

Let's Make Healthy  
Change Happen.



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



OUTSTANDING CARE – NO EXCEPTIONS!

**3/18/2014**

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 HQO (if required) in the format described herein.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

Windsor Regional Hospital's (WRH) 2014/2015 Quality Improvement Plan (QIP) continues to build on the vision of *Outstanding Care...No Exceptions!* The QIP aligns with the Erie St. Clair Local Health Integrated Network (ESCLHIN) priorities, the Health Services Accountability Agreement (HSAA) with the Ministry of Health and Long Term Care, and the hospital's Strategic Plan (refreshed in 2012-2013). To Excel in Patient Safety and Quality is one of Windsor Regional Hospital's key strategic directions. The QIP is based on a comprehensive assessment of opportunities to improve quality and safety. It builds on the previous year's plan and reflects the overall mission to *deliver an outstanding care experience driven by a passionate commitment to excellence* and is at the core of many of our 14 Corporate Indicators.

Windsor Regional Hospital's 2014/2015 QIP reflects the recent major realignment of acute care services for Windsor Regional Hospital. The 2014 QIP sets aggressive targets with planned improvement initiatives to build on successful processes and best practices across our two acute care sites. In 2013/2014, the leadership and frontline staff are presenting at conferences across North America; leading the way in patient safety and quality. A few examples include: 3 poster presentations at the Institute for Healthcare Improvement (IHI) National Conference (December 2013): "Lean on Me - Practical Strategies for Improving Patient Satisfaction through Improved Emotional Support", "Starting the Week Off Right: Monday Morning Huddle to Improve Patient Safety," and, "Emergency Medical Paediatric Program (EMP): Timely Access to Specialized Paediatric Care". Our leadership will be presenting at the Ontario Nurses Association Provincial Coordinators Meeting (March 2014) on "Implementation of Electronic Professional Responsibility Complaints." In March 2014, the medicine redesign team will also present at the National Leadership Conference on "Blending Theory and Method for Groundbreaking Results". Finally, in April 2014, we will be presenting at the Accreditation Canada Conference, "The Just Culture: Coach, Console or Discipline"

The QIP also focusses on standardizing (where possible) process and practice across two acute care sites to allow for consistent and continuous improvement efforts that will provide outstanding care for our patients and their families. In October 2013, Windsor Regional Hospital embarked on a realignment of hospital services across Windsor's two large community acute care hospitals (Windsor Regional Hospital and Hotel Dieu Grace Hospital). On October 1<sup>st</sup>, 2013, the realignment of programs and services across acute care services meant that an interim operating model would be put in place to allow Windsor Regional Hospital's Metropolitan campus as well as the Ouellette Campus (formerly known as Hotel Dieu Grace Hospital) to be governed, operated and managed by Windsor Regional Hospital. At the same time, Hotel Dieu Grace Hospital moved to what was WRH's Tayfour Campus to assume the management, operations and governance of sub-acute services. The Tayfour campus was renamed Hotel Dieu Grace Healthcare. The interim operating model would be in place until the design and operation of Windsor Regional Hospital's new state-of-the-art acute care hospital was in place.

The objectives identified in this year's QIP support the tenets of the interim operating model for the two acute sites (Metropolitan and Ouellette), which make it possible to:

- Optimize capacity and re-balance activity across both acute care sites;
- Adopt a consistent city-wide approach to patient quality and safety;
- Facilitate best practices and models of care and standardization of both clinical and non clinical processes and practices that have been shown to optimize the efficiency of acute care services;
- Explore operation efficiencies with a higher critical mass of activity;
- Explore opportunities for improved operating efficiency through economies of scale in administrative and support services;
- Improve coordination and consistency in service delivery;
- Establish a single professional (medical/dental/midwives) staff structure per hospital corporation;
- Establish a single unified professional staff, unified medical departments and a single Medical Advisory Committee (MAC) that will facilitate improved inter-site access to clinical consultation services and clinical technologies;
- Allow for the administration and professional staff to make day to day operational decisions and Boards to govern with the vision of the future;
- Commence the detailed planning required before the eventual move to a new single acute care site.

Furthermore, on February 28<sup>th</sup>, 2014, the Honorable Theresa Pirruzza, MPP, Windsor West and Minister of Children and Youth Services and Women’s Issues announced approval for Windsor Regional Hospital to complete Stage 1 planning for the new acute care hospital. David Musyj, President and CEO of Windsor Regional Hospital and Co-chair of the Committee overseeing capital planning said, “This is the next big step in the capital planning process that will result in the design and operation of a new state of the art acute care hospital for our region”.

The 2014/2015 QIP focuses on the 7 priority indicators identified by Health Quality Ontario (HQO) for acute care hospitals: Clostridium Difficile Infection (CDI); Medication Reconciliation at Admission; Hospital Total Margin; 90<sup>th</sup> percentile Emergency Department (ED) Length of Stay for Admitted Patients; Patient Satisfaction; % of Alternative Level of Care (ALC) days; and, 30-Day Readmission Rate to any Facility (Specific Case Mix Groups). We also focused on 7 additional indicators that we felt strongly needed to be included in the QIP to improve on progress to date, sustain improvement and standardize across the two acute sites. They include: Hand Hygiene Compliance; Ventilator Associated Pneumonia (VAP); Central Line Associated Blood Stream Infection (CLI); Physical Restraints in Mental Health; 5-Day in Hospital Mortality Following Major Surgery; Hospital Standardized Mortality Ratio (HSMR) and Falls with Injury. In this QIP, we operationalized the falls indicator so that it relates to acute care and is the rate of inpatient falls with injury per 1000 patient days. The Fall Prevention Program at the Metropolitan campus (recognized by the Mayo Clinic) has achieved a fall with injury rate of .07/1000 patient days since its launch 5 years ago. Our goal is to roll out the Fall Prevention Program at the Ouellette site and standardize process improvements to achieve similar improvements over time.

Whether these are priority or additional indicators, they are all transformational and measure important areas for quality improvement. Performance improvement across these indicators can be achieved by collaboration among sectors, support from the LHIN’s Integrated Health

Services Plan, research of best practices, consultation with our health care partners, review of our own data, and feedback from staff, patients, and families.

## Integration & Continuity of Care

The realignment of programs and services across Windsor's two acute care hospitals and tertiary (sub-acute) services, provides the necessary first steps toward the future of a new single site state of the art acute care hospital - incorporated within an integrated healthcare system. Health care 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. This realignment and integration of services will provide formalized connections to support coordinated and efficient care across the continuum for this region's residents. In this community, an unprecedented level of partnership will be required in order to create a complete system of care that is inter-connected and works for every patient. This realignment also supports government supported initiatives toward more community-based care which will change the future demands and requirements of acute health care service delivery.

Windsor Regional Hospital is a key partner and leader with its community partners and has established strong relationships with health care providers across the Erie St. Clair LHIN including; Community Care Access Center (CCAC), Emergency Medical Services (EMS), Schulich School of Medicine, the University of Windsor and St. Clair College, the Family Health Teams, Public Health, and Hotel Dieu Grace Healthcare, just to name a few. These partnerships are critical, especially when we are working toward creating more capacity in the hospital for patients who require acute care services. QIP indicators such as decreasing the percentage of ALC days and the 30 day readmission rate for selected CMG's allow for the development of common clinical pathways to create seamless transitions between hospital and community placements/services.

In addition, Windsor Regional Hospital is continuing to build on the strategic partnership developed with the Windsor Family Health Team, together, both organizations continue to work on initiatives to ensure a seamless transition of "unattached patients" (those without a family physician in the community) back to the community when they are discharged to avoid inpatient and ED readmission and to secure primary care team involvement. In July 2013, Windsor Regional Hospital opened a Short Stay Medical Unit (SSU); a 20 bed unit for unattached patients whose stay will be less than 72 hours. With patients transferred from the Emergency Department (ED) to the SSU in 90 minutes (from time patient is admitted to time patient is transferred to the unit), and discharged within 72 hours, the hospital saw a decrease in ED LOS for admitted patients, decline in ED holds in the Emergency Department, shorter lengths of stay (LOS) for admitted patients and improved patient satisfaction.

## Challenges, Risks & Mitigation Strategies

The provision of healthcare can be challenging as a result of the increases in demand, level of acuity, human resources and financial pressures. To ensure success in delivering on our Quality Improvement Plan, we review real time data daily, weekly and monthly and using Root

Cause Analysis develop mitigation strategies, escalation planning which is based on a careful analysis of our key performance targets. Performance is monitored using a visual management tool that summarizes relevant indicators. The highest performers would be represented with a blue indicator and is equal to or outperforming the target, green indicators are approximately within 10% of the target, yellow indicators are approximately 20% of the target and red indicators are underperforming the target. Blue indicators that are stable and outperforming the target are characterized as maintaining. Should an indicator decline in performance, we expect a review of what is contributing to the performance drop. A green indicator that demonstrates a drop in performance means that an analysis is conducted and an action plan developed. If an indicator slips to yellow or red, a root cause analysis and review of performance with an appropriately detailed risk assessment and improvement plan to bring performance back in line.

Oversight for a remediation plan rests with the most accountable Executive Leader. If an indicator slips to red, Executive Leadership is provided with a detailed review and analysis, risk assessment and an in depth improvement and remediation plan with accountabilities assigned for delivering on the plan. The progress is monitored monthly or more frequently. Executive Leadership provides oversight for these improvement plans and they are reported directly to the Executive Committee. The Quality Committee of the Board receives a full briefing outlining key elements of the improvement plan and is provided with regular updates on the progress.

We recognize that some issues may be beyond our ability to prevent, predict or control. For example, unforeseen events such as an outbreak of an infectious disease might interfere with our ability to achieve our Corporate Quality Improvements. We do have strategies to address unforeseen events, but not all unforeseen events can be planned for and so we rely on our ability to respond effectively should those types of events occur.

The ability to successfully deliver on some of our key effectiveness initiatives such as ED performance and reducing ALC days requires a level of collaboration and partnership with shared objectives to ensure that we can make the system better for our patients. The lack of aligned policies, procedures and services that previously existed across the two acute care hospitals, now presents as a much needed opportunity for standardization and a system-wide approach as a result of realignment.

## Information Management Systems

The WRH Strategic Plan and QIP were developed to better understand and meet the needs of our patients, families, the community, as well as the stakeholders that directly play a role in healthcare. The QIP is a reflection of the challenges that exist in our health care system and our desire to make significant change. The imperative to maintain quality is reflected in the QIP. It also incorporates initiatives that adhere to both LHIN and Ministry priorities and plans. The plan includes commitments that are included in our accountability agreements and is the foundation of our signed agreement with the Erie St. Clair LHIN (H-SAA/M-SAA).

The Plan has been vetted through the various process improvement teams, the Medical Advisory Committee, the Quality of Care and Finance Committees and is recommended to the

Board of Directors for approval. The performance indicators to monitor the Plan are incorporated into the Board, Corporate, Program and Service Scorecards and are updated monthly. The Plan is submitted annually to the Health Quality Ontario and is publically posted by April 1 each year.

### Engagement of Clinical Staff & Broader Leadership

To ensure sharing of quality improvement goals and commitments, WRH has created and embedded several innovative strategies to ensure that we remain focused on our core corporate indicators and engage clinical staff and the broader leadership in leading the way with our patient safety and quality initiatives. Monday Morning Huddle (MMH) brings both clinical and non-clinical leadership together every week to review real time data (previous week's results) and make necessary changes to ensure goals are met. Clinical Red Green and Financial Red Green Meetings are held monthly with the leadership, executives and board representatives to examine the quality improvement process in more detail and to work collectively to develop action oriented plans. Every corporate process improvement initiative has a Vice President and Director Lead and is supported by management and front line staff; allowing important improvements to stay at the forefront. Clinical programs and services ensure continued alignment with the corporate strategy, regional and provincial priorities, the changing needs of the community, and current legislation. Strategic leadership retreats occur throughout the year and include the members of the Board of Directors, the Executive team, medical and program leadership to generate awareness of specific priorities and initiatives and respond to any challenges.

In addition, the Quality of Care Committee of the Board as well as the Medical Advisory Committee monitors, reviews, and provides feedback on the QIP and reports progress directly to the WRH Board of Directors.

### Accountability Management

The 2014/2015 QIP is once again linked to performance based compensation for all non-union staff, consistent with the Excellent Care for All Act. This linkage to performance establishes how leadership will be held accountable for achieving the 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 5%.

To achieve system-level performance senior leaders and the board established solid performance measures and adopted specific aims that we committed to. We knew that as leaders, what we pay attention to would get the attention of the entire organization. 11 quality improvement indicators were selected, given a weighting and applied to both acute care sites. This plan was approved by the Board of Directors. In the first year (2011) of the QIP, performance based compensation resulted in the non-union staff achieving 60% of this bonus. This increased to 70% in 2012, even though several targets stretched beyond regional and provincial targets. In 2013, the compensation resulted in achieving 63% of the bonus, again with ambitious targets set.

## Health System Funding Reform

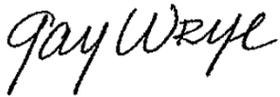
HSFR is a major change to how Ontario hospitals are funded and one component of the change involves Hospital Total Margin. Windsor Regional has implemented a number of improvement strategies that drive value and effectiveness in the provision of hospital care. The Hospital Standardized Mortality Ratio (HSMR), or the rate of preventable death (Metropolitan campus is 80 and Ouellette campus is 89) has improved year over year because of targeted initiatives that have advanced the quality of care. Other improvement strategies triggered by funding reform include: documenting and coding cases properly – an initiative led by Medical Quality Assurance and Health Records to review charts monthly using the acuity summary, structured discharge summary and physician/service deficiency report; controlling costs through financial monitoring at monthly leadership Red/Green meetings; and increase efficiency with financial benchmarking. In addition, the hospital has engaged experts in the field to review our clinical processes to ensure appropriate use of Operating Room (OR) time, Emergency Room admission rate, complication rates, Length of Stay benchmarking, critical care and end of life care, and avoidable hospitalizations. Quality Based Procedures (QBP) are reviewed and compared to benchmarks as part of the HSFR initiative. A QBP Steering Committee is focused on the QBP's and oversees the work of providing care within a target cost while meeting required quality outcomes. Reducing readmission rates for selected case mix group (including Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF)), prompted the development of evidence based clinical pathways to reduce variation in care between care providers.

The reduction of ALC days is a QIP indicator that will help Windsor Regional Hospital mitigate the HSFR impact as process improvements can help patients transition to home, LTC or sub acute palliative, complex and rehabilitative care.

## 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



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**Gay Wrye**  
Chair, Board of Directors



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**Robert Renaud**  
Chair, Quality of Care Committee



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**David Musyj**  
President & CEO

*Instructions: Enter the person's name. Once the QIP is complete, please export the QIP from Navigator and have each participant sign on the line. Organizations are not required to submit the signed QIP to HQO. Upon submission of the QIP, organizations will be asked to confirm that they have signed their QIP, and the signed QIP will be posted publically.*