

Let's Make Healthy
Change Happen.



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

St. Joseph's
Healthcare  Hamilton

3/29/2016

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

Message from the Board

Hospital care involves thousands of complex procedures every day and this creates a high risk of error. The Joint Board of Governors is committed to working with staff, physicians and volunteers to make St. Joseph's Healthcare Hamilton the safest possible hospital environment. This plan represents a subset of our goals and the targets intended to focus on improvements in 2016/17.

To make our clinical environments as safe as possible we focus on identifying, measuring and eliminating all preventable harm, using education, best practices, scientific research, checklists, new technologies, risk management and other process improvement techniques.

We strongly believe in learning from the experiences of our patients and their families. In 2013/14 we invited two patient/family members to join the Quality Committee of the Board to help us in our journey and have made it a priority to involve patients and families in service design and quality improvement.

Our Heritage and our Plans for the Future

The Sisters of St. Joseph's were invited to Hamilton in 1852 and as part of their work began a mission of healing. They visited people in their homes and on the streets to provide care. They also began to teach in schools and take care of orphans. On June 11, 1890 they opened St. Joseph's Hospital in a converted mansion house. Many more years of work followed to build the infrastructure that we have today. The Sisters believed in providing service where it is most needed and solidarity with the poor. Today we retain, as our own, their values of dignity and respect for everyone.

As we look toward the future St. Joseph's Healthcare Hamilton is committed to transforming health care to meet the needs of our community in the 21st century. Our ultimate goal is improved quality of service, which we define as: Safe, clinically Effective, Accessible to all who need it, and Kind (SEAK).

We have set four directions in our Strategic Plan to achieve this goal:

- Transforming How We Work – so that we can deliver better care with fewer resources
- Breaking Down Barriers – within the healthcare system to provide a better patient experience
- Engaging Patients, families, staff, physicians and volunteers – so that we make better decisions
- Continuing our Commitment to Education and Medical Research – to maintain a skilled workforce and improve the science of health

St. Joseph's priorities for the Quality Improvement Plan for this year (2016/17) are all aligned with our Patient Safety and Quality priorities. This alignment as well as a mapping to the HQO Quality Dimensions is outlined below:

SJHH Quality Priority	HQO Quality Dimension	Measure	Target
Improve Access	Timely	Increase percent of patients seen within 60 days of referral*	61% in Dual Diagnosis outpatient clinic.
Improve Access	Efficient	Reduce the percentage of ALC days	Achieve 9.47%, the provincial target.
Improve Transitions	Patient-centred	Increase the percent of patients receiving a 48-hour conversation about their Plan of Care	80% of patients in the General Internal Medicine program
Improve Transitions	Effective	Reduce readmission rates for COPD patients	Reduce by 10%
Improve Transitions	Effective	Enhance transition to Community in Schizophrenia Community Integration Services*	All planned discharges on inpatient unit receive all components of "Keys to Discharge" program
Improve Medication Safety	Safe	Expand Medication Reconciliation*	90% medication reconciliation on admission on critical care units and nephrology unit. In line with our plan to achieve full medication reconciliation by 2018.
Improve Medication Safety	Safe	Enhance appropriate antibiotic usage and timely cessation of antibiotics	75% of patients on acute General Internal Medicine units will have a documented review of ordered antibiotics on day 3.
Reduce Infections	Safe	Implement Early Warning Score as part of nursing vital signs*	Implement on 3 acute inpatient units.

*Denotes link to Executive Compensation

Further details on these priorities are listed below:

1. Improving Transitions

Our goal is to improve the transitions of our patients from hospital to their discharge destination. We have three main areas by which we are focusing our efforts to improve in this area:

- i. In the Mental Health Program, the Schizophrenia and Community Integration program is implementing the “Key’s to Discharge” Program which meant to prepare patients more fully for discharge on this tertiary unit.
- ii. We are focused on reducing the readmission rate for patients who are living with Chronic Obstructive Pulmonary Disorder (COPD). We will achieve this through enhanced education for patients using teach-back methodology, continued focus with patients enrolled in the Integrated Collaborative Care model, a leading practice recognized by the Province, as well as ensuring that patients are well connected to services within the community.
- iii. As part of the “Home First” philosophy that we have adopted as part of the strategy of the HNHB LHIN, we are continuing to work with our teams to ensure that 80% of patients have a conversation about their plan of care within the first 48 hours of admission in the General Internal Medicine Program.

2. Reducing Infection

The evidence is clear that recognizing the signs/symptoms of infection as well as other types of deterioration early allows for early intervention and decreases mortality. St. Joe’s is committed to reducing the morbidity and mortality due to infection. This project will expand the implementation of the NEWS (National Early Warning Score) warning score. Implementing this system so far on our surgical units has improved processes and the communication of the status of patients. The process of recognizing and escalating situations requiring attention are now more standardized in the tracking of vital signs and recognition of early deterioration of patients. This year, an early warning system will be spread to a nephrology inpatient unit as well as 2 units within the medicine program.

3. Improving Access

Ensuring we provide access to our programs and services is of utmost priority to our organization, and there are two identified areas within the QIP:

- i. Again this year there is a focus on access to services within the mental health program. As a leading provider of mental health care in the province, we are obliged to continue to make improvements in this area. This year, the focus is within the Dual Diagnosis outpatient program. Through intake re-design as well as efficiencies within the clinic, the goal is to increase the number of patients seen within 60 days to 61%.
- ii. Maintaining acute care capacity is highly dependent on ensuring that patients are in the right bed for the level of service required. By working with our community partners, we aim to reduce the number of patients requiring an Alternate Level of Care to 9.47%, the Provincial and LHIN target.

4. Improving Medication Safety

The two initiatives related to medication safety are as follows:

- i. Expanding medication reconciliation to the Critical Care Units and nephrology inpatient unit. Communicating effectively about medications is a critical component of delivering safe care. By identifying and resolving medication discrepancies, the likelihood of adverse events occurring will be reduced. This initiative will ensure that 90% of patients in the Critical Care Program as well as on the nephrology inpatient unit have completed medication reconciliation upon admission.
- ii. Enhancing the antibiotic stewardship program by implementing and documenting ordered antibiotics on 75% of patients on the General Internal Medicine units.

QI Achievements From the Past Year

We are very proud of our achievements from 2015/16. Receiving Exemplary status through our on-site Accreditation survey is a testament to the fact that our organization is dedicated to improving the quality and patient safety of our patients. In 2015/16 the QIP focused on 4 areas:

1. Enhancing Patient Experience
 - In the initial phase of the Home First Refresh initiative, the General Internal Medicine program successfully initiated the process of having a conversation with patients and families within 48 hours of hospital admission. The program was able to achieve this for 50% of patients, and will push towards a target of 80% in the current plan.
2. Improving Medication Safety
 - Our journey to achieve fully medication reconciliation continues; in 2015/16 we were able to achieve our target of 83% of admission medication reconciliation upon admission in our mental health facility. This is a site with well over 250 beds.

3. Early detection of patient decline
 - The National Early Warning system was successfully implemented on three surgical units, exceeding the target of 2 units.
4. Patient Safety Culture
 - Understanding that everyone has a role to play when it comes to patient safety, and also realizing the importance of team function and communication, we implemented Safety Briefings on our inpatient units at Charlton Campus. Our intent was to enhance teamwork that promotes the sharing of information. When focus and dedication, we were able to make this a successful endeavor, exceeding the target of 70% and achieving well over 80%.

Integration & Continuity of Care

To increase our capacity to integrate our services around patient journeys we are working closely with two of our partner agencies – St. Joseph’s Home Care and St. Joseph’s Villa Dundas. Working together we have combined our three boards into a single committee and developed a single joint strategic plan. Our goal is that patients, clients and residents will no longer feel that they are handed off from one health care provider to another, but rather that they are taken care of by a single team as they move through the health care system. The Seniors Transition Enhancement Program (STEP) is a program designed specifically to ensure there is a seamless transition between these three agencies.

As well, we are working closely with our regional partners to improve the continuum of care for patients. Key areas are:

- The LHIN Clinical Integration Plan – a long term plan that will integrate services across our region to provide higher quality, better coordination and integration, and lower cost.
- Health Links - a system wide initiative that brings together health care and social care service providers to coordinate the care of people with complex medical and social needs.
- Integrated Comprehensive Care - 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. This project has been very successful and has broader LHIN roll-out as well as throughout the province. It provides patients with a case manager who organizes both their hospital care and their home care and includes a 24/7 phone number to call if they have concerns. Results show very high patient satisfaction, improved clinical outcomes, fewer re-admissions to hospital, fewer Emergency Department visits, shorter hospital stays, and lower costs.

Engagement of Leadership, Clinicians and Staff

The opinions of our staff are sought through an anonymous survey that is administered every 2 years. Our teams then meet and discuss their survey results and use a toolkit to develop team engagement plans. The goal of these plans is to make the workplace more satisfying, safe and enjoyable. Outside of this formal process, our staff and teams have multiple forums and venues to have their opinions heard as well as to be engaged in improvement work. In addition, we engage staff and patients in regular Executive walkabouts as well as focus groups when there are specific items to which we seek feedback. There is also an on-line forum, “Ask David” by which staff can post questions to our President and receive timely answers.

Patient/Resident/Client Engagement

We are committed to involving patients and family in the care that we provide as well as program development and decision-making. In 2013/14 we introduced patients on the Quality Committee of the Board. The Patient and Family Advisory council which has been in existence since 2011 focuses on priority areas each year and advises the organization on how to further grow patient centred care within the organization. In 2015 the identified priorities were partnering with staff on the implementation of the “My Plan” in the General Internal Medicine program (QIP goal) as well as introducing a methodology to purposefully use patient stories to improve quality and the patient experience. These priorities have continued into 2016 and are currently under review for renewal. All program quality councils have at least one patient representative, and there are a number of other committees that also have Patient Advisors as members (Hand Hygiene, Wayfinding, Advanced Care Planning, Visitor Policy). The Mental Health and Addiction program have a long standing Peer Support Council as well as a Mental Health Family Advisory Council.

In the development of the QIP, patient feedback was sought through a number of venues:

1. The compliments and complaints process – review of the most frequent complaints
2. Input from a sub-group of the Patient and Family Advisory Council
3. Patient Advisors who are members of the Quality Committee of the Board

Performance Based Compensation [part of Accountability Mgmt]

Executive Compensation in 2016/17 will be linked to the achievement the four priorities:

1. Improving Access in the Dual Diagnosis Clinic
2. Medication Reconciliation in nephrology and critical care
3. Improving Transition on Harbour North 2 through the implementation of the “Keys to Discharge” program

4. Implementation of the Early Warning System on nephrology and 2 General Internal medicine units

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

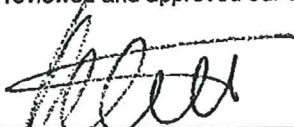
- The Executive Vice President, Clinical Programs and Chief Nursing Executive
- The Vice President, Medical and Academic Affairs, and Chair of the Medical Advisory Committee
- The Vice President, Quality
- The Vice President, Business Programs and Chief Financial Officer
- The Vice President, People and Organizational Development
- The Vice President, Research
- The Integrated Vice President for Diagnostic Imaging and Laboratory Services

The salary reduction may be earned back as this is linked to the performance targets associated with the four indicators listed above.

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



Peter Tice, Board Chair



Ray Rocci, Quality Committee Chair



Dr. David Higgins, Chief Executive Officer