

Excellent Care
For All.



2011-12

Quality Improvement Plan

(Short Form)

St. Joseph's Healthcare Hamilton



April 1, 2011

This document is intended to provide public hospitals with guidance as to how they can satisfy the requirements related to quality improvement plans in the *Excellent Care for All Act, 2010* (ECFAA). While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and hospitals should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, hospitals are free to design their own public quality improvement plans using alternative formats and contents, provided that they comply with the relevant requirements in ECFAA, and provided that they submit a version of their quality improvement plan to the OHQC in the format described herein.

Part A:

Overview of Our Hospital's Quality Improvement Plan

Purpose of this section: Quality Improvement Plans (QIPs) are, as the name suggests, all about improvement. They are an opportunity for organizations to focus on how and what to improve, in the name of better patient-focused care. As such, they will be unique documents, designed by, and for, each individual organization. Overall, a QIP should be seen as a tool, providing a structured format and common language that focuses an organization on change. The QIP will drive change by formalizing a plan and facilitating shared dialogue to support continuous quality improvement processes. This introductory section should highlight the main points of your hospital's plan and describe how it aligns overall with other planning processes within your organization. In addition, this section provides you with an opportunity to describe your priorities and change plan for the next year.

Please refer to **Appendix D** in the [QIP Guidance Document](#) for more information on completing this section.

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

[A general statement (100 words maximum) that is inspiring and situates the objectives within the Vision, Mission and Values of your organization]

St. Joseph's Healthcare Hamilton is committed to safe, kind and effective care. Our plan describes how we will improve the quality and safety of the care we provide to you and your family. This plan is complementary to our existing Patient Safety and Quality Improvement Plan endorsed by the Hospital Board. As we pursue our quality plan targets we will expand the involvement of patients as advisors and partners in the improvement of our services. As an academic health science centre we will also continue provide regional services, teach new generations of health professionals, and conduct health research.

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

[A description of the objectives that have been identified to improve quality of services and care in your hospital. This section describes the specific aims, measures and change ideas that form the core of the plan. You should also indicate how resources will be used to ensure that the correct financial levers are in place to execute the activities listed in your QIP]

1. St. Joseph's Healthcare Hamilton has made **the reduction of hospital acquired infections** its first priority. We will accomplish this by reducing rates of C-Difficile by 50% by March 31st 2012, and by maintaining, or improving upon, our current strong performance in Ventilator Associated Pneumonia (VAP), MSRA, VRE and Central Line Blood Stream Infections, all of which have been reduced substantially over recent years. To support this goal we will also improve our hand hygiene compliance rates by 22% by March 31st 2012.

Indicators

- Reduce clostridium difficile associated diseases
- Reduce incidence of Ventilated Associated Pneumonia (VAP)
- Improve provider hand hygiene compliance
- Reduce rate of central line blood stream infections
- Maintain rate of MRSA bacteremia (BSI) infections within target
- Maintain rate of VRE bacteremia (BSI) infections within target

2. As the regional hospital leader for Mental Health and Addictions Services, we will **reduce the use of seclusions** from 600 to 200 per year, by March 31st 2012. When patients are suffering from a crisis in hospital that may lead to physical self-harm or harm to others, they are sometimes placed special 'seclusion rooms'. Although considered a 'safe solution' to manage a crisis, we believe there are better options. St. Joseph's Healthcare Hamilton has made it a priority to use approaches that will prevent crises from occurring and reduce the distress, sense of isolation and loss of dignity felt by our patients when they are placed in seclusion rooms.

Indicators

- Reduce mental health seclusions

3. Our experience in working with patients and families, as partners in care, has taught us that patients and families can also play a role in the design and improvement of our services. For this reason we have made it a priority **to increase the voice of our patients** in our quality improvement processes. In this report we highlight two new initiatives. The first will increase the direct involvement of patient volunteers as partners and advisors. By March 31st

2012 we will have 20 projects involving patients. The second will introduce a new patient satisfaction survey to capture feedback from our many ambulatory patients (outpatient and urgent care patients). Most hospital patient satisfaction surveys focus on inpatients and emergency department patients, and it is our goal to play a leadership role in extending this feedback opportunity to the thousands of patients who visit hospital clinics. By March 31st 2012 we will have implemented the new survey. Our goal is that 85% of respondents will be satisfied with overall care.

Indicators

- Increase the patient voice
- Improve patient satisfaction in ambulatory care

In addition to these major priority areas (above) we will continue to improve all of our services, and you will see additional indicators that focus on safe, kind and effective care. You will find our goals, plans and targets in Part B of this report along with more information about our priority areas.

This report was prepared in the spirit of 'Bill 46 – The Excellent Care for All Act' and forms a subset of our Quality Improvement Plan. For more detailed information about our full Quality Improvement Plan you can visit our website under the link 'Quality Improvement Plan'. This is where we provide:

- The goals set by the hospital board.
- The ways in which we measure, improve and monitor our performance.
- Graphs that show our progress over time in more detail in relation to specific patient safety and quality indicators.

3. How the plan aligns with the other planning processes

[An explanation of how this document links to the other planning documents developed by your organization (such as H-SAA) and key external partners such as the LHIN and CCACs.]

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 on West 5th.
- The LHIN Clinical Integration Plan – a long term plan to integrate services across our region, in support of which St. Joseph's Healthcare Hamilton will adjust services to allow optimal access for patients.
- The Hamilton Health Sciences Access to Best Care (ABC) which will improve access to the services at HHS, in support of which St. Joseph's Healthcare Hamilton will increase our adult emergency and medical inpatient services.

Other examples include: Strategic Planning for Cancer Services with Cancer Care Ontario, Elder Friendly Service Planning in conjunction with our LHIN, accreditation with Accreditation Canada, and academic planning for learners and research with our partners at McMaster University and Mohawk College. These are just a few examples.

4. Challenges, risks and mitigation strategies

[This section describes the relative risks that may inhibit the accomplishment of the objectives and the mitigating strategies that have been identified to lower those risks.]

Some of the challenges facing St. Joseph's are:

- An increasing prevalence of 'superbugs' in our community, such as MRSA, VRE and C-Difficile.
- An increase in the number of patients that need to be isolated for infection control purposes.
- Maintaining access to hospital services for our community when available beds are limited by isolation cases.
- An increasing demand for emergency services and a corresponding increase in medical beds.
- Limited funding to address the high level of inflation in health care.

To mitigate these challenges we will continue to work with our health care and academic partners, to improve our models of care. We will increase the number of patient volunteers, who join us as partners and advisors as we seek to continuously improve our standards of care. As always St. Joseph's Healthcare will strive to be prudent with the taxpayer dollars that support our services, and with the philanthropic donations that are helping to transform our facilities.

Part B: Our Improvement Targets and Initiatives

Please complete the "[Improvement Targets and Initiatives – Part B](#)" spreadsheet (Excel file). Please remember to include the spreadsheet (Excel file) as part of the QIP Short Form package for submission to the OHQC (QIP@ohqc.ca), and to include a link to this material on your hospital's website.

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

Part C:

The Link to Performance-based Compensation of Our Executives

Purpose of Performance-based compensation:

1. To drive performance and improve quality care
2. To establish clear performance expectations
3. To create clarity about expected outcomes
4. To ensure consistency in application of the performance incentive
5. To drive transparency in the performance incentive process
6. To drive accountability of the team to deliver on the Quality Improvement Plan
7. To enable team work and a shared purpose

Please refer to Appendix E in the [QIP Guidance Document](#) for more information on completing this section of the QIP Short Form.

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

[Compensation should be linked to targets for those members of the senior management group who report directly to the CEO, including the chief of staff (where there is one) and the chief nursing executive. Please refer to the [regulation](#) (Ontario Regulation 444/10)]

Our executives' compensation is linked to performance in the following way:

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

Some, or all, of the salary reduction may be earned back, but this will be linked to performance targets associated with the following indicators.

- Reduce clostridium difficile associated diseases
- Improve provider hand hygiene compliance
- Reduce mental health seclusions
- Increase standardization in surgery
- Reduce unnecessary time spent in acute care (ALC)
- Improve patient satisfaction in ambulatory care
- Increase the patient voice

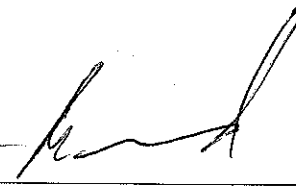
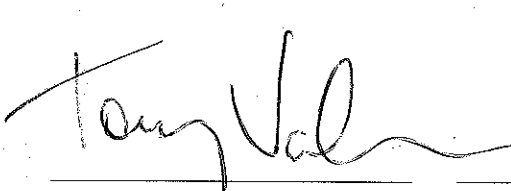
Note: St. Joseph's Healthcare Hamilton does not provide additional salary bonuses to its Executives for achieving performance targets.

Part D: Accountability Sign-off

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

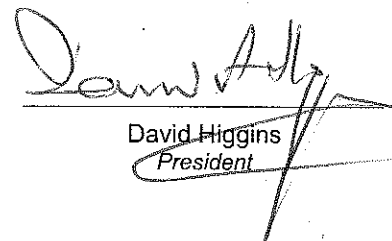
I have reviewed and approved our hospital's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*. In particular, our hospital's Quality Improvement Plan:

1. Was developed with consideration of data from the patient relations process, patient and employee/provider surveys, aggregated critical incident data, and patient safety indicators;
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.



Tony Valeri
Board Chair

Ben Gould
Quality Committee Chair



David Higgins
President