

Excellent Care
For All.



2011-12

Quality Improvement Plan

(Short Form)



Collingwood General and Marine Hospital Annual Quality Plan 2011/12

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.

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Part A:

Overview of Our Hospital's Quality Improvement Plan

Collingwood General and Marine Hospital (CGMH) is committed to providing 'Excellent Care'.

Our Quality Plan will center on enhancing safety for patients. 'Home Medication Reviews' completed on admission and a focus on infection control practices, such as care team hand 'washing', will continue to improve care quality.

Partnering with community care providers will decrease the need for admission and unnecessary time spent in hospital and will reduce waiting in the Emergency Department and for certain surgical procedures.

The hospital will continue to dedicate resources responsibly always striving for a balanced budget and our patient satisfaction will be rated above the Ontario Community Hospitals' experience.

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

The following targets have been identified by CGMH as having significant impact on the overall quality of care provided to our community and impact use of resources. In some cases, the programs and processes implemented to meet the 2011/12 targets will lay the groundwork for ongoing improvements across other patient categories. It is for these reasons that these targets have been identified as number one priorities and linked to Executive Compensation. (A full listing of all CGMH targets can be seen on the QIP spreadsheet.)

a. Improve Provider Hand Hygiene Compliance – 10% increase

The 4 Moments for Hand Hygiene approach defines the key moments when health-care workers should perform hand hygiene. This approach recommends health-care workers clean their hands:

- before initial patient/patient environment contact,
- before aseptic procedures,
- after body fluid exposure/risk,
- after patient/patient environment contact.

Adherence to this practice is measured by random audits taken throughout the CGMH facility noting all Four Moments of Hand Hygiene. During the 2010/11 fiscal year, healthcare providers at CGMH practiced all Four Moments of Hand Hygiene 62% of the time. This is not to say that providers did not wash their hands between patient contact but that the auditors only observed **all** Four Moments of Hand Hygiene 62% of the time.

The goal for 2011/12 fiscal year will be an increase in compliance with all Four Moments of Hand Hygiene by 10%. Awareness of the Four Moments of Hand Hygiene is key to improving hand hygiene practice among care providers. This objective will be met through:

- a focused awareness campaign – "It's OK to Ask" for patients (encouraging patients to ask if their care providers have washed their hands) and "Take A Moment" for staff
- ongoing hand hygiene training both at initial staff orientation and through monthly training packages.

b. Reduce Readmission Rates - Decrease COPD Readmission Rates by 5%

Chronic Obstructive Pulmonary Disease (COPD) is one of the most common lung diseases. Usually a combination of both emphysema and chronic bronchitis, COPD causes difficulty in breathing.

Currently 19% of COPD patients at the G&M are readmitted with the same diagnosis within 28 days of discharge. The goal for 2011/12 will be to decrease this readmission rate by 5% by implementing an evidence based COPD education program for patients and their families called “Living Well With COPD”. By learning to recognize and manage their symptoms earlier, patients will decrease their episodes of COPD requiring hospital admission.

This specific goal is linked directly to executive compensation but is also part of a larger goal to reduce overall readmission rates (within 28 days of discharge) by:

- implementing secure, shared access for care providers to Georgian Bay Family Health Team and CGMH patient records for a better understanding of patient history on admission; and
- creating a follow up and education protocol for Congestive Heart Failure patients discharged by CGMH.

c. Improve Organizational Financial Health – Balance Operational Budget

CGMH is mandated by the Ministry of Health & Long Term Care (MOHLTC) to balance its operational budget. As demand for patient services grow and costs increase, this becomes more and more difficult. In the 2010/11 fiscal year, CGMH had a budget shortfall of 0.1%. The target for 2011/12 is a balanced budget which will be accomplished by continuing to implement additional revenue generation and cost savings measures.

d. Reduce Wait Times in ED – Reduce Wait Time for ED Admitted Patients by 10%

“Wait Times” for Emergency patients that require admission as defined by the MOHLTC is the time from which the patient was initially triaged (ranked on severity of condition) until the patient is admitted to an inpatient care unit. CGMH currently averages 44 hours to admit these patients to a unit. The goal for 2011/12 fiscal year will be to reduce that time by 10% overall. To accomplish this, CGMH will:

- Apply to MOHLTC to fund ED Performance Improvement Process. This program will provide the data and support to make the diagnosis and treatment processes in the ED more efficient.
- Work with the Community Mental Health Service to provide guidance & support to mental health patients on transfer to a mental health facility or upon reintegration into the community.
- Realign inpatient admission processes to speed up transfers to inpatient units.

e. Fractured Hip/Femur Time To Surgery – 90% of All Fractured Hips/Femurs Requiring Surgery Will Be Repaired Within 48 Hours of Arrival

Best practice for fractured hips/femurs indicates that optimal patient recovery occurs if the patient undergoes surgery within 48 hours of arrival. The CGMH currently meets this standard for 92% of all its fractured hip/femur patients. As a part of its strategic plan, the CGMH will grow its role as a regional provider of this service and so will be challenged to continue to meet the standard as patient volumes grow and as more patients come from other centres.

In support of this target and to ensure continued adherence to best practice, CGMH will implement the following programs for the fractured hips/femurs requiring surgery.

- Follow the Hip/Femur Care Pathway (identified as best practice)
- Integrate 3D (dementia, delirium & depression) screening to support highest quality care
- Maintain repatriation agreements with all referring centres to accept patients back to their own community within two days of surgery.

f. Improve Patient Satisfaction – 10% Above Ontario Community Hospital Inpatient Average

CGMH has traditionally ranked above average for inpatient satisfaction among Ontario community hospitals. In 2011/12 CGMH will target a rate of 10% above the average satisfaction rating among inpatients in Ontario community hospitals by:

- Undertaking a community wide engagement survey to better understand how residents view the CGMH.
- Establishing a one on one dialogue between a senior executive and any patient that must spend more than 24 hours admitted to an ED bed waiting to be moved to an inpatient unit.
- Redesigning the CGMH website to facilitate public access and improve feedback mechanisms.
- Engaging in department specific patient satisfaction reviews that allow leadership and staff to focus departmental quality initiatives on patient identified issues.

3. How the plan aligns with the other planning processes

Continued success in accomplishing our goals in infection prevention strategies will support the safety for our patients as well as contribute to meeting the standards set by Accreditation Canada and the strategic goals set by our Board regarding care excellence. Improving the health of our community through initiatives to help better manage chronic disease will reduce hospital readmissions and time spent in hospital. These initiatives will achieve our strategic goals focused on being responsive to the health needs of our community and will be accomplished through growing partnerships with other healthcare partners such as the local Family Health Team, Community Health Center and the CCAC. This will also help fulfill our commitments made with the NSM LHIN regarding efficient use of resources to support a sustainable healthcare system. Reducing wait times and providing timely access to surgical procedures are important objectives from the aspect of quality healthcare for our patients, meeting excellence in care standards and to realization of provincially set wait time targets. The satisfaction of our patients and continued collaboration with our communities to ensure provision of excellent and sustainable healthcare is the essence of the hospital strategic plan.

4. Challenges, risks and mitigation strategies

Reporting requirements and mandated regulations continue to increase with no additional resources to support the demand. Diverting already stretched resources to meet these regulations may impact the quality of patient services. CGMH is challenged to participate in programs/projects that have been planned at the system, LHIN and local level. The strain on resources also impacts sound decision making processes. CGMH may be forced to prioritize demands and voluntarily decline opportunities, divert funds to invest in IT to reduce human resource costs and or decrease support to regional initiatives.

A systems approach is required to relieve the pressure placed on CGMH acute care beds by Alternative Level of Care (ALC) patients (patients not requiring acute care services). This pressure cannot be controlled by CGMH alone. The need for community health services must be addressed through MOHLTC investment and partnerships to better support the care demand of the growing and aging population. Failure to do so will result in increasing ER and surgical wait times, not effectively meeting standards of care, inefficient utilization of financial resources and increased health care costs due to decreased population health. CGMH has expressed interest in participation ED PIP/P4R, submitted a proposal for a local Senior Health Collaborative, and committed to other wait time, fractured hip/femur initiatives, aging at home initiatives and local system integration projects. If funding for these initiatives is granted, CGMH will see an impact on its ALC patient levels.

Challenges due to physical space restrictions require expansion to our Emergency Department, Ambulatory Care and Dialysis areas to accommodate volumes. These constraints have resulted in inefficient patient flow and processes, decreased patient and staff satisfaction, increase in safety risks and an inability to

accommodate patient demand. The impact could result in an inability to support regional clinics, inability to sustain partnership programs and a need to deflect healthcare for our community to other centers with an ultimate loss of confidence in health care system. Self-funded redevelopment projects are currently underway to ease constraints in the short term. Approval of funding for Master Plan creation and further redevelopment has been submitted.

Part B: Our Improvement Targets and Initiatives

[Download Spreadsheet](#)

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

In 2009, the Collingwood General & Marine Hospital moved away from the traditional health care compensation model of annual Cost Of Living Adjustments, and implemented a Pay for Performance compensation plan for our non-union staff. Now, in 2011, we have incorporated a further “pay at risk” component to our Pay for Performance compensation model for our senior team.

Our senior team's compensation is linked to performance in the following way:

- CEO – 9.5% of base salary is linked to achieving 100% of the targets in our QIP on the below indicators
- Chief of Staff – 8% of base salary is linked to achieving 100% of the targets in our QIP on the below indicators
- Senior Managers – 4% of base salary is linked to achieving 100% of the targets in our QIP on the below indicators

*Note: at CGMH all our senior management team is included in the “pay at risk” model. This includes our CEO, Chief of Staff, CNO, CFO, Manager of Quality, Risk and Utilization, and Manager, Human Resources.

Indicators:

- Hand Hygiene
- Readmission within 28 days for COPD Patients
- Revenue generation/cost savings initiatives
- ED Wait times for Patients admitted to the Hospital
- Fractured Hip/Femur ‘Time to Surgery’
- Patient Satisfaction

Part D: Accountability Sign-off

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.

Ms. S. Wells

Board Chair

Ms. S. Metras

Quality Committee Chair

Ms. L. Davis

Chief Executive Officer