

Let's Make Healthy
Change Happen.



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



March 3, 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

'WE CHAMPION YOUR CARE - EVERY STEP OF THE WAY' is not only our vision as part of the Quality Improvement Plan, but our goal, and standard to which we set to achieve.

The Quality Improvement Plan is in parallel with our Strategic Plan which includes;

- **Safe Quality Care:** Stevenson will provide our patients with access to safe, quality health care services
- **Building the Best:** Stevenson will plan for, build and equip modern facilities for the safety and comfort of our patients and People.
- **Financial Health:** Stevenson will responsibly manager its business affairs within available resources and plan for future needs
- **Power in Partnerships:** Stevenson will build powerful partnership with patients, families, government officials, the Central LHIN, and other health services providers to ensure that area residents have access to safe, quality care in the right place, at the right time.
- **Our People - Champions of Care:** Stevenson will provide a safe, healthy work environment to attract and retain highly skilled people, who are dedicated to the delivery of excellence every step of the way.

Staff, Physicians, Administration, Board of Directors and volunteers and Family and Patient Advisory all adhere to this plan. The goals are to be achieved with a combined effort of all the parties above.

Annually 2 -3 Corporate Operational goals are set forth in the Strategic Plan.

To help implement these, integrity, accountability, compassion, respect and team work are all used to navigate the inter-professional health care team. An interprofessional Health Care team can include several different professionals. Examples are: physician, nurse practitioner, midwife, nurse, or physiotherapist.

Improving patient care and function of the hospital are always #1

Last year, our top two corporate goals were:

1. We will continue to improve Staff Engagement and Physician Engagement
2. We will continue to improve the Patient Experience within SMH

Improving the patient experience is about improvement from start to finish - including the direction of the after care.

This year, our three top corporate goals will be:

1. We will improve the patient satisfaction within our inpatient unit to 80% over the next two years.
2. We will improve patient safety by reducing the transmission of C- difficile by 33% this year.
3. We will continue to be fiscally responsible to balance our budget during 2016-2017

*** This year, two of our Patient and Family Advisors developed both the Overview of our QIP and also the section on Patient/Client Engagement.**

QI Achievements for the Past Year

Over the past year, we have moved forward with our Journey to Improve the Patient Experience. With the support of our Patient and Family Advisory Committee, we have successfully completed several Quality Improvements with their Support. These include:

- Standardized Template for Patient Education
- Improved Hand washing Stations throughout Stevenson Memorial
- Improved Way Finding throughout the Main Floor of our Organization
- Improved Booking Process for Patients being Referred from the Emergency Department to the Fracture Clinic
- Improved Medication Reconciliation on Discharge processes- (This is a multi-year Improvement Project)

Integration & Continuity of Care

SMH partners with a number of key organizations, patients and families to improve Patient outcomes.

As an example, we work in partnership with the Alliston Family Health team, CCAC and other community partners to continue to support medically complex patients.

Bi-weekly, we review the coordination of care for our patients with our CCAC partners.

In addition, a social worker from Matthew's house, rounds on our medical surgical unit to provide support and consultation with our palliative care patients.

Engagement of Leadership, Clinicians and Staff

During 2012, external partners, and internal health care providers created the 5 years strategic plan that currently exists. Early in 2016, we will begin preparations to refresh our Strategic Plan

Annually, the Managers then develop their Management Performance Plans in consultations with their teams to operationalize the priorities; they will work on their respective teams

Annually, the QIP is reviewed by our Patient and Family Advisory Council to request feedback on our quality initiatives.

Every 2 years, SMH completes a NRCC staff engagement survey. In addition the Quality department administers a "Pulse check survey" evaluating our progress with building trusting relationships between professionals throughout SMH. This is reported regularly to staff, leaders and the Human Resource committee of the board.

Patient/Resident/Client Engagement

SMH is committed to a patient-centered strategy; improving the patient's and family's experiences and in 2015 established the Patient and Family Advisory Council.

The Council partners with SMH's staff and physicians to provide direct input into policies, programs and practices that shape and influence the patient experience. The Patient Family Advisory Council represents the voices and eyes of the patient and families by partnering with the SMH staff and physicians to improve the experience, policies, procedures, practices and communication to patients and families, the community and the stakeholders.

Valuable advice and feedback is provided by the Patient and Family Advisory council in areas such as;

- Annual Quality Improvement Plan
- Community Engagement
- Transitions of care from acute to community for complex patients
- Way finding
- Central LHIN Quality Improvement Plan
- Other priorities identified by both hospital staff and Patient and Family Advisory Council deemed to need assistance, feedback and evaluation

The success of this new direction of patient-centred care will be evaluated through NRCC Patient Satisfaction Survey and the Patient Experience Office.

Performance Based Compensation

Stevenson Memorial hospital has developed a multi-factorial approach to Accountability Management.

Once the annual priorities are developed in addition to the QIP, the CEO develops his Performance Plan that is reviewed and approved by the Board.

Next, the remainder of the senior team then develops their Performance Plan that is reviewed and approved by the CEO.

At the same time, the Chief of Staff reviews his Performance Plan and this is reviewed and approved by the Board Chair.

Annually, all managers and coordinators are required to complete their "Management Performance Plan". These MPP's reflect both the strategic direction and our Annual Corporate Goals set by the Senior Team. Pay for performance is rewarded based on the success of the leader with achieving the performance negotiated with their respective Senior Leader.

The performance of each level of leader is reviewed quarterly by their respective Senior Leader. A balanced scorecard reflects the required performance metrics of both the Quality Improvement Plan and Annual Operational Priorities. This is shared and reviewed at the Medical Advisory Committee, Leadership Level, Board Committees and the Board.

SMH also reports as is mandated to the Central LHIN with respect to their performance as is negotiated with the Hospital Accountability Plan

Performance Based Compensation [As part of Accountability Management]

As a mandatory component of the Excellent Care for All Act, 2010, compensation of the Chief Executive Officer (CEO) and other executives at SMH are linked to the achievement of performance targets laid out in the QIP.

The purpose of the performance-based compensation is:

- To drive performance and improve quality of care
- To establish clear performance expectations and expected outcomes
- To ensure consistency in application of the performance incentive, accountability and transparency
- To enable team work and a shared purpose

The executives at SMH will participate in the performance -based compensation program. Specifically, the following positions are included in the performance-based compensation plan:

CEO: Please see Performance Allocation Plan below

Chief Financial Officer: Please see Performance Allocation Plan below

Chief Nursing Officer: Please see Performance Allocation Plan below

Chief of Staff: Please see Performance Allocation Plan below

Stevenson Memorial Hospital		
Performance Allocation Plan		
% of Base Salary at Risk	Target	
CEO	2%	
Chief of Staff, Chief Nursing Officer, Chief Financial Officer	1%	
Progress Against Quality & Safety Target		
C- difficile rate for patients that acquire nosocomial infections will decrease from 1.8 to 1.0 cases per 1,000 patient days by March 31, 2017		
90th percentile ED length of stay for Admitted patients will decrease from 18.7 to 15 hours by March 31, 2017		

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

A handwritten signature in black ink, appearing to read "Alan Dresser".

Alan Dresser, Board Chair
March 3, 2016

A handwritten signature in black ink, appearing to read "J. M. Tweedy".

Jan Tweedy, Chair, Quality Committee
March 3, 2016

A handwritten signature in black ink, appearing to read "Jody Levac".

Jody Levac, President & CEO
March 3, 2016