

Excellent Care  
For All.



2012/13

# Quality Improvement Plan

(Short Form)

## St. Joseph's Healthcare Hamilton



April 1, 2012

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## Part A:

# Overview of Our Hospital's Quality Improvement Plan

## 1. Overview of our quality improvement plan for 2011-12

St. Joseph's Healthcare Hamilton is committed to bringing you a model of care that is Safe, Effective Accessible and Kind. As always we continue our mission to serve those most at need in our community, and we understand the importance of dignity and respect for all of our patients without exception. We believe that involving patients as advisors and partners in quality improvement helps us stay grounded in your needs and experiences.

We also play an important role as an academic health science centre providing highly specialized regional services such as organ transplantation and cancer care. Our teaching and research brings you more effective treatment options with less invasive procedures. Our goal is to get you back to your busy lives sooner and with less discomfort. As the regional provider of mental health services we strongly believe that mental illness must cease to be a source of shame and that mental health services should be reintegrated with medicine and surgery so that we can deliver more effective care.

## 2. What we will be focusing on and how these objectives will be achieved

In this year's report we will focus on 4 critical areas of improvement:

### SAFE

We will continue to reduce the number of patients who suffer a hospital acquired infection. This year our focus will be C-difficile. Our goal is to reduce the rate of C-difficile from 0.56 to 0.39, which represents a 30 percent reduction. (Indicator: Reduce clostridium difficile associated diseases)

### EFFECTIVE

In partnership with the Ontario Government, we are building a major new hospital campus at West 5<sup>th</sup> and Fennell. In these challenging economic times it is vital that we maintain our long tradition of financially responsible hospital care as we finance this project. For this reason we have chosen to focus on achieving and sustaining a zero margin. We will achieve this through new care models, leadership in new funding models and waste reduction. (Indicator: Total Margin)

### ACCESSIBLE

Our Emergency Department, with our emergency service partners, provides a vital safety net open 24/7 for 365 days a year. When all else fails you can always rely on emergency services to be there for you and your family. We want to streamline the care you receive in our ER to improve your access. That is why we have chosen to focus on emergency department wait times for non-admitted patients. Our goal is to reduce wait times from 8.1 hours to 7.3 hours for CTAS levels 1-3 (the more serious non-admitted cases), which represents a 10 percent reduction in waits. (Indicator: ER Wait times: 90th Percentile ER length of stay for Non-Admitted Patients)

### KIND

Hospitals are busy complex organizations. Navigating your way through hospital facilities and services can be stressful and confusing. We strongly believe that by involving patients and family members in our quality teams, you will help us to improve our services. This year we will continue our work with 20 new projects that involve patients and family as members of the project team, and a trial of patient / family representation on our Board Quality and Mission Committee. As you will see in our progress report we have already recruited patients to 11 of our 13 major clinical quality councils. (Indicator: Increase the Patient Voice and Engagement)

St. Joseph's Healthcare Hamilton has many other quality improvement, research, and teaching initiatives. Please visit our website for more information.

### 3. How the plan aligns with the other planning processes

We will continue to work with our health care, academic, business, government and philanthropic partners to align the services, education, and research activities across our region with our goals of improving patient safety and quality. Current plans include, but are not limited to:

- The redevelopment of our regional mental health hospital campus at West 5<sup>th</sup> and Fennel to provide state of the art care and meet the future needs of our community. This new campus will help us to champion the integration of medical and mental health services.
- Senior Friendly Service Planning with our Local Health Integration Network (LHIN).
- The LHIN Clinical Integration Plan.
- The Hamilton Health Sciences Access to Best Care (ABC) which will improve access to the services at Hamilton Health Sciences, in support of which we have increased our adult emergency and medical inpatient services.

Other examples include: Strategic Planning for Cancer Services with Cancer Care Ontario, accreditation with Accreditation Canada, and academic planning for learners and research with our partners at McMaster University and Mohawk College.

### 4. Integration and continuity of care.

We are working closely with our regional partners to improve the continuum of care for patients. Two key areas are:

- The LHIN Clinical Integration Plan – a long term plan to integrate services across our region, in support of which we will adjust our services to allow better access for patients.
- A pilot project with St. Joseph's Home Care, our local Community Care Access Centre (CCAC), the Ministry of Health, and other partners, to improve the experience of patients as they transition from hospital to home.

### 5. Challenges, risks and mitigation strategies

As we implement our plan we will face some significant challenges. These challenges include:

- An increasing prevalence of 'superbugs' in our community, such as MRSA, VRE and C-difficile.
- An increasing demand for emergency services and a corresponding need for medical beds.
- Limited funding to address the high level of inflation in health care and the increasing needs of our community.

To mitigate these challenges we will continue to work with our health care and academic partners to improve our models of care and contribute to greater integration of services. We will continue our long tradition of financial stewardship and the prudent use of taxpayer and philanthropic dollars.

# Part B: Our Improvement Targets and Initiatives

Please see the spreadsheet for this section.

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

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

The President's salary will be reduced by 10% and the salaries of the executives (listed below) will be reduced by 5%:

- the Vice President, Clinical Programs and Chief Nursing Executive
- the Vice President, Medical and Academic Affairs, and Chair of the Medical Advisory Committee
- the Vice President, Mental Health and Addiction Services
- the Vice President, Quality and Strategic Planning
- the Vice President, Business Programs and Chief Financial Officer
- the Vice President Research
- the Integrated Vice President for Diagnostic Imaging and Laboratory Services

The salary reduction may be earned back and this is linked to performance targets associated with the following indicators.

Quality Dimension	Indicator
<b>SAFE</b> (See Safety)	Reduce the rate of C-difficile from 0.56 to 0.39, which represents a 30 percent reduction.
<b>EFFECTIVE</b> (See Effectiveness and Integrated)	Achieve a Total Margin of 0.
<b>ACCESSIBLE</b> (See Access)	Reduce ER Wait times: 90th Percentile ER length of stay for Non-Admitted patients from 8.1 hours to 7.3 hours for CTAS levels 1-3, which represents a 10 percent reduction in waits.
<b>KIND</b> (See Patient Centred)	Develop 20 new projects with patient involvement in the project team, and trial project of patient / family representation on our Board Quality and Mission Committee.

Section C of this plan is subject to review and change, pending any changes in legislation, regulation, or budget, made by the Government of Ontario, that have a direct bearing on Executive Compensation.

## Part D: Accountability Sign-off

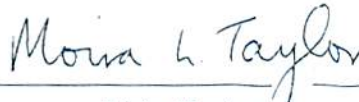
[Please see the QIP Guidance Document for more information on completing this section.]

I have reviewed and approved our hospital's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*. In particular, our hospital's Quality Improvement Plan:

1. Was developed with consideration of data from the patient relations process, patient and employee/service provider surveys, and aggregated critical incident data
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in and extent to which, executive compensation is tied to achievement of QIP targets; and
4. Was reviewed as part of the planning submission process and is aligned with the organization's operational planning processes and considers other organizational and provincial priorities (*refer to the guidance document for more information*).



Ben Gould  
Board Chair



Moira Taylor  
Quality Committee Chair



Dr. David Higgins  
President