

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

May 22, 2020

OVERVIEW

Message from President & CEO, David Musyj.

Windsor Regional Hospital's (WRH) 2020/2021 Quality Improvement Plan (QIP) continues to build on our Vision of Outstanding Care... No Exceptions! The QIP aligns with the Health Services Accountability Agreement (HSAA), Ministry of Health, and Windsor Regional Hospital's newly updated Strategic Plan (2019-2023). The QIP reflects the changing landscape of health care delivery under the newly structured Ontario Health and the creation of Ontario Health Teams. While the QIP and metrics were developed prior to COVID-19 captivating our world, we will forever be changed by this global pandemic. We recognize that while we are facing unprecedented times, our staff and patients continue to confront the challenges that present each day with courage and strength. Together we stay strong!

The 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 an ongoing commitment to improve in areas that have been the focus of quality improvement. Furthermore, the QIP focuses attention on areas that urgently require improvement province-wide including workplace violence and prevention, and ending hallway medicine by reducing Emergency Department wait times.

The QIP reflects Windsor Regional Hospital's overall mission to Deliver an Outstanding Patient Care Experience Driven by a Passionate Commitment to Excellence. The work of over 3800 staff,

521 physicians, and over 600 volunteers demonstrates compassion, commitment and excellence in the pursuit of our vision. As the President & CEO, I made the commitment to our patients and staff, "At the end of the day, no matter what campus a patient steps onto, their experience will be the same – Outstanding!"

The 2020/2021 QIP was vetted through various teams including: the Executive, the Patient and Caregiver Council, the Human Resource and Finance Committees, the Medical Advisory Committee (MAC), and the Quality of Care Committee of the Board who made the recommendation to the Board of Directors for approval.

The 2020/21 QIP sets aggressive targets with planned improvement initiatives to build on the successful processes and best practices of previous years. The objectives identified in this year's QIP reflect a multiyear strategy that support the tenets of a standardized operating model for our two acute care sites. This is important as WRH continues to move forward with the planning of a new single site acute care hospital.

Windsor Regional Hospital is committed to making improvements in a substantial way, focusing on all 10 of the hospital indicators (2 mandatory and 8 priority). The 20/21 QIP includes the following:

Mandatory Indicators

- Incidence of workplace violence
- Emergency Department wait time for an inpatient bed

Priority Indicators

- Alternative Level of Care (ALC) rate
- Average number of inpatients receiving care in unconventional

spaces

- Discharge summary sent from hospital to community care provider within 48 hours of discharge
- Patient Experience – Did you receive enough information when you left the hospital?
- Percent of complaints acknowledged to the individual who made a complaint within five business days
- Documented assessment of needs for palliative care patients
- Repeat emergency department visits within 30 days for mental health patients (New)
- Medication reconciliation at discharge

These indicators measure important areas for quality improvement, cultivating and supporting a culture of quality within our organization. Our change ideas are intended to result in performance improvement stimulating new ways of thinking about how to improve quality. The QIP inspires conversation about quality among our patient and family representatives, board members, leaders, physicians, clinical and non-clinical staff. Performance improvements are achieved by collaboration among sectors, research of best practices, consultation and support with our health care partners, review of our own data, setting ambitious targets, and most notably, feedback from staff, patients, and their families.

DESCRIBE YOUR ORGANIZATION'S GREATEST QI ACHIEVEMENT FROM THE PAST YEAR

Following a thorough assessment of its services by surveyors from Accreditation Canada, Windsor Regional Hospital was awarded the highest designation possible – Accreditation with Exemplary Standing for the period of 2019-2023. Chief of Staff, Dr. Wassim Saad said, "This is an exceptional result and I congratulate our WRH

team for this achievement. Patient safety and quality is a never-ending journey of improvement and we have more to accomplish. Our team should celebrate and be proud of this recognition – it truly is remarkable." The survey team spent the week of November 24, 2019 evaluating 2615 national standards, resulting in achieving an outstanding 99.8% compliance. I cannot be more proud of the WRH team and what they have achieved over the years, but most importantly, what they do on a daily basis. It is not easy for our team to provide Outstanding Care - No Exceptions in today's environment. However, they are doing it and being noticed for it – that is pretty special.

Responsible stewardship combined with innovative thinking has allowed WRH to make the best use of limited resources and implement improvement strategies that drive value and effectiveness in the provision of health care across our community. WRH, like other acute care hospitals in the province this past year, experienced surges in occupancy. This increased demand would typically result in OR cancellations, patients admitted to unconventional and overflow areas, and a drain on nursing resources. This past year, these challenges to patient care and patient flow were met with significant positive influences as a result of overall patient flow improvement initiatives. The introduction of Command Centers in 2017 located at both campuses - functioning as the central hub for systems communication, escalation and operational decision making from admission to discharge - have helped achieve positive results. The benefits of standardizing processes and implementing improvement initiatives were felt across the organization. The Command Centers are staffed with clinical and non-clinical staff. Three brief daily huddles (2 System Level and 1 Unit Level Patient Flow) occur to review the availability

of beds, overall capacity, system level issues, and specific patient issues regarding discharge barriers and delays. Karen McCullough, Chief Operating Officer and Chief Nursing Executive said, "Capacity issues started to improve when we began to predict patterns". While the focus of the patient flow improvement program has been on the Medicine Program, 2020 will focus on the Emergency Department and Mental Health.

WRH continues to experience a significant reduction in the number of patients designated as Alternate Level of Care (ALC). This has contributed to reducing 'hallway medicine' at WRH. As one of the top performers in the province, WRH's overall rate (7.0%) remains well below the provincial rate (~18%) and target (12.7%). Strategies including: the standardization of processes, early identification of discharge barriers and the daily review of all patients exceeding their expected date of discharge (EDD), helped to achieve these results. Furthermore, ongoing collaboration with our community partners and the utilization of enhanced community service plans through Home and Community Care - Intensive Hospital (IHH) to Home and IHH Rehabilitation services, helped sustain these positive results over time.

COLLABORATION AND INTEGRATION

To further reduce wait times in the Emergency Department and respond to the issue of Hallway Medicine and patients awaiting a bed in unconventional spaces, WRH partnered with Emergency Medical Services (EMS) and Erie Shores Health Care (ESHC) to divert ambulances with patients assessed with minor complaints (CTAS 3, 4 and 5) to low volume emergency departments. The three Emergency Departments (both sites at WRH and one at ESHC) and EMS are in communication throughout each day to redirect

Emergency Department volume and ensure ambulances remain on the road to respond to calls in the community.

The results have been dramatic with respect to patients admitted and waiting in the Emergency Department as an Admit No Bed (ANB), and the time to an inpatient bed. Wait times for admitted patients has improved significantly. All the elements of the Patient Flow Improvement Program introduced in 2017 that include the Command Center, System and Unit Patient Flow Huddles, Assessment Bays, Standardized Process, EMS diversion, etc. have led to positive results creating more capacity and reducing wait times.

In addition, opioids remain a major public health issue. Accurate data collection and reporting is vital in evaluating this issue and developing strategies for the community. WRH continues to work closely with EMS and continues their partnership with the Windsor Essex County Public Health Unit to ensure the reporting of incidents for patients admitted to the Emergency Department as a result of an opioid overdose is accurate. Twice per month, hospital and public health officials validate the data to ensure its accuracy and support any public health reporting of these incidents.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

Patient engagement is fundamental to the QIP's core objective of continually improving the care experience for our patients and their families. The Patient and Caregiver Council reviewed the QIP and provided feedback. 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).

Involving patients and their families in the care provided is embedded in the culture at WRH. The Patient and Caregiver Council provide insight to professional staff, nurses, and other health care providers to ensure that the highest level of care is delivered – always.

The goals of the Council are:

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

WRH standardization and optimization (SOP) team includes patients as an important part of their process improvement initiatives.

Patients provide important input in areas such as: mapping sessions to identify current process gaps, opportunities to redesign processes to eliminate 'waste'; 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. 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. 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. Patient satisfaction surveys were once the traditional method of filling out a paper based questionnaire and then mailing back the completed survey to NRC Health. In 2020/2021, we will continue to use an email version of our patient satisfaction surveys in addition to our traditional mailed survey, allowing patients two methods to provide feedback.

The Patient Experience Task Force at WRH ensures that patient and caregiver knowledge, values, beliefs as well as cultural backgrounds are incorporated into care planning to help inform decision making. Health care equity focuses on the health system's ability to provide equitable health care services. 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 and to be sensitive to cultural/social differences and reinforcing communication with vulnerable populations. This valuable training continues today. Since its introduction, over 2290 front line staff, leadership, volunteers, security staff, physicians and Emergency Medical Service (EMS) responders have received this training.

Several other initiatives at WRH demonstrate our commitment to engaging our patients. 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 gratitude about the care and compassion they received.

Service Recovery is a program that strives to 'makes things right when they go wrong'. When services have failed, it is about doing what we can to resolve issues. Our patients have praised us for responding to their issues and resolving their complaints and concerns. Coffee cards and parking passes are examples of what is provided to patients as tokens of our commitment to this endeavor.

Our 'Well-Come Mat Program' continues to receive positive feedback from patients and their families. This program allows volunteers to visit every newly admitted patient to provide an orientation to the hospital, including information on patient directories, food services, parking, television services, and other patient related information.

Finally, the realignment of programs and services across Windsor's two acute care hospitals in 2013 provided the necessary first step toward the future of healthcare in our community and improved patient care with a new single site acute care hospital. For care to be truly patient centered, it must be coordinated, collaborative and integrated ensuring the right patient, receives the right care, at the right time. The realignment of services across acute and sub-acute provides greater integration between sectors. This will be further realized with the creation of Ontario Health Teams across the province. The goal is for healthcare to operate within an integrated healthcare system that will help ensure 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, and now the Ontario Health teams provides an opportunity for formalized connections to support coordinated and efficient care across the

continuum for residents. 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 system-wide approach reinforces government supported initiatives toward more community-based care changing the demands and requirements of the acute health care service delivery system.

WORKPLACE VIOLENCE PREVENTION

Windsor Regional Hospital has a zero tolerance approach to workplace violence and is committed to providing a safe, healthy and secure work environment where the dignity and worth of every person is respected. WRH's 'Creating a Safe Workplace' Program is comprised of policies and procedures that address violence and include: Creating a Safe Workplace, Code White/Management of Aggressive and/or Violent Individuals; Flagging Patient Behavior Policy; Intimate Partner/Domestic Violence Policy and the Professional Staff – Creating a Safer Workplace Policy. These policies in addition to de-escalation techniques are introduced at all Hospital Wide Orientation sessions and reinforced with the Safe Workplace mandatory e-learn for all staff.

The Safe Workplace Bundles are unit specific and focus on assessment, prevention, investigation, and debriefing, and utilize safety huddles and care rounds to communicate to staff in real time. Additionally, WRH created our own workplace violence risk management form. This electronic form utilizes our existing risk management software and provides an easy and accessible alerting system for all staff. Staff from selected high risk areas such as the Emergency Department, Mental Health and Security, receive Nonviolent Crisis Intervention Training. The training emphasizes early interventions and nonphysical methods for preventing or managing disruptive behavior. Additionally, at one of our acute care sites, all staff, leadership and physicians wear a personal safety device that is a pressure activated and sends an alert when protection is needed, so security will know who, where and when to send help when it is most needed.

VIRTUAL CARE

A virtualized and patient centric approach to care improves access to care and reduces costs. At WRH, virtual care allows patients and doctors to connect through two-way videoconferencing much like Skype or FaceTime. WRH utilizes the Ontario Telemedicine Network (OTN) which is a secure and encrypted network that protects patient privacy. Doctors have the ability to use cameras on site or log onto the OTNHub and connect to patients anywhere in the hospital or off site. This reduces stress and financial strain on patients that would otherwise need to travel into their doctors' offices. Greater access to care allows patients to remain in their community or hospital. This avoids unnecessary transfers of patients that are confused or are suffering from pain or an infection risk. If needed, preliminary tests such as labs or diagnostics are completed prior to the appointment and required assessments can be completed by a telemedicine nurse assigned to the patient. In 2019, WRH hosted 2109 events where patients were connected to a member of their clinical care team virtually.

EXECUTIVE COMPENSATION

To achieve system-level performance senior leaders and the board established solid performance measures tied to hospital and QIP priorities. As leaders, what we pay attention to, will get the attention of the entire organization. Ten (10) quality improvement indicators were selected for the performance based compensation and given a weighting.

The indicators include:

- Hospital Standardized Mortality Ratio;
- 7 Day All Cause Readmission for 7 Focus QBP's;

- Inpatient Discharge by 1100;
- Medication Reconciliation at Discharge;
- Emergency Department Wait Time for an Inpatient Bed;
- Hospital Acquired Infection Rate;
- Overall Hand Hygiene Compliance (4 moments);
- Patient Falls with Injury for Admitted Patients;
- Alternative Level of Care (ALC) Rate;
- Patient Experience – Did you receive enough information when you left the hospital?

The performance indicators are incorporated into the Board, Corporate, and Program Scorecards and updated weekly and/or monthly with ongoing monitoring.

The 2020/2021 QIP is again linked to performance based compensation for all non-union staff, consistent with the Excellent Care for All Act. This link to performance establishes how leadership will be held accountable for achieving 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.

In the first year of the QIP (2011), performance based compensation resulted in the non-union staff achieving 60% of the bonus. This increased to 70% in 2012, even though several targets stretched beyond regional and provincial benchmarks. In 2013, the compensation resulted in achieving 63% of the bonus, again setting ambitious targets. In 2014, following the October 2013 realignment, the compensation resulted in achieving 48% of the bonus. In 2015, the compensation resulted in 43.5%, and in 2016, 60%. In 2017, 4 years post realignment, the performance based compensation resulted in 83%, and in 2018, 56.4%. Last year (2019), the

performance based compensation resulted in achieving 63.1% of the bonus.

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 on _____

Board Chair

Board Quality Committee Chair

Chief Executive Officer

Other leadership as appropriate
