

Excellent Care
For All.



2013/14

Quality Improvement Plan for Ontario Hospitals

(Short Form)



Stevenson Memorial Hospital

March 23, 2013

ontario.ca/excellentcare

Part A:

1. Overview of Our Hospital's Quality Improvement Plan

Stevenson Memorial Hospital's Quality Improvement Plan (QIP) is in alignment 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 have recently completed our Strategic Plan that will guide us from 2012-2017. Our Staff, Physicians, Administration, Board of Directors and Volunteers align care with our strategic and operational pillars: safe quality care, building the best, financial health, power in partnerships and 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 embrace partnerships to augment delivering a continuum of care.

By March 31, 2014 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. To reach our goal we have focused on the following indicators for 2013-2014

- ✓ 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 stretch goal of 100%.
- ✓ Decreasing our inpatient falls that result in moderate, severe or critical outcomes by augmenting our falls prevention protocol.
- ✓ Ensure efficiencies and incorporate strategies to ensure corporate financial health.
- ✓ 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 patient satisfaction by developing strategies to increase our rate of how patients rate the care and services they receive at Stevenson Memorial Hospital.
- ✓ Reduce unnecessary hospital admissions by working with our community partners to decrease the rate of readmitted patients with CHF and 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,

- ✓ Balanced Scorecard, Quality and Patient Safety Plan, Strategic Plan,
- ✓ Central LHIN Health Services Improvement Plan (2010-2013)
- ✓ Accreditation Canada indicators.

We aligned our priorities with our community needs by focusing on our NRC Picker patient satisfaction results and our findings through our patient relations initiatives and programs.

2. What we will focus on and how these objectives will be met?

Stevenson Memorial's annual Quality Improvement Plan (QIP) is based on a comprehensive assessment of our opportunities to improve quality and safety. This year's plan is built on our last 2 year's plans and is aligned with our annual corporate priorities.

In 2012/2013, we choose 9 targets for Improvement. We have succeeded in 6 of these. Several of these strategies include strong partnerships with community agencies. As such we are committed to working with our community partners and our Local Health Integrated Network to continue to improve both Quality and Patient Safety at Stevenson Memorial.

Quality Dimension	Goal	Indicator	Target
Safety	We will improve safety by reducing the falls that result in outcomes to our patients	<i>Falls that result in moderate, serious or critical outcomes</i> ¹	0
Effectiveness	We will improve the effectiveness of our services by maintaining our Organizational Financial health so that we can continue to reinvest in quality improvement and equipment purchases	Total Margin ²	0%
Access	We will improve access to our services by reducing the time a patient arrives in our Emergency department to the time that a Physician or Physician Assessment occurs	Physician Initial Assessment	2.5 hours
Patient Centered	We will continue to improve the Patient Experiences	Percentage of patients that report the overall care as positive	92%
Integration	We will improve integration and transitions within the broader health system by reducing unplanned readmission to the hospital for patients with Congestive Heart Failure and Chronic Obstructive Pulmonary Disease	Percentage of Patients that are readmitted within 30 days	10% improvement

¹ Falls that result in outcomes. Rate is calculated per thousand patient days

² Total Margin is defined by the Hospital Sector Accountability Agreement (HSAA) as follows: 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.

3. How the plan aligns with the other planning processes

We have completed our Strategic Plan in collaboration with our community partners, and community Stakeholder for 2012-2017. Safe Quality, Care is our most important strategic directions.

SMH Strategic Plan 2012-2017



Safe, Quality Care	Building the Best	Financial Health	Power in Partnerships	Our People – Champions of Care
Stevenson will provide our patients with access to safe, quality health care services	Stevenson will plan for, build and equip modern facilities for the safety and comfort of our patients and our People	Stevenson will responsibly manage its business affairs within available resources and plan for future needs	Stevenson will build powerful partnership with government officials, the Central LHIN, Southlake Regional Health Centre and other health service providers to ensure that area residents have access to safe, quality care in the right place, at the right time	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

In addition, Stevenson Memorial has taken the lead on forming an Alliston and Region Community and 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 Health Links that will improve Care coordination for our High User Group of patients. This will then begin to reduce our readmissions for patients with Congestive Heart Failure and Chronic Obstructive Lung Disease.

These priorities then cascade down to individual departments. The manager and Chiefs, with their respective staff; then determine the top 3 priority projects they will complete for each fiscal year. Daily, these priority projects are reviewed with the managers through our Quality Improvement Huddles.

4. Challenges, risks and mitigation strategies

At Stevenson Memorial Hospital, our quality and safety planning is an iterative process. Daily, staff identifies process and opportunities to improve quality and patient safety through their Quality Huddles. In addition, the managers and quality and risk manager monitor all patient feedback, and patient incidents to determine a need for Quality Improvement.

Reports from external agencies: Accreditation Canada, HIROC, CIHI, MOHLTC, CHRP also provide Stevenson Memorial with an opportunity to monitor performance and need for Quality Improvement.

In a small community hospital, there are also limited resources to facilitate Quality Improvement. All managers have been provided with Lean Improvement Education to build capacity for Quality Improvement.

Part B: Our Improvement Targets and Initiatives

Please go to the Stevenson Memorial Link at:

<http://www.smhosp.on.ca/Performance/qip/index.html>

Part C: The Link to Performance-based Compensation of Our Executives

Our Executives' compensation, including the percentage of indicators at risk and targets that the executive team is accountable for achieving is linked to performance in the following way

SENIOR MANAGEMENT

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

Manner in and extent to which compensation of our executives is tied to achievement of targets

Stevenson Memorial Hospital Performance Allocation Plan

Measure	Base	Target
Total Margin	.065%	0
Reduce the Readmission rate within 30 days for Congestive Heart Patients (CHF) Disease to Stevenson only: The number of patients with CHF re-admitted to sMH for non-elective inpatient care within 30 days of discharge for a similar condition.	26.8%	24%
Patient Satisfaction Survey Results	92%	92%

% of Base Salary at Risk	1%
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Progress Against Quality & Safety Target		
Improvement in 3 of 3 measures	100%	
Improvement in 2 of 3 measures	70%	
Improvement in 1 of 3 measures	35%	
Improvement in 0 of 3 measures	0%	

Part D: Accountability Sign-off

[Please see the QIP Guidance Document for more information on completing this section.]

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



Annette Jones
Chief Executive Officer