

Excellent Care
For All.



2014-2015 Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



Stevenson Memorial Hospital

March 27, 2014

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1. Overview

Stevenson Memorial Hospital's Quality Improvement Plan (QIP) is aligned with our corporate vision "*We Champion your Care...Every Step of the Way*". We place a high priority on patient safety and quality of care, with a focus on patient-centeredness.

We are aligning our QIP with our 2012-2017 Strategic Plan. Our Staff, Physicians, Administration, Board of Directors and Volunteers are aware of our Strategic Directions. All team and community members were involved in the development of our strategic pillars;

1. Safe quality care,
2. Building the best,
3. Financial health,
4. Power in partnerships
5. Our people- champions of care.

We will implement quality improvements within our plan using integrity, accountability, compassion, respect and team work to guide us as an inter-professional health care team. To support our plan and enhance patient's experience we will build on our partnerships to support us in our journey to provide Coordinated Care across the Health Sectors.

Annually, we develop an Operational Plan identifying the top 4 Operational Goals ("Wildly Important Goals") that will help us achieve our priorities. We support and allocate resources to achieve these priorities to meet our strategic goals.

By March 31, 2015, we will be closer to achieving our goal to enhance quality of care and provide our community with the services to meet their health care needs.

For 2014- 2015, our 3 Top Wildly Important Goals include

1. No critical or severe patient outcomes due to medication administration errors.
2. Financial Health –building a surplus to reinvest in capital and program needs
3. We will improve Staff and Physician Engagement – trust scores

We will continue to maintain the following Quality Initiatives:

- ✓ Screening all inpatients for C-Difficile on admission and maintaining a rate of 0 for nosocomial C-Difficile infection rate.
- ✓ Increasing our staff's hand hygiene before and after patient contact and striving for a theoretical goal of 100%.
- ✓ Decreasing our inpatient falls that result in moderate, severe or critical outcomes by augmenting our falls prevention protocol.
- ✓ Enhance our access to care within the organization by developing strategies to improve our Emergency Department wait times, including admitted patient wait time, high acuity non-admitted patient wait time, and low acuity non-admitted patient wait time.
- ✓ Improve positive patient experiences by developing strategies to proactively improve the care and services they receive at Stevenson Memorial Hospital (SMH).
- ✓ Reduce unnecessary hospital admissions by working with our community partners to decrease the rate of readmitted patients with Congestive Heart failure (CHF) and Chronic Obstructive Pulmonary disease (COPD)

To further coordinate and integrate the implementation of the preceding performance indicators, our QIP is in alignment with other internal and external quality journey initiatives and systems including,

- ✓ Ministry of Health Transformational Agenda
- ✓ Central LHIN Health Services Improvement Plan (2010-2013)
- ✓ Accreditation Canada Standards

We aligned our priorities with our community needs by focusing on our National Research Corporation of Canada (NRCC) patient satisfaction results, feedback from our Community Partners and our findings through our patient relations program initiatives.

2. Integration and Continuity of Care

SMH is a key partner within the South Simcoe Northern York Region Health Link. This Health Link is one of the 19 Early Adopter Health Links. Our acute care team is working collaboratively with CCAC, our primary care physicians and community partners to improve the coordination of care for our medically complex patients. The top 5% of the residents in Ontario currently consume 66% of the health care costs.

In addition, SMH has taken the lead on forming an Alliston and Region Community Integrated Committee involving primary care, CCAC, Long Term Care, retirement homes, public health, Red Cross and a number of community agencies. This group will work as part of the overall South Simcoe, South York Region Health Link and will improve Care coordination for our medically complex patients. This will result in work to aid in reducing our admissions for patients with CHF and COPD.

3. Challenges, Risks and Mitigation Strategies

SMH is a small community hospital within the Central LHIN. To succeed with the Ministry's mandate to integrate health care across all healthcare sectors, the leaders and physicians are active participants with Health Links, and the Central LHIN wide Quality based working group.

It is difficult to implement and sustain the execution of our QIP given the reality of limited resources internally. New changes and new mandates may come from our governing bodies that require us to refocus and reprioritize.

SMH has invested in a Manager of Quality, Patient Safety and Risk. This individual participates in both the Central LHIN quality committee and OHA Region 4- 5 Quality and Patient Safety committee to ensure that new evidence based practices are implemented within this organization. This role helps to prioritize mandates, legislation and governing body policies.

4. Information Management Systems

SMH has an electronic health system in collaboration with Southlake Regional Centre and Mackenzie Health. Stevenson Memorial has achieved a score of 2.62 out of a potential 7 with the Canadian Electronic Medical Record Adoption Model (EMRAM) Since, Sept, 2012, all patient records are now scanned and available on-line to health care providers to review patient's historical visits.

As with all smaller community hospitals, the expense of increasing EMR adoption will be contingent on the support of the MOHLTC to acquire funding sources given the expense of Information Systems

Long, term, our goal is to find an electronic comprehensive system to help us obtain a 6.0 EMRAM score.

5. Engagement of Clinical Staff and Broader Leadership

During 2012, external partners, and internal health care providers created the 5 years strategic plan that currently exists.

Annually, the QIP is reviewed by our external partners to request feedback on our quality initiatives.

Once the 3 Annual Organizational Goals are selected by the Senior Team, these are communicated to the managers and Chiefs of each department for feedback and support.

These Goals then cascade down to individual departments. The manager and Chiefs, with their respective staff; next determine their top 3 Departmental Goals that align with both the Strategic Directions and the Annual Operational Goals for each fiscal year. The staff and physicians in their respective departments develop Quality Improvement and Change initiatives to achieve these goals

Daily Quality Improvement Huddles are facilitated by the department managers. During the huddles, barriers to care, suggestions for improvement and progress towards the goals are discussed with staff.

Quality Improvement Capacity has been developed through a Lean Quality Improvement program offered to leadership and front line staff. In addition, frontline staff members have been involved in a number of quality improvement initiatives that have and will be completed in SMH.

Bi-Annually, SMH completes a NRCC staff engagement survey. Quarterly, 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.

6. Accountability Management

As a mandatory component of the Excellent Care for All Act, 2010, compensation of the Chief Executive Office (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:

1. To drive performance and improve quality of care
2. To establish clear performance expectations and expected outcomes
3. To ensure consistency in application of the performance incentive, accountability and transparency
4. 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		
Total Margin (consolidated): Percent, by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year.	0%	
ED Wait times: 90th Percentile ED length of stay for Admitted patients. (hours)	8.5 hours	

7. Health System Funding Reform

As Ontario undergoes a transformational change to a patient –centered funding model designed to support quality improvement, transparency and ensuring the right care for Ontarians at the right time and in the right place. SMH is committed to maintaining a balanced budget as evidenced in our 2014-2015 QIP.

The new model is partly comprised of specific procedures using rate based on efficiency and best practice to promote standardized care, minimize variation and encourage quality improvement while considering service and population needs of communities. The new funding model will impact SMH as we strive to maintain our balanced budget while providing evidence-based, efficient care in an evolving environment. SMH is establishing Interprofessional teams to review current performance and compare with recognized best practices. Improvement opportunities will be identified among selected quality based procedures (QBPs) such as: cataracts, colonoscopy, Congestive heart failure, Chronic Obstructive Lung and stroke patients.

SMH is an active participant with the development of best practice Clinical pathways with all the other central LHIN acute care hospitals and the community care access centre.

Accountability Sign-

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

1. Was developed with consideration of data from the patient relations process, patient and employee/service provider surveys, and aggregated critical incident data
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in and extent to which, executive compensation is tied to achievement of QIP targets; and
4. Was reviewed as part of the planning submission process and is aligned with the organization's operational planning processes and considers other organizational and provincial priorities (*refer to the guidance document for more information*).



John Swinden
Board Chair



Alan Dresser
Quality Committee Chair



Jody Levac
Chief Executive Officer