 volunteers demonstrates the compassion, commitment and excellence in the pursuit of our vision.

The 2016/2017 QIP was vetted through various process improvement teams, the Patient and Caregiver Council, the Medical Advisory Committee (MAC), the Quality of Care Committee and recommended to the Board of Directors for approval. Our QIP reflects a commitment to optimizing and standardizing practices across our two large acute care sites, allowing for consistent and continuous improvement efforts. It has been over two years since realignment and the goal remains – to ensure patients have the same high quality experience regardless of the campus they come to. As President & CEO of Windsor Regional Hospital, I made a commitment to our patients and staff and stated, "At the end of the day, no matter what campus a patient steps onto, their experience will be the same – Outstanding!"

QI Achievements from the Past Year

The 2016/2017 QIP sets aggressive targets that are based on theoretical best or best elsewhere, with planned improvement initiatives to build on the successful processes and best practices of previous years. The objectives identified in this year's QIP continue to reflect a multiyear strategy that supports the tenets of the operating model for the two acute sites (Metropolitan Campus and Ouellette Campus), as we continue to move forward with the planning for a new single site acute care hospital. WRH remains committed to:

- Optimize capacity and re-balance activity across both acute care sites;
- Adopt a consistent city-wide approach to patient quality and safety;
- Facilitate best practices and models of care and standardization of both clinical and non clinical processes and practices;
- Explore operation efficiencies with a higher critical mass of activity;
- Explore opportunities for improved operating efficiency through economies of scale in administrative and support services;
- Improve coordination and consistency in service delivery;
- Establish a single professional (medical/dental/midwives) staff structure per hospital corporation;
- Establish a single unified professional staff, unified medical departments and a single Medical Advisory Committee (MAC) that will facilitate improved inter-site access to clinical consultation services and clinical technologies;
- Allow for the administration and professional staff to make day to day operational decisions and the Boards to govern with the vision of the future.

Windsor Regional Hospital's 2016/2017 QIP focuses on 10 priority indicators identified by Health Quality Ontario (HQO) for acute care hospitals. WRH is committed to making improvements in a substantial way. With our ongoing development of QBP processes, WRH elected to report on all three QBP indicators (chronic obstructive pulmonary disease (COPD), chronic heart failure (CHF), and stroke. Now as a case costing hospital, QBP's are a priority and our focus will be on expanding on lessons learned and accomplishments made with other high volume and high cost procedures. Our 10 priority indicators include:

- Clostridium Difficile Infection (CDI);
- Medication Reconciliation at Admission;
- 90th percentile Emergency Department (ED) Length of Stay for Admitted Patients;
- Positive Patient Experience – Inpatient;
- Positive Patient Experience – Emergency Department;
- Alternative Level of Care (ALC) Rate;
- 30-Day Readmission for Selected HIGs;
- Risk Adjusted 30 Day All Cause Readmission Rate for Patients with COPD (QBP Cohort);
- Risk Adjusted 30 Day All Cause Readmission Rate for Patients with CHF (QBP Cohort);
- Risk Adjusted 30 Day All Cause Readmission Rate for Patients with Stroke (QBP Cohort).

WRH also focused on 4 additional hospital indicators, and included Hospital Standardized Mortality Ratio (HSMR) as our 'other' indicator. HSMR was included in this year's QIP to improve on the progress to date, sustain the improvements made over the past year, and to continue to standardize across two acute sites. HSMR has been the focus of the work of the Medical Quality Assurance (MQA) Committee with initiatives involving front line and medical staff to continue to drive improvement. Improvement strategies led by the Medical Quality Committee in collaboration with the Health Records and Decision Support department included: documentation and coding review; case level review on in-hospital sepsis and 5 day mortality post major surgery cases; ongoing review of record level data submitted to CIHI as part of HSMR; and monthly department review of charts, and compliance with our Acuity Summary Form, structured discharge summary and the physician/service deficiency report.

In addition, the hospital has engaged our clinical experts to review clinical processes to reducing readmission rates for selected case mix groups (including Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF)), prompting the development of evidence based clinical pathways that reduces the variation in care between care providers.

The additional/other indicators include:

- Hand Hygiene Compliance Before Patient Contact;
- Hospital Standardized Mortality Ratio (HSMR);
- Acute Care Falls with Injury;
- Use of the Surgical Safety Checklist

As we have in past years, we operationalized the falls indicator so that it relates to acute care and is reflected as the rate of inpatient falls with injury per 1000 patient days. The Fall Prevention Program at the Metropolitan campus has achieved impressive outcomes in the prevention of falls and falls with injury in an acute care setting, achieving a fall with injury rate of .03/1000 patient days since its launch. Following realignment, the goal was to accomplish the same level of success at the Ouellette Campus, and in the two years since introducing the Fall Prevention Program to the Ouellette Campus, the fall with injury rate has decreased from .79/1000 patient days to .07/1000 patient days.

The priority and additional indicators identified in this year's QIP are all transformational and measure important areas for quality improvement. Change ideas resulting in performance improvement stimulates new ways of thinking about how to improve quality. The QIP fuels conversation about quality among board members, senior leaders, individual clinicians and front line staff. Performance improvements across the indicators identified in the QIP can be achieved by collaboration among sectors, support from the LHIN's Integrated Health Services Plan, research of best practices, consultation with our health care partners, review of our own data, and feedback from staff, patients, and their families.

To demonstrate our performance and the recognition received in 2015/2016 as a leader in quality and patient centered care, our frontline staff, leadership and medical staff presented at various conferences across North America and Europe. A few examples include:

- Accreditation Canada – 4th Annual Quality Conference (April 2015): Presentation: Redesign of the Medicine Program from the Ground Up: Blending Theory, Method, and Staff Engagement for Groundbreaking Results;
- IPAC Canada 2015 National Education Conference (June 2015): Poster Presentation: Building System Capacity and Responsiveness to Emerging Pathogens and Outbreaks – Lessons Learned During the Ebola Outbreak of 2014-2015;
- RL6 Conference (June 2015) - Presentation: Creating a Culture of Safety- From Bedroom to Boardroom with Windsor Regional Hospital;
- 16th Annual Infectious Disease Conference (September 2015). Presentation - Panicked to Prepped: Ebola Preparedness at Windsor Regional Hospital;
- Mayo Clinic Delivery Science Summit(September, 2015): Poster Presentations – Patient Safety from Boardroom to Bedside;
- Improving Patient Safety Through an Enhanced Concierge Program;
- Practical Strategies for Improving Patient Satisfaction Through Improved Emotional Support;
- Right Place, Right Time, Right Care: Short Stay Medical Unit Improves Patient Flow; Strategies for Helping Patients Feel “WELLcome”;
- Quality and Safety Summit University of Toronto Nursing (November, 2015) Posters: Partners in Design: Meaningful Patient Engagement in Process Improvement; Implementing a Just Culture: Perceptions of Nurse Managers of Required Knowledge, Skills, and Attitudes; Improving Patient Safety Through Awareness: 2 X 4 Campaign;
- IHI 27th Annual National Forum (December 2015): Posters: Patient Safety from Boardroom to Bedside - Clinical Red/Green Meetings; Console, Coach, or Discipline? The Experience and Outcomes of Implementing a Just Culture;
- RL6 Global Web Cast Series (January 2016): Presentation: Creating a Culture of Safety- From Bedroom to Boardroom with Windsor Regional Hospital;
- 5th Annual Accreditation Canada Quality Conference (April 2016): Presentation: Partners in Design: Meaningful Patient Engagement in Process Improvement;
- IHI International Forum on Quality and Safety in Healthcare (April 2016): Fixing More than a Fracture: Collaborative Partnerships Improve Patient Outcomes.

Integration & Continuity of Care

In 2014, Windsor Regional Hospital initiated the Standardization and Optimization Program (SOP). The consulting firm KM&T provided our leadership team with the necessary oversight to enable the SOP team to focus efforts on the standardization of services between the two campuses. The SOP team works collaboratively with teams comprised of patients, front line staff, leadership, and corporate support to understand their processes, and re-design them to incorporate best practices from within and outside the organization.

As of January 2016, the SOP team maintains 8 priority projects. Initial results show improved quality of care for patients as well as empowering front line staff who learn skills to drive continuous quality improvement within their own departments. The SOP projects are focused on the following priority areas:

- OR Scheduling and Pre Surgical Screening
- Medication and IV Fluid Incidents Causing Patient Harm
- MRI Wait Times
- Cath Lab Table Utilization
- Critical Care Transfer Time From Emergency Department to ICU
- Surgical Inpatient Units Direct Nursing Patient Care Time
- Fracture Clinic Wait Times
- Total Joint OR Turnaround Time

The realignment of programs and services across Windsor's two acute care hospitals in 2013 provided the necessary first step toward the future new single site acute care hospital. For care to be truly patient centered, it must be coordinated. The realignment of services across acute and sub-acute care has provided the opportunity for greater integration between sectors. In our community, healthcare will operate within an integrated healthcare system that will help to ensure that patients move from one care setting to another with fewer barriers. Healthcare is delivered by various providers including primary care, acute care hospitals, tertiary or sub acute hospitals, long term care homes, public health and community health service providers. The realignment provided an opportunity for formalized connections to support coordinated and efficient care across the continuum for residents in the Erie St. Clair LHIN. In this community, partnerships continue to be forged to create a complete system of care that is inter-connected and works for every patient. This realignment also reinforces government supported initiatives toward more community-based care, changing the demands and requirements of the acute health care service delivery system.

In January 2016, WRH launched a revised Discharge Policy bringing acute care and CCAC services together in a coordinated response to discharge planning, most especially those identified as Alternative Level of Care (ALC). Team work, earlier engagement by CCAC, screening for complex discharge issues, and Emergency Department diversion protocols are just a few mechanisms put in place to ensure that patients are in the right bed at the right time and services are coordinated to meet their needs post their acute care stay.

Windsor Regional Hospital is a key partner and a leader with its community partners, maintaining strong relationships with health care providers across Erie St. Clair (ESC) including; the Erie St. Clair LHIN, the ESC Community Care Access Center (CCAC), Emergency Medical Services (EMS), Schulich School of Medicine, University of Windsor and St. Clair College, the Family Health Teams, and Public Health. We also work closely with hospitals within our LHIN, such as Hotel Dieu Grace Healthcare, Chatham Kent Health Alliance, Blue Water Health, and Leamington District Memorial Hospital, and outside our LHIN with London Health Sciences, Henry Ford Hospital and the Detroit Medical Center, just to name a few.

In 2016/2017 Windsor Regional Hospital (WRH) and Leamington District Memorial Hospital (LDMH) will forge a unique relationship as two distinct acute care facilities collaborating on their Strategic Plans. This ensures that the Strategic Plans are in sync with each other in providing the best possible programs and services and strengthening acute care services across the region. "This collaboration is a normal course of action for partners with similar positioning in the health system of the region," said David Glass, Chair for LDMH. "We've often said that WRH needs a strong LDMH, and LDMH needs a strong WRH...Patients in LDMH's 'catchment area' often come to WRH for clinical care and hundreds are transported between LDMH and WRH for inpatient care. Building on the collaboration that already exists, and sharing desired outcomes for our strategic planning process, will help to identify gaps and areas of enhancement to ensure we maximize the patient centered experience in the new planned system of health care for Windsor Essex," stated Bob Renaud, Chair for WRH.

Indicators in this year's QIP such as the ALC rate and the 30 day readmission rate for selected HIG's and QBP's, allow for the development of common pathways and support services to help patients transition between hospitals and between hospital and community services. In January 2016, a revised Emergency Department (ED) triage and treatment process was launched because of the longer than expected wait times experienced by patients from the time they arrive in the ED to the time they are discharged or admitted. The new model was launched at the Metropolitan Campus with the plan to follow suit at the Ouellette Campus. The new process allows for patients to be triaged and treated more quickly, and to reduce the overall amount of time spent in the Emergency Department. Patients move to different "zones", making the most efficient use of space.

Following an initial assessment in a patient assessment zone, patients are moved to another area for treatment and testing, and then to a waiting area for monitoring. Those with minor ailments are placed in a minor treatment area for medical concerns which can be dealt with quickly. The concept allows for patients to transition more efficiently and requires more teamwork – rather than an individual nurse responsible for monitoring a specific patient's care. This team approach means each patient is cared for by a team of staff who are responsible for a patient's overall experience. The concept also makes greater use of chairs throughout the ED, which expedites the movement – into and flow through - the department so that more patients can be helped at any one time. The chairs are particularly convenient for patients who are mobile, reserving stretchers for those physically unable to sit during their ED visit. Initial assessments will continue to be conducted on stretchers, as they always have, but afterwards stretchers will be for those who are critically ill. It is our expectation that these changes will result in improving the patient experience and ensuring treatment is faster without compromising the quality of care being provided.

Engagement of Leadership, Clinicians and Staff

To ensure sharing of quality improvement goals and commitments, WRH has embedded several innovative strategies to ensure our focus remains on our core corporate indicators, while engaging clinical staff and the broader leadership in leading the way with our patient safety and quality initiatives. Monday Morning Huddle (MMH) brings both clinical and non-clinical leadership together every week to review real time data (previous week's results) and makes the necessary changes to ensure goals are achieved. Weekly results are displayed across all inpatient units, openly displaying quality indicators to ensure that the staff are aware of their performance; staff can celebrate their successes and recognize opportunities for improvement. Clinical Red Green and Financial Red Green Meetings are monthly meetings held with the senior team and leadership and board representatives, examining the quality improvement process in more detail and working collectively to develop action oriented plans. Every corporate process improvement initiative has a Vice President and Director Lead and is supported by management and front line staff; allowing important improvements to stay at the forefront. Clinical programs and services ensure continued alignment with the corporate strategy, regional and provincial priorities, the changing needs of the community, and the current legislation. The Quality of Care Committee of the Board holds monthly meetings. All clinical programs report biannually and all non-clinical or support services report annually to this Committee. Senior administration, management and front line staff are present and participate in this presentation. Their report focuses on their program scorecard and addresses strategies utilized to address program area strengths and weaknesses. Patients are invited to participate in this meeting to communicate their positive and negative patient care experiences. Staff and leadership from the identified areas are present to respond to process improvements. Strategic leadership retreats occur throughout the year and include the members of the Board of Directors, the Executive team, Medical and program leadership with the goal of generating awareness of specific priorities and initiatives and respond to any challenges.

WRH recognizes the importance of supporting staff in their quality improvement efforts. With a strong investment in education and training, encouraging front line staff and leadership to present and attend conferences, WRH fosters a learning environment that provides the necessary tools and knowledge to support staff to achieve their own personal and professional goals. In turn, this helps to promote a positive work environment with a focus on quality improvement.

WRH's staff recognition program called 'Above and Beyond' recognizes staff for going the extra mile. The program operates with recognition being submitted on line or by email by other staff, patients, families and visitors. The Patient Experience Committee reviews the letters of recognition and awards staff a certificate and a token identifying the act of care and compassion. The tokens can be turned in for gift certificates. Our recognition goes one step further; those recognized for Above and Beyond are photographed for banners, posters and promotional material. Many can be found on the 'Wall of Fame' at each campus.

Post realignment standardization included a review of our current Model of Care and the decision to have RN's and RPN's working together across most clinical areas at both acute care sites in 2016/2017. This was a shift from the RN only nursing model at our one site. The roll out of this new Care Model focuses not only on the change in practice, but also ensuring that nursing staff have the necessary tools and appreciation for working as a team delivering a best practice model. A multifaceted approach to staff education was developed that supported the skill mix changes being implemented at one campus and the enhancement to the scope of practice at the other site.

The goal was to move toward a full scope of practice for Registered Nurses and Registered Practical Nurses at both sites. The orientation and training model is based on the Vermont Nurses in Partnership Project (VNIP), a competency based model that utilizes Benner's Novice to Expert theory as well as Lenberg's Competency Assessment Theory as a framework for education and training.

Responsible stewardship combined with innovative thinking will push us to make the best use of limited resources and implement improvement strategies that drive value and effectiveness in the provision of care. Health System Funding Reform has resulted in hospitals in Ontario facing deficits. Windsor Regional Hospital is no exception, and difficult decisions have been made to reduce the deficit. Quality Based Procedures (QBP) are a major area of focus, and as a source of revenue, they are reviewed and compared to benchmarks on an ongoing basis. A QBP Steering Committee acts as the executive champion to spearhead change management across the organization and oversee project governance. Year 4 QBP's will focus on overseeing the 21 QBP's across the two acute sites, meeting the targets, and maintaining the required quality outcomes.

Patient/Resident/Client Engagement

Patient engagement is fundamental to the QIP's core objective of continually improving the care experience of our patients and their families. The belief that partnerships among patients, families and health care providers are mutually beneficial to all parties is at the core of WRH's Patient and Caregiver Council (PCC). The Patient and Caregiver Council reviewed the QIP and provided feedback. Patient and caregiver knowledge, values, beliefs and cultural backgrounds are incorporated into care planning and help to inform decision making. The Patient and Caregiver Council provides insight to professional staff, nurses, and other health care providers to ensure that the highest level of care is delivered. The goals of the Council are to:

- Improve patient safety and the delivery of quality of care;
- Promoting improvements in processes and services;
- Enhancing communication with patient among hospital personnel;
- Improving navigation through and within the health care system.

The SOP team also includes patients in their standardization and optimization process improvement initiatives. During review and standardization of processes, patients provide important input in areas such as: Mapping sessions to identify current process gaps, opportunities to redesign processes to eliminate 'waste'; Creating patient experience surveys for immediate feedback about process changes; Redesigning patient education materials; Attending hospital celebrations highlighting work done to date; Sharing their involvement in newsletters / website / videos; and testing new approaches through engagement in improvement team meetings.

When health care is perceived through the eyes of the patient and family and/or caregivers, research shows that the quality of care rises, costs decrease, provider satisfaction increases and the overall patient care experience improves. Windsor Regional Hospital is taking great strides in narrowing the gap between the kind of care patients receive and the kind of care they should be receiving. Patient satisfaction is one of the more difficult indicators to improve upon and can take years for an initiative focused on patient satisfaction to demonstrate improvement. As such, it is important to consider both patient experience and patient satisfaction, and use the information gathered to design care and services that consistently and reliably deliver an ideal patient experience.

Every patient admitted to the hospital receives a Welcome Letter from the President and CEO, where patients are welcomed and provided with my personal phone number. Of the phone calls received, the majority (over 90%) are from grateful patients wanting to share their stories of hope, care, and compassion.

In 2014, Windsor Regional Hospital collaborated with Henry Ford Health System in Detroit, Michigan, and implemented AIDET training. AIDET (Acknowledge, Introduce, Duration, Explanation and Thank you) is a program that teaches staff to communicate with patients and their families as they do with one another. Today, over 1600 staff, leadership, volunteers, patients and family members have received this training.

Service Recovery is a program that strives to ‘makes things right when they go wrong’. It is about doing what we can to satisfy our patients and their loved ones – when services have failed. Our patients have praised us for responding to their issues in our patient satisfaction surveys and resolving their complaints and concerns. Coffee cards, parking passes, etc. are provided to patients as a token of our commitment to this endeavor.

Our ‘Well-Come Mat Program’ continues to receive positive feedback from patients and their families across both sites of Windsor Regional Hospital. Volunteers visit every newly admitted patient to provide an orientation to Windsor Regional Hospital including information on patient directories, food services, parking, television services, and other patient related information.

Performance Based Compensation [part of Accountability Mgmt]

To achieve system-level performance senior leaders and the board established solid performance measures and adopted specific aims that we committed to. We know that as leaders, what we pay attention to will get the attention of the entire organization. Quality improvement indicators were selected for the performance based compensation and given equal weighting. The performance indicators are incorporated into the Board, Corporate, Program and Service Scorecards and are updated monthly with ongoing monitoring.

In the first year (2011) of the QIP, performance based compensation resulted in the non-union staff achieving 60% of this bonus. This increased to 70% in 2012, even though several targets stretched beyond regional and provincial targets. In 2013, the compensation resulted in achieving 63% of the bonus, again with ambitious targets set. In 2014, following the October 2013 realignment, the compensation resulted in achieving 48% of the bonus. This past year (2015), the compensation resulted in 43.5% of the bonus.

The 2016/2017 QIP is once again linked to performance based compensation for all non-union staff, consistent with the Excellent Care for All Act. This linkage to performance establishes how leadership will be held accountable for achieving the targets set in the QIP. The performance based compensation allows all non-union staff to have an opportunity to earn up to a 2% bonus and the CNE, COS and CEO up to a 5% bonus.

Other

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 Robert Renaud

Quality Committee Chair Lynne Watts

Chief Executive Officer David Musyj