

Excellent Care  
For All.



2013/14

# Quality Improvement Plan for Ontario Hospitals

(Short Form)



March 31, 2013

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# Overview of Our Organization's Quality Improvement Plan

## **Mission:**

Together... advancing compassionate, quality care

## **Vision:**

**An Exceptional Community Hospital**  
*Setting Standards - Exceeding Expectations*

Chatham-Kent Health Alliance (CKHA) is committed to providing safe, quality care that is effective, patient-centered, accessible, integrated and efficient.

- **Safe:** We will avoid injuries to patients from the care that is intended to help them
- **Effective:** We will match care to science; avoid overuse of ineffective care and underuse of effective care
- **Patient-Centred:** We will honour the individual and respect choice
- **Accessible and Timely:** We will reduce waiting for both patients and those who give care
- **Integrated and Efficient:** We will work with our partners to improve flow and reduce waste

At CKHA we:

- Are committed to being a high-performing healthcare organization that is patient-centred, promotes the principles of accountability and transparency, and continues to strive for quality in all aspects of the care we deliver.
- Are committed to creating a positive patient experience and delivering high quality health care;
- Are responsive and accountable to the public;
- Believe that quality should be the goal of everyone involved in delivering health care;
- Understand that our executive team is accountable for its achievement; and
- Recognize the value of transparency.

## **1. Overview of our Quality Improvement Plan for 2013-14**

CKHA's Quality Improvement Plan (QIP) is evidence of our commitment to providing the highest quality, safe patient care. We are committed to setting high standards and exceeding the expectations of our patients and to continuous performance improvement in an environment of service excellence.

We aim to promote transparency with respect to patient relations, hospital governance and administration. In order to achieve the performance goals set out in our QIP, they are closely linked with our hospital strategic plan and built into the corporate objectives with clear alignment and accountabilities identified for each leader through individual and shared work plans to ensure attention across programs and departments. Our performance goals are also closely linked with quality and safety initiatives outlined in our accreditation expectations. Progress in reaching our goals will be monitored, reported and discussed at least monthly at many levels (front line staff, Department Quality Councils, Operations committee, Formal Leadership Team etc.) and will be reviewed and discussed at least quarterly at the Mission and Quality Committee of the Tri-Board. This information is then presented on a quarterly basis to the Tri-Board as a whole.

Improving the patient experience is a top priority at Chatham-Kent Health Alliance. Our goal is to put the needs of patients first, and we want patients and families to recommend us to family and friends. Through the development and public posting of our QIP, we share our action plans on identified priorities and targets, and we encourage a dialogue with our patients and community about quality of care through patient surveys, our patient declaration of values, and the support of a comprehensive patient relations process.

## 2. Focus

Our key quality improvement themes are: improving and saving lives and avoiding harm to patients; providing the most effective, evidence-based care possible; improving the patient's experience; offering services in a way that is sensitive to an individual's needs and preferences; providing timely and appropriate health care services to achieve the best possible outcomes; and, continually looking for ways to maximize the use of resources and reduce waste. The quality indicators that we will monitor and focus our improvement initiatives on include the following:

**Priority 1:** These are our **highest priorities for the coming year**. They are key hospital quality improvements that have a significant impact on the patient and family experience and have the potential to impact large numbers of patients; they are also challenging to achieve. Our staff and leadership are passionate about these improvements.

- Wait times in the Emergency Department – we will improve our wait times for transfer to an in-patient bed for patients being admitted from the Emergency Department (ED) by 24 minutes over our current performance (by March 31, 2014)
  - We will improve patient access and flow processes in the organization to improve in-patient discharge and flow.
  - We will identify 3 ways to reduce waste and maintain processes to reduce the length of stay for admitted patients in the ED.
  - We will monitor targets/benchmarks as per Ministry of Health guidelines.
- Falls for those receiving care on the Complex Continuing Care units – we will decrease our fall rate and exceed the provincial rate by at least 2% (by March 31, 2014)
  - We will perform a risk assessment on admission/daily to identify those at high risk for falls.
  - We will identify high risk patients and apply a "call, don't fall" bracelet to those patients as a visual cue.
  - We will educate staff and implement hourly rounding.
- Provider hand hygiene compliance before patient or patient environment contact – we will achieve hand hygiene rates at least 15% better than the provincial rate (by March 31, 2014)
  - We will conduct interactive road shows to educate staff and increase awareness of importance.
  - We will post and communicate hand hygiene reports at the unit level.
  - We will ensure that alcohol based hand rub is available at the point of care.

### **Priority 2:**

- Hospital acquired C. difficile infections – we will reduce the number of hospital acquired C. difficile infections by 10% over our current performance and achieve better than the provincial rate by 50%, aiming for zero (by March 31, 2014)
- New pressure ulcers – we will reduce the number of hospital acquired pressure ulcers for those receiving care on the Complex Continuing Care units by 5% over our current performance and achieve better than the provincial rate by 15%, aiming for zero (by March 31, 2014)
- Patient satisfaction for ED and acute care in-patients – we will improve ED patient satisfaction by 4% over our current performance and Acute care in-patient satisfaction by 2% over our current performance (by March 31, 2014)

### **Priority 3:**

- Unplanned or unnecessary hospital readmissions – we will link with our community partners and improve discharge teaching to reduce readmissions by 2% from our current performance (by March 31, 2014)

### 3. Alignment

CKHA's Quality Improvement Plan (QIP) is driven by the Strategic Plan and is aligned with other programs and priorities from within our community and the province.

**The CKHA Strategic Plan:** Our strategic plan is the foundation for all of the work we do to support our vision – *An Exceptional Community Hospital*. The vision sees CKHA becoming a hospital that will provide exceptional care, attract/retain exceptional talent, develop exceptional ideas and be a hospital with exceptional performance. CKHA aims to be an exceptional community hospital that is setting standards and exceeding expectations. It positions CKHA as patient and people focused, and a leader in innovation, best practices and change.

#### **Patients: Integrate care across the continuum to better serve our patients and community**

- Focus on safe, high-quality patient care
- Deepen and expand partnerships with local providers and community agencies
- Grow our work around seamless Patient and Family Centred Care
- Expand access to our health services

#### **People: Enable a culture of empowerment, compassion and caring**

- Retain and attract excellence
- Enable a culture of empowerment
- Promote value-based decision-making
- Provide opportunities for teaching and learning

#### **Innovation: Be a centre of excellence for key community needs**

- Advance knowledge in the areas of greatest needs in our community
- Optimize our use of technology
- Enable a culture of creativity across the organization

#### **Performance: Generate results worthy of an exceptional community hospital**

- Perform better than provincial targets and set the bar for community hospitals
- Promote our services and stories in our community and across the province

When we are successful at achieving our targets for Emergency Department (ED) wait times, we will fulfill our obligations for our hospital service agreement (H-SAA) and our participation in the Ministry's pay-for-results (P4R) program. We align ED wait times and Alternate Level of Care (ALC) targets through patient care programs such as Geriatric Emergency Management (GEM) nurses who focus on seniors in the ED, contributing to success with Local Health Integration Network's (LHIN) targets.

We continue to work on infection prevention and control improvements to reduce the number of hospital acquired infections and improve hand hygiene compliance and aim to meet Provincial Infectious Disease Advisory Committee (PIDAC) recommendations and targets. We continue our work on patient discharge instructions to improve patient knowledge and reduce hospital readmissions, aligned with requirements for Accreditation Canada.

We follow recommendations from the Canadian Patient Safety Institute (CPSI) and by using tools from Safer Healthcare Now (SHN!) will reduce preventable adverse events in our hospital. As a Registered Nurses' Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO) we align our patient care activities with evidence based best practice guidelines to reduce the risk of developing hospital acquired pressure ulcers and the incidence of falls. The RNAO Client Centred Care best practice guideline and Institute for Family-Centred Care guidelines assist us with improving our patient and family centred care and patient relations processes.

In addition to the all of the above, we continue to look to the Minister of Health and Long-Term Care's *Action Plan for Health Care* for direction. We have already initiated numerous activities that align to the *Action Plan* and, as we execute this QIP, we aim to continue to work with our partners, particularly our community partners, to create a healthcare system that best serves our patients.

## 4. Integration and Continuity of Care

Through our ongoing commitment to support health system integration to better serve the patients and community of Chatham-Kent, we continue to collaborate with community agencies including the Canadian Mental Health Association Lambton-Kent (CMHA-LK) and Chatham-Kent Community Health Centres (CK-CHCs). Together, we identified clinical outpatient services that are better suited for delivery by community based primary care organizations and have made progress in moving select outpatient programs into the community where they are needed.

Community agencies including the Community Care Access Centre (CCAC) work with CKHA to assist patients to remain in their homes or to return home as quickly as possible after a hospital admission, supporting our attempts to reduce the number of alternate level of care (ALC) patients in acute care beds. Flow through the in-patient areas promotes flow through the ED with timely access to care and reduced wait times.

The exciting news of Health Links provides the opportunity locally to create an improved structure for providing primary care to the most vulnerable patients with high health care needs. We recognize that the care needs of individuals require the services of multiple agencies connected in a seamless way. Through our partnership in Health Links we will improve care for seniors and others with complex conditions. This innovative approach brings together health care providers in a community to better and more quickly coordinate care for high-needs patients.

## 5. Health System Funding Reform (HSFR)

CKHA has recognized the transformation and change required with the introduction of health system funding reform. Throughout the past year, we have re-organized our leadership team to create a position that will focus on and develop integration strategies across both the healthcare system within Chatham-Kent. This position builds on already established integrated leadership roles with the Chatham-Kent Community Health Centre and Canadian Mental Health Association Lambton-Kent. We have also recognized the need to horizontally integrate, streamline and process engineer services across the organization to ensure we are delivering high-quality integrated services for the patients served at CKHA.

The Directors of Quality and Integration will work collaboratively to support the change in practice, implementation of leading clinical practices and identifying investments that the organization can make that support QBP structures and services. Some key areas of focus will include:

- Process engineering - including the development of a coordinated intake system for hip & knee program
- Integrated service planning – continued leveraging of our strong relationships and track record of successful service integration with community partners including cardiac care, respiratory care, and mental health
- Chronic Disease Management – support for the implementation of the regional COPD care plan strategy

CKHA has also been identified as a Co-Lead for the Chatham-Kent Health Links and will work collaboratively with the entire healthcare system across Chatham-Kent to focus on the high-risk, high-cost users and better manage their care without reliance on the acute care system.

## 6. Challenges and Risks

**Sustaining Performance** – it is challenging to sustain Emergency Department (ED) Pay for Results (P4R) initiatives with limited resources and ED physician provider shortages. CKHA is collaborating with the Ministry and LHIN on physician recruitment strategies.

**Fluctuations in Data** – some indicators have been observed to have a large range of fluctuation – making it more difficult to measure with confidence if the improvement initiatives have made a difference (i.e., high degree of variability in the falls data). Rather than reacting to these fluctuations as they occur, we have developed a system-wide plan with stretch goals to meet the targets over time and by year-end.

**Timeliness of Data** – some data are not available as frequently as the objectives are being monitored (e.g., CCRS, NRC & Picker), making it more difficult to follow trends to determine the effectiveness of strategies. Decision support tools and strategies are being implemented by CKHA and some raw data can now be monitored much more frequently, some even daily (e.g., Emergency Department activity DART tool). Requests for more frequent or raw data from sources on pressure ulcers and falls will allow us to monitor trends more often.

**Environment Challenges** - the design of the older areas of the hospital at Sydenham and Chatham campuses may have an impact on our infection rates (C. Diff) making it more difficult to detect improvements. A corporate Infection Prevention and Control (IPAC) strategy has been developed and activated.

**Emergency Department Flow** - access is affected by the large number of unattached patients and limited access to urgent care centres outside of the hospital and lack of full complement of ED physicians for coverage. Access to in-patient beds for those who are admitted is limited by the number or type of available in-patient beds.

**Numbers of Priorities** - there are multiple action plans and priorities for programs related to strategic planning, accreditation follow-up, patient safety and quality of work life survey results, and case review recommendations. Having multiple important priorities is a challenge for the organization to bring focus and clarity for direction and allocation of limited resources.

**Fiscal Challenges** – With the introduction of the new funding models through HSFR CKHA like many hospitals across the province continues to face fiscal challenges. The organization continues to be below its total margin target (1.4)% and is forecasting a deficit position for 2013/14. While there are strategies to mitigate these impacts there are limited resources available for additional resources and some improvement strategies.

## 7. Link to Performance-based Compensation 13/14

Compensation at Chatham-Kent Health Alliance will be linked to compensation for the following individuals:

### **The President/CEO and members of senior management**

- Vice President & Chief Financial Officer
- Vice President & Chief Nursing Executive
- Vice President Medical Affairs & Chief of Staff

Our 2013-2014 Performance Based Compensation Plan is compliant with ECFAA. For all of the above noted executive positions, 2% of these individuals salaries are be withheld and now “at risk”. 90% of the 2% at risk will be tied directly to the achievement of the QIP targets and initiatives while the remaining 10% will be tied to the achievement of goals and objectives that improves the overall performance of the organization.

The targets will be equally weighted. The following incentives will be available for each target:

- Target achieved 100%
- Improvement over previous year (target not achieved) 80%
- Same as previous year (minimum threshold achieved) 50%



## Performance Based Targets

Indicator	Achievement of Targets	Baseline Year	Previous Year (12/13) Q3 Results
CDI rate per 1000 patient days	≤ 0.22	0.24	0.24
Hand Hygiene Compliance – before patient contact	≥ 85%	83%	76%
Pressure Ulcers – rate of incidents	≤ 1.7%	1.8%	1.9%
Falls – rates within 30 days	≤ 8.3%	8.4%	19.3%
Reduce the wait times in ED	≤ 11.4hrs	11.6	16.5
Improve Patient Satisfaction	ED ≥ 92% IP ≥ 96%	ED - 88% IP - 95%	ED – 88% IP – 95%
Reduce Unnecessary hospital readmission	≤ 4.8%	4.9%	3.3%

## Accountability Sign-off

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



Paul Weese  
Tri-Board Chair



Gail Baldwin  
Quality Committee Chair



Colin Patey  
Chief Executive Officer

# Our Improvement Targets and Initiatives

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<http://bit.ly/1IEuhcP>



Excellent Care for All  
**Chatham-Kent Health Alliance**  
**Quality Improvement Plans (QIP): Progress Report for 2012/13 QIP**

Priority Indicator (2012/13 QIP)		Performance as stated in the 2012/13 QIP	Performance Goal as stated in the 2012/13 QIP	Progress to date	Comments
1	Avoid new stage 2-4 <b>pressure ulcers</b> (Complex Continuing Care)	4.4%	≤ 3.6%	1.8%	Discovered need to increase awareness, re-educate, and engage all programs for ownership. Made investment in improved bed and seating surfaces as well as heel wedges. Will continue with daily assessments and monitoring of interventions.
1	Reduce incidence of <b>C. difficile</b> (Rate: per 1000 patient days)	0.41	≤ 0.34	0.24	Continue to focus on environmental cleaning and following guidelines, improve hand hygiene rates, and promote antimicrobial stewardship.
1	Improve pt. <b>satisfaction</b> – In-patients (Med/Surg) “Would you recommend? Yes, definitely!”	71%	≥ 74%	70%	Comprehensive service excellence and ‘Language of Caring’ initiative. Developing improved discharge instructions to prepare individuals for self-care and improved access to resources in the community on discharge.
1	Improve patient <b>satisfaction</b> Out-patients (ED) “Would you recommend? Yes, definitely!”	51%	≥ 55%	48%	ED waiting room liaison position continues and hours extended. Improved waiting room communication services. Prepared list of common discharge instructions.
1	ED Provider (MD or NP) <b>Initial Assessment Time</b> (90 <sup>th</sup> Percentile)	4.23 hours	≤ 3.81 hrs	4.7 hours	Shortage of medical resources and community clinics continue. Using ED Nurse Practitioners to full potential to improve access to lower acuity ED care.
1	Improve organizational <b>financial health</b>	-1.04%	0	-0.001%	Integration of services with community partners. Decrease sick time and overtime.