

Let's Make Healthy
Change Happen.



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



STEVENSON
MEMORIAL HOSPITAL

2/20/2015

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

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 2 Operational Goals ("Wildly Important Goals"). These specific goals 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 2 Top Wildly Important Goals include

1. We will continue to improve Staff Engagement from 46-56% and Physician Engagement from 52-62%
2. We will continue to improve the Patient Experience within SMH

In addition, we will continue to sustain and or improve upon the following Quality Initiatives:

- Screening all inpatients for C-Difficile on admission and maintaining a rate of 0 for nosocomial C-Difficile infection rate.
- Sustain our high performance with Emergency Department wait times (We have achieved overall Pay for Performance with all ER wait times as the 2nd highest performing hospital for the past 16 months
- 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 system processes including,

- Ministry of Health Transformational Agenda
- Central LHIN Health Services Improvement Plan (2014-2015)
- Accreditation Canada Standards
- Excellent Health Care for all Act

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.

Integration & 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, we work in partnership with the Alliston Family Health team, CCAC and other community partners to refer complex patients to the Medically Complex Clinic.

Also 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 health care and social agencies. This group will work as part of the overall South Simcoe, Northern York Region Health Link and will improve Care coordination for our medically complex patients. This will result in our desired goal to reduce readmissions for patients with CHF and COPD.

Challenges, Risks & Mitigation Strategies

SMH is a medium sized 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. To mitigate this risk, 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. She also works internally with health care leaders to implement and sustain Quality Improvements

As a medium sized community hospital, rate based indicators such as ALC rates are often higher given the small number of patient days that we provide. Although we have implemented weekly Joint Discharge Operational Rounds with CCAC to review the needs of our complex patients, this continues to be a challenge for our organization.

Information Management

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.

Engagement of Clinicians & 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 two to three 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 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.

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.

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 has committed to improving the patient experience as one of their Wildly Important Goals in 2015-2016.

A Patient and Family Advisory Council will be implemented in 2015 to provide valuable advice and feedback with respect to:

- This years Quality Improvement Plan
- Process for Community Engagement

- Improved Transitions of Care from acute care to the community for our most complex patients
- Family Presence (formerly Visiting Hours) within the organization
- Other priorities as identified by both the Patient and Family Advisory Council and programs requesting assistance.

The success of this new direction will be evaluated using the NRCC Patient Satisfaction Survey along with feedback received through the Patient Experience office.

Accountability Management

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

Every 3-5 years, a strategic Plan is developed in collaboration with the community and health system providers

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. Annually, all managers and coordinators are required to complete their "Management Performance Plan". These MPP's reflect both the strategic direction and Wildly Important 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		
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%	
From NRC Canada: "Would you recommend this hospital (inpatient care) to your friends and family?" (Add together % of those who responded "Definitely Yes" or "Yes, definitely").	94%	

Health System Funding Reform (HSFR)

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 2015-2016 QIP.

Internally, we have strategies that drive efficiencies to maintain our balanced budget position. These are as follows:

- 1) We will continue to generate a surplus plan (GASP) every year, targeting 2 % overall reduction
- 2) We will continue to look at administrative roles and efficiencies.
- 3) We will continue to streamline Operating Room processes resulting in financial gains
- 4) We will continue to drive staffing efficiencies in a combined Medical- Surgical Obstetrical model.

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 center.

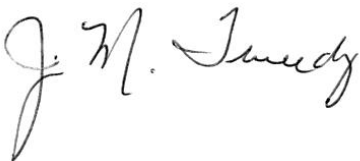
Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

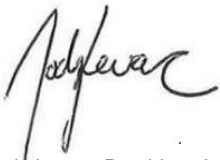
I have reviewed and approved our organization's Quality Improvement Plan



Alan Dresser, Board Chair
March 20, 2015



Jan Tweedy, Chair, Quality Committee
March 20, 2015



Jody Levac, President & CEO
March 20, 2015