

Let's Make Healthy
Change Happen.



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

St. Joseph's
Healthcare  Hamilton

3/31/2015

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

Message from the Board

Hospital care involves thousands of complex procedures every day and this creates a high risk of error. The Board of Trustees 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 represent one year of improvement.

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 our quality committee 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 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

Our Quality Improvement Plan goals for this year (2015/16) are:

1. Planning Your Care

Our goal is to improve communication with patients and families by having a standardized plan of care provided to the patient and/or family within 48 hours of admission led by the physician and health care team regarding:

- plans for hospital stay
- expected date of discharge
- the care they may need when they leave the hospital.

This project will be implemented on all acute General Internal Medicine (GIM) units and the target is to have this in place for 50% of our GIM patients by the end of 2015/16.

2. Reducing Sepsis Mortality

The evidence is clear that recognizing the signs/symptoms of sepsis early allows for early intervention and decreases mortality and St. Joe's is committed to reducing the morbidity and mortality due to infection. This project will implement the NEWS (National Early Warning Score) early warning score. This will become our new vital signs monitoring and response system. Implementing this system will allow us to become more standardized in the tracking of vital signs and recognition of early sepsis symptoms. The NEWS system will be implemented on 2 inpatient surgical units for 100% of patients by the end of fiscal 2015/16.

3. Standardized Safety Briefings

All unit staff will participate in a safety briefing and keep track of patient safety data using at least one safety cross. This will provide a standardized approach to Safety Briefings at Charlton Campus on all inpatient units as well as the Emergency Department, Day Surgery and the Operating Rooms. Each of these areas will use at least one safety cross to assist in data collection for data-driven changes. The goal is to have 70% of inpatient units at Charlton using standardized safety briefings by the end of fiscal 2015/16.

4. Medication Reconciliation in the Mental Health and Addiction Program

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. The following two key parameters are essential to completing a medication reconciliation on admission:

1. There is a documented Best Possible Medication History (BPMH)
2. There is evidence (which could be done retrospectively) to show that admission orders are reconciled against the BPMH.

This project will ensure that the above 2 items are complete with 83% of patients at the West 5th campus at St. Joe's.

Integration & Continuity of Care

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. 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. Preliminary results show very high patient satisfaction, improved clinical outcomes, fewer re-admissions to hospitals, fewer Emergency Department visits, shorter hospital stays, and lower costs.

Challenges, Risks & 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 corresponding need for medical beds
- Limited funding to address the high level of inflation in healthcare 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 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.

Information Management

We have developed a comprehensive I.T. strategic plan to maintain and improve our systems over the long term. Our primary goal is to improve the alignment of I.T. Systems with the delivery of Safe, Effective, Accessible, Kind (SEAK) services for our patients and clients. We are working with our partners to improve the integration of systems regionally, provincially and nationally so that medical records can be accessed by the right person at the right time to provide the right care. We also want our I.T. Systems to support research and education purposes. For example, anonymized data can provide valuable information about which treatments are the most effective, while anonymized diagnostic images can be used to train clinical learners. I.T. Systems are expensive, but by taking a long term view we plan to evolve our systems with our eye firmly on the benefits to patients and clients.

Engagement of Clinicians & Leadership

In 2013 we introduced a new engagement process for our staff. In this new process the opinions and feelings of our staff are sought through an anonymous survey. 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. We recently surveyed our staff and physicians again (Fall 2014) and are in the process of discussing the results and action that we will undertake to

continue to improve our work life for staff. In addition, we engage staff 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 focus on priority areas each year and advise the organization on how to further patient centred care within the organization. In 2014 the priorities were Discharge Planning, Communication and Medication Reconciliation. In 2015 the identified priorities are 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. All program quality councils have at least one patient representative, and there are a number of other committees that also have patient reps (Hand Hygiene, Wayfinding, Advanced 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.

Accountability Management

The Executive team at St. Joe's is accountable to the Joint Board of Governors and is required to report on the QIP priorities each quarter at the Quality Committee of the Board. As well, compensation of the CEO and Executive team is tied to the success of the QIP initiatives.

Performance Based Compensation [As part of Accountability Management]

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, Mental health and Addiction Services
- The Vice President, Medical and Academic Affairs, and Chair of the Medical Advisory Committee
- 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 indicators marked as "improve" in this plan.

Health System Funding Reform (HSFR)

St. Joseph's Healthcare Hamilton is playing a leading role, through the development of quality based procedures in Nephrology and the pioneering work of the Integrated Comprehensive Care Program. We have focused work on all of our Quality Based Procedures to ensure we are meeting efficiency targets and using our resources as effectively as possible. Our goal is to build our processes of care around the journeys taken by the patient, working closely with partner agencies and our Local Health

Integration Network (LHIN) to make those patient journeys simpler, safer, more convenient, and above all, with better clinical outcomes.


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 (see Mapping Our Future). 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.

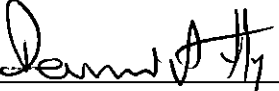
Sign-off

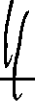
It is recommended that the following individuals review and sign-off on your organization’s Quality Improvement Plan (where applicable):

I have reviewed and approved our organization’s Quality Improvement Plan

Board Chair  (signature)

Quality Committee Chair  (signature)

Chief Executive Officer  (signature)

CEO/Executive Director/Admin. Lead  (signature)

Other leadership as appropriate _____ (signature)

