

Let's Make Healthy
Change Happen.



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



OUTSTANDING CARE – NO EXCEPTIONS!

3/28/2017

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.

ontario.ca/excellentcare

Overview

Message from President & CEO, David Musyjj.

Windsor Regional Hospital's (WRH) 2017/2018 Quality Improvement Plan (QIP) continues to build on our 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), Ministry of Health and Long Term Care, and Windsor Regional Hospital's Strategic Plan (2016-2020), which was recently revised in collaboration with Leamington District Memorial Hospital. The new Strategic Plan reflects the changing landscape of health care delivery with its increased system demands, the ongoing planning for the future of health care in our LHIN, and the continued pursuit of a new state-of-the art single site acute care hospital.

To Strengthen the Culture of Patient Safety and Quality Care is one of Windsor Regional Hospital's strategic directions. The QIP is based on a comprehensive assessment of opportunities to improve quality and safety and reflects quality themes that support our vision for a high performing health care system. The QIP builds on the plan from previous years with the ongoing commitment to improve in areas that have been the focus of quality improvement. The QIP reflects the overall mission to Deliver an Outstanding Patient Care Experience Driven by a Passionate Commitment to Excellence. The work of our 4000 staff, over 500 physicians, and 600 volunteers demonstrates the compassion, commitment and excellence in the pursuit of our vision.

It has been over three years since realignment and the goal remains - to ensure patients have the same high quality experience. As the President & CEO, I made the commitment to our patients and staff, "At the end of the day, no matter what campus a patient steps onto, their experience will be the same - Outstanding!".

The 2017/2018 QIP was vetted through various process improvement teams, the Executive team, the Patient and Caregiver Council, the Medical Advisory Committee (MAC), the Board Finance Sub Committee, and the Quality of Care Committee, who made recommendation to the Board of Directors for approval. Our QIP reflects a commitment to optimizing and standardizing practices across our two large acute care sites allowing for consistent and continuous improvement efforts.

Windsor Regional Hospital is committed to making improvements in a substantial way, and the QIP focuses on 16 indicators; 11 priority and 1 additional indicator identified by Health Quality Ontario (HQP) for acute care hospitals, and 4 legacy/other indicators we selected. The 4 legacy/other indicators remain a part of this year's QIP to improve on the progress to date, sustain the improvements made over the past year, and continue to standardize across our two acute sites.

The 17/18 QIP indicators include:

Priority Indicators

- Medication Reconciliation at Admission;
- Medication Reconciliation at Discharge;
- 90th percentile Emergency Department (ED) Length of Stay for Complex Patients;
- Risk Adjusted 30 Day All Cause Readmission Rate for Patients with CHF (QBP Cohort);
- Risk Adjusted 30 Day All Cause Readmission Rate for Patients with COPD (QBP Cohort);

- Risk Adjusted 30 Day All Cause Readmission Rate for Patients with Stroke (QBP Cohort);
- Home Support for Discharged Palliative Patients;
- Patient Experience - Would You Recommend Inpatient Care?;
- Patient Experience - Would You Recommend Emergency Department Care?;
- Patient Experience - Did You Receive Enough Information When You Left the Hospital?
- Alternative Level of Care (ALC) Rate - Acute

Additional Indicator

- Hospital Readmission for a Mental Illness or an Addiction

Legacy/Other Indicators

- Hospital Standardized Mortality Ratio (HSMR);
- Falls with Injury for Patients Admitted to Hospital;
- Use of the Surgical Safety Checklist;
- Hospital Acquired Infection (HAI) Rate

The indicators identified in this year's QIP are all transformational and measure important areas for quality improvement. Change ideas resulting in performance improvement stimulates new ways of thinking about how to improve quality. The QIP fuels conversation about quality among board members, senior leaders, physicians, individual clinicians and front line staff. Performance improvements across the indicators identified in the QIP can be achieved by collaboration among sectors, support from the LHIN, research of best practices, consultation and support with our health care partners, review of our own data, and feedback from staff, patients, and their families.

In 2014 after realignment, Windsor Regional Hospital initiated the Standardization and Optimization Program (SOP). The consulting firm KM&T provided our leadership team with the necessary oversight to enable SOP to focus efforts on the standardization of services between the two acute care campuses. SOP continues to work collaboratively with teams comprised of patients, front line staff, physicians and the leadership team to understand current practice and process, and re-design them to incorporate best practices from within and outside the organization.

Empowering front line staff to learn skills to drive continuous quality improvement within their own departments is another outcome of this work.

For 2017/2018, the SOP projects include:

- Patient Flow Improvement
- Quality Based Procedures (QBP) Pathway Improvement
- Standard Unit

The Patient Flow Improvement project will use best practices, Lean/Six Sigma methodology and project management tools, to improve the current patient flow process. Led by a cohort of WRH employees undergoing Lean/Six Sigma Green Belt training, the goal of the patient flow project will be to improve the patient experience and improve efficiency overall related to length of stay, overall occupancy and capacity, readmission rates, and the reporting structure.

Leveraging best practices, the Quality Based Procedures (QBP) Pathway Improvement project will integrate and standardize Order Sets, Clinical Pathways and Patient Experience Pathways, increasing their adoption by the care teams, patient and families. This project seeks to improve the patient experience and improve efficiency related to length of stay, cost per case, readmission rates, and improving and expanding on the current reporting structure.

The third SOP project will focus on the Standard Unit where processes are developed and implemented to reduce or eliminate patient harm by following 'best practices', creating an environment where the patient receives the same care at both campuses, and creating an environment where all nurses have the assurance that basic practices will reduce patient harm and these practices are known, understood and practiced by all medicine and surgical nurses. Nursing staff receive specialized 'Model of Care' training where 8 standardized processes and practices that are in place on the Standard Unit are taught. This includes: care rounds, in-room patient white boards, performance boards, shift to shift report, transfer of accountability, leadership rounding, safety huddles, and comfort rounds.

Model of Care training is a major part of quality improvement at WRH and was introduced as a result of post realignment standardization and the decision to have RN's and RPN's working together across most clinical areas at both acute care sites. This was a shift from the RN only nursing model at one of our sites. Developed and led by our Chief Nursing/Operating Executive, the roll out of Model of Care in 2016 focused not only on the change in practice, but also ensuring that nursing staff had the necessary tools and appreciation for working as a team delivering a best practice model. A multifaceted approach to staff education was developed that supported the skill mix changes being implemented at one campus and the enhancement to the scope of practice at the other site. This Model of Care training continues in 2017/2018.

QI Achievements From the Past Year

The 2017/2018 QIP sets aggressive targets that are based on theoretical best or best elsewhere, with planned improvement initiatives to build on the successful processes and best practices of previous years. The objectives identified in this year's QIP continue to reflect a multiyear strategy that supports the tenets of an operating model for the two acute sites. This is important as we move forward with the planning for a new single site acute care hospital.

WRH continues to:

- Optimize capacity and re-balance activity across both acute care sites;
- Adopt a community-wide approach to patient quality and safety;
- Facilitate and implement best practices and models of care and standardization of both clinical and non clinical processes and practices;
- Explore operational 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;
- Support the single unified professional staff, unified medical departments and a single Medical Advisory Committee (MAC) to facilitate improved inter-site access to clinical consultation services and clinical technologies;
- Allow the administration/professional staff to make day to day operational decisions and the Board to govern with the vision of the future.

This past year, strategies to reduce patient falls with injury have been a focus for improvement and have produced positive results. As we have in past years, we operationalized the falls indicator so that it relates to acute care and is reflected as the rate of inpatient falls with injury per 1000 patient days. The

Fall Prevention Program at the Metropolitan campus has achieved impressive outcomes in the prevention of falls and falls with injury achieving a fall with injury rate of .05/1000 patient days since its launch. Following realignment, the goal was to accomplish the same level of success at the Ouellette Campus, and in the three years since introducing the Fall Prevention Program to the Ouellette Campus, the fall with injury rate has decreased from .79/1000 patient days to .05/1000 patient days. Maintaining these results remains a priority for Windsor Regional Hospital.

HSMR has been the focus of the work of the Medical Quality Assurance (MQA) Committee with initiatives involving front line and medical staff to continue to drive improvement. Strategies led by the MQA in collaboration with Health Records and Decision Support are ongoing and include: regular documentation and coding review; case level review on in-hospital sepsis and 5 day mortality post major surgery cases; ongoing review of record level data submitted to CIHI as part of HSMR; and monthly department review of charts, and compliance with our Acuity Summary Form, structured discharge summary and the physician/service deficiency report.

To demonstrate our performance this past year, our frontline staff, leadership and medical staff presented at various conferences across North America and Europe. A few examples include:

- 5th Annual Accreditation Canada Quality Conference (April 2016):
Presentation: Partners in Design:
Meaningful Patient Engagement in Process Improvement;
- IHI International Forum on Quality and Safety in Healthcare (April 2016):
Fixing More than a
Fracture: Collaborative Partnerships Improve Patient Outcomes;
- Accreditation Canada, Quality Conference (April 2016). Partners in Design:
Meaningful Patient
Engagement in Process Improvement
- IHI International Forum on Quality and Safety in Healthcare - Sweden (April 2016): Fixing More
than the Fracture: Collaborative Partnerships Improves Patient Outcomes;
- RL Solutions Conference (June 2016): Designing a Process and Form for
Workplace Safety;
- Ontario Hospital Association Education Series and National Web Conference
(June, 2016): Creating a
Digital Eco-System Advancing Patient Care Through the Use of Technology
- University of Windsor Biennial Nursing Conference (November 2016):
Partners in Design: Meaningful Patient Engagement in Process Improvement;
- University of Windsor Biennial Nursing Conference (November 2016):
Supporting Healthcare System Transformation: The Patient & Family Centred
Partnership Model;
- Med Assets Canadian Decision Support Conference: Discover & Inform Changes
(December 2016):
Implementing Case Costing at a Large Community Hospital Post Amalgamation

Population Health

Responsible stewardship combined with innovative thinking will push us to make the best use of limited resources and implement improvement strategies that drive value and effectiveness in the provision of care. Health System Funding Reform has resulted in hospitals in Ontario facing deficits. Windsor Regional Hospital is no exception, and difficult decisions have been made to reduce our deficit.

Quality Based Procedures (QBP) are a major area of focus and as a source of revenue, they are reviewed and compared to benchmarks on an ongoing basis. A QBP Steering Committee acts as the executive champion to spearhead change management across the organization and provide oversight to project governance. In 2017/2018 we will continue to focus on achieving our QBP targets and maintaining the required quality outcomes. The Standardization and Optimization Program (SOP) as part of their QBP Pathway Improvement Plan will concentrate on five (5) select QBP's; Stroke, COPD, CHF, Pneumonia, and Hip Fracture. Three (3) of these QBP's (CHF, COPD, and Stroke) are highlighted in this year's QIP with the 30 day readmission rate indicator. The QBP SOP teams will work in collaboration with the Decision Support Case Costing Team and Finance on the development of common pathways and support services to help patients transition between hospitals and between hospital and community services.

In January 2017 Windsor Regional Hospital, like other acute care hospitals in the province, experienced a spike with an influx of patients to the Emergency Department and then admitted to an inpatient bed.. This surge saw on average 40 'Admit No Beds (ANB)' (minimum of 20 to a maximum of 60) at our two acute sites. This increased demand resulted in OR cancellations, patients admitted to unconventional and overflow areas and a drain on nursing resources. As a result, WRH continues to move forward with system wide surge protocols to respond to the increasing demand on acute care services. WRH is committed to leading positive system change in collaboration with our partners in improving health and delivering value to the patients we serve.

Equity

Health care equity focuses on the health system's ability to provide equitable health care services. In 2014, Windsor Regional Hospital collaborated with Henry Ford Health System in Detroit, Michigan, and implemented AIDET training. AIDET (Acknowledge, Introduce, Duration, Explanation and Thank you) is a program that teaches staff to communicate with patients and their families as they do with one another and to be sensitive to cultural/social differences and reinforcing communication with vulnerable populations. This training continues in 2017/2018. Since its introduction, over 2000 front line staff, the leadership team, volunteers, and physicians have received this training.

In addition, the Patient Experience Task Force ensures that Patient and caregiver knowledge, values, beliefs and cultural backgrounds are incorporated into care planning and they help to inform decision making.

Integration and Continuity of Care

The realignment of programs and services across Windsor's two acute care hospitals in 2013 provided the necessary first step toward the future of healthcare in our community and a new single site acute care hospital. For care to be truly patient centered, it must be coordinated. The realignment of services across acute and sub-acute care has provided the opportunity for greater integration between sectors. The goal is for healthcare in our community to operate within an integrated healthcare system that will help ensure that patients move from one care setting to another with fewer barriers. Healthcare 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. The realignment provided an opportunity for formalized connections to support coordinated and efficient care across the continuum for residents in the Erie St. Clair LHIN. In this community, partnerships continue to be forged to create a complete system of care that is inter-connected and works for every patient. This realignment also reinforces government supported initiatives toward more community-based care

changing the demands and requirements of the acute health care service delivery system. The introduction in this year's QIP of the indicator - Home Support for Discharged Palliative Patients, is an example of a system wide continuity of care.

Windsor Regional Hospital is a key partner and a leader with its community partners, maintaining strong relationships with health care providers across the Erie St. Clair (ESC) region, across Ontario and in Michigan.

In 2016/2017 Windsor Regional Hospital (WRH) and Leamington District Memorial Hospital (LDMH) reinforced a unique relationship as two distinct acute care facilities collaborating on their Strategic Plans. This ensured the Strategic Plans were in sync with each other in providing the best possible programs and services and strengthening acute care services across the region now and for the future.

Access to the Right Level of Care - Addressing ALC Issues

Last year, WRH launched a revised Discharge Policy bringing acute care and CCAC services together in a coordinated response to discharge planning, most especially for those identified as Alternative Level of Care (ALC). We have witnessed a major reduction in the number of patients designated ALC as a result and so continued collaboration with CCAC and other community partners like Assisted Living Southwestern Ontario (ALSO) play an important role in supporting patients outside of hospital and reducing the number of ALC patients in acute care across all medical, surgical and critical care areas. Team work, earlier engagement by CCAC and other community providers, screening for complex discharge issues, and Emergency Department diversion protocols are just a few strategies that we continue to put in place to ensure that patients are in the right bed at the right time, and services are coordinated to meet their needs post acute care.

Engagement of Clinicians, Leadership & Staff

To ensure sharing of quality improvement goals and commitments, WRH has embedded several innovative strategies to ensure our focus remains on our core corporate indicators, while engaging clinical staff and the broader leadership in leading the way with our patient safety, patient flow 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 makes the necessary changes to ensure goals are achieved. Weekly results are displayed across all inpatient units, openly displaying quality indicators to ensure staff are aware of their performance and can celebrate their successes and recognize opportunities for improvement.

Clinical Red Green and Financial Red Green Meetings are monthly meetings held with the senior team and leadership and board representatives, examining the quality improvement process in more detail and working 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 the current legislation.

The Quality of Care Committee of the Board holds monthly meetings. All clinical, non-clinical programs and support services report biannually. Senior administration, management and front line staff are present and participate in this

presentation. Their report focuses on their program scorecard and addresses strategies utilized to address program area strengths and weaknesses. Patients and their families supported by the hospital's Patient Advocate are invited to participate in this meeting to communicate their positive and negative patient care experiences. Staff and leadership from the identified areas are present to respond to process improvements, questions and concerns.

Strategic leadership retreats occur throughout the year and include the members of the Board of Directors, the Executive team, Medical and program leadership with the goal of generating awareness of specific priorities and strategic directions and responding to any challenges.

Leadership Rounding was re-introduced in 2016 and standard work was developed between both campuses. This continues to be rolled out in 2017. Leadership Rounding helps to demonstrate to our staff, the organization's commitment to patient centered care. When leadership takes the time to speak to patients, they understand that their perceptions are important. Leadership rounding occurs in all inpatient and outpatient areas. Every operational leader rounds on patient/families daily. The goal is to visit every inpatient at some point in their stay and reach 10% of the outpatient population.

WRH recognizes the importance of supporting staff in their quality improvement efforts. With a strong investment in education and training, WRH encourages front line staff, physicians and leadership to present at conferences. WRH fosters a learning environment that provides the necessary tools and knowledge to support staff to achieve their own personal and professional goals. In turn, this helps to promote a positive work environment with a focus on quality improvement.

WRH's staff recognition program called 'Above and Beyond' recognizes staff for going the extra mile. The program operates with recognition being submitted on line or by email by other staff, patients, families and visitors. The Patient Experience Committee reviews the letters of recognition and awards staff a certificate and a token identifying the act of care and compassion. The tokens can be turned in for gift certificates. Our recognition goes one step further; those recognized for Above and Beyond are photographed for banners, posters and promotional material. Many can be found on the 'Wall of Fame' at each campus.

Resident, Patient, Client Engagement

Patient engagement is fundamental to the QIP's core objective of continually improving the care experience of our patients and their families. The belief that partnerships among patients, families and health care providers are mutually beneficial to all parties is at the core of WRH's Patient and Caregiver Council (PCC). Involving patients and their families in the care provided is embedded in the culture at WRH. The Patient and Caregiver Council reviewed the QIP and provided feedback. The Patient and Caregiver Council provide insight to professional staff, nurses, and other health care providers to ensure that the highest level of care is delivered.

The goals of the Council are:

- Improve patient safety and the delivery of quality of care;
- Promote improvements in processes and services;
- Enhance communication with patients among hospital personnel;
- Improve navigation through and within the health care system.

Patients are an important part of the standardization and optimization process improvement initiatives. During review and standardization of processes, patients

provide important input in areas such as: mapping sessions to identify current process gaps, opportunities to redesign processes to eliminate 'waste'; creating patient experience surveys for immediate feedback about process changes; redesigning patient education materials; attending hospital celebrations highlighting work done to date; sharing their involvement in newsletters / website / videos; and testing new approaches through engagement in improvement team meetings.

When health care is perceived through the eyes of the patient and family and/or caregivers, research shows that the quality of care rises, costs decrease, provider satisfaction increases and the overall patient care experience improves. WRH is taking great strides in narrowing the gap between the kind of care patients receive and the kind of care they should be receiving. Patient satisfaction is one of the more difficult indicators to improve upon and can take years for an initiative focused on patient satisfaction to demonstrate improvement. As such, it is important to consider both patient experience and patient satisfaction, and use the information gathered to design care and services that consistently and reliably deliver an ideal patient experience. Patient satisfaction surveys were once the traditional method of filling out a paper based questionnaire and then mailing back the completed survey to NRC Picker. In 2017, we will continue to roll out the email version of our patient satisfaction surveys, allowing patients to provide their email address at the time of admission.

Every patient admitted to the hospital receives a Welcome Letter from the President and CEO, where patients are welcomed and provided with my personal phone number. Of the phone calls received, the majority (over 90%) are from grateful patients wanting to share their stories of hope, care, and compassion.

Service Recovery is a program that strives to 'makes things right when they go wrong'. It is about doing what we can to satisfy our patients and their loved ones - when services have failed. Our patients have praised us for responding to their issues in our patient satisfaction surveys and resolving their complaints and concerns. Coffee cards, parking passes, etc. are provided to patients as a token of our commitment to this endeavor.

Our 'Well-Come Mat Program' continues to receive positive feedback from patients and their families across both sites of Windsor Regional Hospital. Volunteers visit every newly admitted patient to provide an orientation to Windsor Regional Hospital including information on patient directories, food services, parking, television services, and other patient related information.

Staff Safety & Workplace Violence

Windsor Regional Hospital has a zero tolerance approach to workplace violence and is committed to providing safe, healthy and secure work environment where the dignity and worth of every person is respected. WRH's 'Creating a Safe Workplace' Program is comprised of policies and procedures that address violence and include: Creating a Safe Workplace, Code White/Management of Aggressive and/or Violent Individuals; Flagging Patient Behavior Policy; Intimate Partner/Domestic Violence Policy and the Professional Staff - Creating a Safer Workplace Policy. These policies as well as de-escalation techniques are introduced at all Hospital Wide Orientation sessions and reinforced with the Safe Workplace mandatory e-learn for all staff. Utilizing our existing risk management software, WRH created our own workplace violence risk management form providing an easy and accessible electronic form and alerting system for all staff.

Where appropriate, staff receives Nonviolent Crisis Intervention Training to emphasize early interventions and nonphysical methods for preventing or managing disruptive behavior. Additionally, at one of our acute care sites, all staff, leadership and physicians wear a personal safety device that is a pressure activated security device that sends an alert when protection is needed, so security will know who, where and when to send help when it is most needed.

Performance Based Compensation

To achieve system-level performance senior leaders and the board established solid performance measures and adopted specific aims that we committed to. We know that as leaders, what we pay attention to will get the attention of the entire organization. Ten (10) quality improvement indicators were selected for the performance based compensation and given a weighting.

The indicators include:

- Hospital Standardized Mortality Ratio;
- 90th percentile Length of Stay for Admitted Patients;
- Hand Hygiene Compliance (overall based on the 4 moments of hand hygiene);
- Hospital Acquired Infection Rate;
- Patient Falls with Injury for Admitted Patients;
- Alternative Level of Care Rate;
- Risk Adjusted 30 Day All Cause Readmission Rate for Patients with COPD;
- Risk Adjusted 30 Day All Cause Readmission Rate for Patients with CHF;
- Risk Adjusted 30 Day All Cause Readmission Rate for Patients with Stroke;
- Use of Surgical Safety Checklist

The performance indicators are incorporated into Board, Corporate, Program and Service Scorecards and are updated monthly with ongoing monitoring.

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. In 2014, following the October 2013 realignment, the compensation resulted in achieving 48% of the bonus. In 2015, the compensation resulted in 43.5% of the bonus and this past year, 3 years post realignment, resulted in 60% of the bonus.

The 2017/2018 QIP is once again linked to performance based compensation for all non-union staff, consistent with the Excellent Care for All Act. This link 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 a 5% bonus.

Other

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

Board Chair Lynne Watts

Quality Committee Chair Dan Wilson

Chief Executive Officer David Musy

Other leadership as appropriate Karen McCullough