

Let's Make Healthy  
Change Happen.



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



3/30/2015

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

Windsor Regional Hospital's (WRH) 2015/2016 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 Windsor Regional Hospital's Strategic Plan. To Excel in Patient Safety and Quality 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 reflect 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 care experience driven by a passionate commitment to excellence, and is at the core of many of our 16 Corporate Indicators. The work of over 4,000 staff, 500 physicians and 700 volunteers demonstrates the compassion, commitment and excellence in the pursuit of our vision.

Windsor Regional Hospital's 2015/2016 QIP reflects the optimization and standardization of practices across two large acute care sites, allowing for consistent and continuous improvement efforts. These efforts, over this past year, are a result of a major realignment of acute care services that occurred in October 2013. As part of the hospital's move toward the future and a new single acute care facility, the October 2013 realignment of hospital services (Windsor Regional Hospital and Hotel Dieu Grace Hospital), allowed 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. This realignment set the stage for the new single site acute care hospital to be built with the highest standard and with the capacity to serve the community for generations to come.

The 2015/2016 QIP sets aggressive targets that are based on theoretical best or the best elsewhere, with planned improvement initiatives to build on successful processes and best practices. The objectives identified in this year's QIP reflect a multiyear strategy that supports the tenets of the operating model for the two acute sites (Metropolitan Campus and Ouellette Campus). WRH is committed 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.

Windsor Regional Hospital's 2015/2016 QIP focuses on the 7 priority indicators identified by Health Quality Ontario (HQP) for acute care hospitals. WRH is committed to continuously improving the quality and safety of the care delivered to our patients and has a responsibility to make improvements in a substantial way. The 7 priority indicators include:

- Clostridium Difficile Infection (CDI);
- Medication Reconciliation at Admission;
- Hospital Total Margin;
- 90th 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 6 additional hospital indicators. We felt strongly that they needed to be included in this year's QIP to improve on progress to date, sustain improvement made over the past year, and provide opportunity to continue standardize across two acute sites. They include:

- Hand Hygiene Compliance before Patient Contact;
- Ventilator Associated Pneumonia (VAP);
- Central Line Associated Blood Stream Infection (CLI);
- Physical Restraints in Mental Health;
- Hospital Standardized Mortality Ratio (HSMR); and
- Acute Care Falls with Injury.

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 in an acute care setting. The Fall Prevention Program has achieved a fall with injury rate of .07/1000 patient days since its launch. The goal of this indicator is to accomplish the same level of success at the Ouellette Campus. In little over one year since introducing the Fall Prevention Program to the Ouellette Campus, the fall with injury rate has decreased from .79 to .17/1000 patients days.

These priority and additional indicators 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 and quality among board members, senior leaders, individual clinicians and teams. Performance improvement across the indicators identified in the QIP 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.

To demonstrate performance and the recognition received in 2014/2015 nationally and internationally as a leader in quality and patient centered care, frontline staff and leadership presented at conferences across North America; leading the way in patient safety and quality. A few examples include:

- Presentation at Accreditation Canada 3rd Annual Quality Conference (April 2014): Coach, Console, or Discipline? Implementing a Just Culture to Improve Patient Safety;
- Presentation at the Nursing Leadership Network (April, 2014): Medicine Redesign: Blending Theory and Method for Groundbreaking Results
- Presentation at Henry Ford Safety Symposium (November, 2014): The Patient's Voice: Are we really listening?, posters: Lean on Me: Practical Strategies for Improving Patient Satisfaction Through Emotional Support; The Primary Clerk Model: Embedding a Clerk in the Primary Team, Right Place, Right Time, Right Care: Short Stay Medical Unit, Improves Patient Flow and, A Pledge of Safety for Out Patients
- Posters presented at IHI (December 2014): Right Place, Right Time, Right Care: Short Stay Medical Unit, Improves Patient Flow, A Pledge of Safety for Out Patients' Have we Hit with our best 104 Characters or Less? Trauma Services and Social Media
- Posters presented at IHI – London International Forum on Quality and Safety in Health Care (April, 2015, London, England): Redesign of the Medicine Program: Blending Theory and Method for Ground-breaking Results; Starting the Week off Right: Monday Morning Huddle to Improve Patient Safety
- Presentation at Accreditation Canada – 4th Annual Quality Conference (April 2015): Redesign of the Medicine Program from the Ground Up: Blending Theory, Method, and Staff Engagement for Groundbreaking Results

In the Spring of 2014, Windsor Regional Hospital initiated the Standardization and Optimization Process (SOP) Program. The consulting firm KM&T provided the leadership team with the necessary supports to enable the SOP team to focus efforts on the standardization of services between the Metropolitan and Ouellette Campuses of WRH. The goal - to ensure patients have the same high quality experience regardless of the campus they come to. President & CEO David Musyj stated, "At the end of the day, no matter what campus a patient steps onto, their experience will be the same – Outstanding!" The SOP team works collaboratively with teams comprised of patients, front line staff, leadership, and corporate support to understand their processes, and re-design them to incorporate best practices from within and outside the organization

During 2014/2015, the SOP Program launched four priority project areas: Medication/IV Fluid Errors causing harm to patients, MRI Wait Times, OR Scheduling Practices, and Catheterization Lab Processes. In 2015/2016 the SOP team will expand their support to additional areas including: Critical Care, Outpatient Clinics, Surgical Inpatient Wards, Operating Rooms, and Medical Units. Initial results show that the SOP projects have resulted in improved quality of care for patients as well as empowering front line staff who have learned skills to drive continuous quality improvement within their own departments.

## Integration & Continuity of Care

The realignment of programs and services across Windsor's two acute care hospitals provided the necessary first step toward the future new single site state-of-the-art acute care hospital – which means safer more efficient healthcare delivery, with improved patient outcomes. 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. Healthcare in our community will operate within an integrated healthcare system that will help to ensure that patients move from one care setting to another with fewer barriers. 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. The realignment provided an opportunity for formalized connections to support coordinated and efficient care across the continuum for residents in this LHIN. In this community, an unprecedented level of partnership will be required to create a complete system of care that is inter-connected and works for every patient. This realignment also supported government supported initiatives toward more community-based care, changing the demands and requirements of the acute health care service delivery system.

Windsor Regional Hospital is a key partner and a leader with its community partners, establishing strong relationships with health care providers across Erie St. Clair including; the Erie St. Clair LHIN, Community Care Access Center (CCAC), Emergency Medical Services (EMS), Schulich School of Medicine, University of Windsor and St. Clair College, the Family Health Teams, Public Health, hospitals within our LHIN such as Hotel Dieu Grace Healthcare, Leamington District Memorial Hospital, Chatham Kent Health Alliance and Blue Water Health, and those outside our LHIN that we work closely with including London Health Sciences, Henry Ford Hospital and the Detroit Medical Center, 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 pathways to transition between hospitals and between hospital and community 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 for “unattached patients” (those without a family physician in the community) back to the community when they are discharged. These efforts help to avoid inpatient and Emergency Department (ED) readmissions and also secure primary care team involvement. For Windsor Regional Hospital, the Short Stay Medical Unit (SSU); a 16 bed unit for unattached patients whose stay is less than 72 hours, allows patients to be transferred from the 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. As a result, the hospital has seen a decrease in the ED LOS for admitted patients, a decline in ED holds, 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, we develop mitigation strategies and escalation planning 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. Continuing to standardize and make improvement to process and practice across both acute care sites is work that will continue in 2015/2016. These standardization and optimization strategies are reflected in the QIP.

The information technology required to embed and monitor evidence based practice is essential. In 2015, Windsor Regional Hospital will join the other hospitals in the Erie St. Clair LHIN in a cost sharing model to launch the Integrated Decision Support (IDS) Project. IDS enables organizations to make evidence based planning and operational decisions using up to date data accessed through a secure web-based portal.

We recognize that some issues may be beyond our ability to prevent, predict or control, such as, unforeseen events such as an outbreak of an infectious disease. This past year, Windsor Regional Hospital led the way in Ebola preparedness and became one of the provinces designated Ebola testing facilities, having to be prepared when directed by the Emergency Management Branch of the Ministry of Health and Long Term Care, to become a treatment facility. This means that Windsor Regional Hospital has the capability of caring for a suspect or confirmed patient for up to 96 hours or more. Therefore, while WRH does have strategies to address unforeseen events, 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 initiatives such as HSMR and reducing ALC days requires a level of collaboration and partnership with shared objectives to ensure that we can improve the system for our patients. However, the absence of community or sub-acute care capacity for patients requiring an alternate level of care, coupled with overcapacity

in acute care provides further opportunity for improvement this next year. In last year's QIP we identified a lack of aligned policies, procedures and services across the two acute care hospitals. This continues to provide much needed opportunity for improvement and standardization in providing a system-wide approach.

## **Information Management**

The WRH Strategic Plan and QIP were developed to better understand and meet the needs of our patients, families, the community, as well as 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.

The QIP has been vetted through the various process improvement teams, the Medical Advisory Committee, the Quality of Care Committee and 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 Ontario Health Quality Council and is publically posted by April 1st each year.

## **Engagement of Clinicians & Leadership**

To ensure sharing of quality improvement goals and commitments, WRH has created and embedded several innovative strategies to ensure 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. Weekly results are displayed across all inpatient units, openly displaying quality indicators to ensure staff are aware of their performance; can celebrate their successes and recognize opportunities for improvement. Clinical Red Green and Financial Red Green Meetings are monthly meetings held 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. The Quality of Care Committee of the Board holds monthly meetings. All clinical programs report biannually to the Quality of Care Committee of the Board and all non-clinical or support service areas report annually to this Committee. Senior administration, management and front line staff are present and participate in this presentation. Their report focuses on their program's scorecard and addresses strategies utilized to address program area strengths and weaknesses. 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.

WRH recognizes the importance of supporting staff in their quality improvement efforts. With a strong investment in education and training, presenting and attending 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 also created a staff recognition program called 'Above and Beyond', recognizing staff for going the extra mile. The program operates with recognition being submitted on line or by email. The Patient Experience Committee reviews the 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.

## **Patient/Resident/Client Engagement**

When health care is perceived through the eyes of the patient and their family and/or caregivers, research shows that the quality of care rises, costs decrease, provider satisfaction increases and the patient care experience improves. Windsor Regional Hospital 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 it takes 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.

Every patient admitted to the hospital receives a Welcome Letter from the President and CEO, David Musyj, where he welcomes patients and provides his personal phone number for patients to contact him. Of the phone calls received, over 90% are from grateful patients wanting to share their stories of hope, care, and compassion.

This past year, 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. Today, over 1050 staff members have received this training and we have recently expanded participation to patients and families.

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 endeavour.

Finally, in an effort to increase communication, the 'Well-Come Mat Program' was introduced in 2013 to two Medicine units at the Metropolitan Campus. 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. This program will be introduced to the Ouellette Campus in 2015.

## **Accountability Management**

The 2015/2016 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 a 5% bonus.

## **Performance Based Compensation [As part of Accountability Management]**

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. 11 quality improvement indicators were selected for the performance based compensation, they were given a weighting and applied to both acute care sites. 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. Last year in 2014, following the October 2013 realignment of programs and services across two large acute sites, the compensation resulted in achieving 48% of the bonus.

## **Health System Funding Reform (HSFR)**

In 2015, Windsor Regional Hospital will become a case costing hospital. HSFR is a major change to how Ontario hospitals are funded and one component of the change involves Hospital Total Margin. Improving financial health is essential given the increasing cost pressures. Responsible stewardship combined with innovative thinking will allow for improving care processes while making the best use of limited resources. The reward is high quality, evidence based practice and exceptional patient experience. 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 84 and Ouellette campus is 95) has improved year over year because of targeted initiatives that engaged front line staff, leadership and professional staff, advancing the quality of care. This past year, and as a result of realignment, the committees and subcommittees of the Board of Directors merged to be inclusive of all services across both sites or expanded to be representative of all services across both sites. These committees included: the Medical Advisory Committee (MAC), the Medical Quality Committee (MQA) and the Utilization Management Committee (UMC).

Improvement strategies led by the Medical Quality Committee in collaboration with the Health Records Department and Decision Support included: documenting and coding cases properly and review of all record level data submitted to CIHI as part of HSMR, as well as standardized monthly department review of charts using the acuity summary, structured discharge summary and the physician/service deficiency report. In addition, the hospital has engaged our clinical experts to review clinical processes to reducing readmission rates for selected case mix group (including Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF)), prompting the development of evidence based clinical pathways that reduces the variation in care between care providers.

Controlling costs through financial monitoring at monthly leadership Financial Red/Green meetings is another strategy standardized across both sites to increase efficiency with financial benchmarking. Quality Based Procedures (QBP) are reviewed and compared to benchmarks. A QBP Steering Committee acts as the executive champion to spearhead change management across the organization and oversee project governance. Year 3 QBP's will focus on overseeing 21 QBP's across the two acute sites, meeting the targets and maintaining the required quality outcomes.

Cost comparisons with MOHLTC funding rates help to inform strategies, work flow improvements, implementation of new models of care and supply cost reductions. The introduction of case costing in 2015 will help provide answers to important management and planning questions that cannot be answered with departmental and financial information alone.

The current state is dedicated to standardizing and optimizing processes and practices, building and fostering partnerships, and creating a new acute care structure with new accountabilities. All of this work lays the ground work for a single site new state-of-the-art acute care hospital in our community.

### 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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Bob Renaud  
Chair, Board of Directors



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Lynne Watts  
Chair, Quality of Care Committee



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David Musyj  
President & CEO