

Let's Make Healthy
Change Happen.



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



3/4/2016

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

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

Our vision is to be a high performing, patient-focused hospital serving our community by providing quality and excellence in patient care. We strive to be a leader in the provision of essential services founded on best practices, resourced with appropriate technology and delivered by a qualified, motivated and caring team. We focus on the provision of timely and seamless care for our patients in collaboration with partners within and beyond the hospital.

To accomplish this goal, the Board of Trustees set forth strategic directions for the hospital for 2013-2017. To guide the development of these directions, a significant systems review was undertaken, including input received from many stakeholders from our local community members and our collaborating health system partners. The strategic directions set forth include the following commitments:

- Patient Experience - We commit to providing the best possible patient experience to the community
- Right Care at the Right Place - We commit to improving care for patients with the greatest need
- Access to Orthopaedic Care - We commit to enhancing our role as a regional orthopaedic provider
- Innovative - We commit to pursuing new models of care and operations
- Our Hospital - We commit to initiating hospital development planning and explore opportunities for a Health Campus

We will continue to provide the best possible patient experience by investing in and integrating a culture of 'service excellence' which will be reflected in our patient satisfaction survey results. When patients, their families and visitors arrive at the G&M Hospital they will be greeted with a friendly smile, provided an empathic ear and be treated with respect for the duration of their care or visit.

The safety of our patients is always at the forefront of caring for our patients and their families. Excellent infection control practices, managing medication processes, and an emphasis on safety initiatives such as the 'Surgical Safety Checklist' will continue to drive the design and ensure safe high quality care. Reducing wait times and providing timely access to services are important objectives from the aspect of quality health care and will remain an important component of our care design. Patients and families will guide the team in planning for patient care and treatments. We are committed to further engaging and incorporating our 'Patients and Family Voice' in the design of the health care and services we provide.

CGMH continues to work with the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) and the Ministry of Health and Long Term Care (MOH-LTC) to manage concerns with ongoing deficit funding challenges. The Collingwood Hospital has moved from 10th in the province among hospitals to 6th in the province from a total cost efficiency standpoint, and is now the only hospital in the NSM LHIN whose actual expenses are less than the expected. The range of clinical services provided has remained constant for the past 5 years. This improvement in efficiency has been accomplished without compromising the high level of care this hospital has consistently provided to the community. The future ability of this hospital to sustain this level of quality care is threatened by an anomalous state of chronic underfunding. In light of the ongoing deficit the hospital may be forced to prioritize demands and voluntarily decline opportunities due to the ongoing financial and resource restrictions.

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 and must be addressed through system strategies and partnerships. The hospital continues to participate in the engagement of community, regional and health system partners to enhance the coordination and access to care for our patients though this ongoing commitment requires the dedication of limited organizational resources.

Physical space restrictions require expansion to our physical hospital structure to accommodate the increasing volumes from our growing and aging communities and visiting tourists. Self-funded redevelopment is in planning to ease constraints in the short term. Approval for funding for a major hospital expansion is well underway including engagement sessions with our community to inform our planning.

The Collingwood Hospital remains committed to continuous improvement in the care we provide to our patients and our communities despite the previously mentioned challenges. This Quality Plan outlines initiatives to achieve improvements in the dimensions of patient centeredness and safety, as well as, effective, timely and efficient care. This focus aligns with our organizational strategic directions. The targets identified within the plan will have significant impact on the overall quality of care provided to our community. In some cases, the improvements are a continuation of achievements gained in the 2015/16 Quality Plan. Measures have been identified and linked to Executive Compensation and once achieved, these targeted changes will have significant improvement impact for patient care. (A full listing of all CGMH targets can be seen on the QIP work plan spreadsheet.)

QI Achievements From the Past Year

The overall wellness of our patients through provision of an excellent patient experience was the primary driver for the initiatives within the 15/16 Quality Improvement Plan. With this focus and through the alignment of resources, and partnership projects with our community health care providers, significant successes were realized.

The feedback from our Patient Satisfaction Surveys has increased for both the Emergency and Inpatient areas. A Patient and Family Advisory Committee was founded and provides 'patient-voice' to guide the hospital on planned changes. The organizational 'Together We Can' journey was launched and is well underway improving staff engagement and workplace satisfaction.

Improvements to wait-times have realized excellent progress in reduction of ED waits; specifically the 90 percentile wait for inpatient bed wait was reduced by more than 10 hours. Also reduced is the wait time for repair of a hip or femur fracture from 43.4 hours to 21.7 hours. Projects to facilitate patient transition planning and reducing the wait for the next destination of care - such as Home First with the (Community Care Access Center (CCAC), and projects with Hospice Campbell House and the South Georgian Bay HealthLink - continue to realize improvements in patient flow. The number of patients waiting in hospital for extended periods for a Long Term Care destination has decreased. These improvements have resulted in increased access for patients waiting in the Emergency Department for admission.

Infection Prevention and Control is a significant aspect of safe patient care. Strategies are in place to effectively manage and support 'best practice' standards. The hospital Central Line Infection Rate and the Ventilator Associated Pneumonia Rate have remained at zero and the Clostridium Difficile (C-Diff) rate has remained stable with no outbreaks declared over the last three years. A robust Hand Hygiene Program continues and is supported by a team of internal Hand Hygiene Auditors to continue to monitor our improvement progress.

Additional safe care practices, including the consistent performance of the Surgical Safety Checklist and the provision of a Medication Reconciliation at admission has been implemented through the hospital. Work continues to further develop processes to manage Medication Reconciliation on patient discharge through opportunities to automate information transfer to our community care providers including internal and external Physicians and Pharmacists.

We will continue to work diligently and collaboratively with our patients, family members, and community health care providers to provide excellent, safe and seamless care. The development of system level shared goals and metrics, together with our health care partners, will establish a true integrated and resource responsible care system to best support the health of our patients, their families and our communities.

Integration & Continuity of Care

The Collingwood General and Marine Hospital is dedicated to ensuring patients receive the 'right care in the right place' while improving care for patients with the greatest need. Community partnership projects, such as Health Links, support patients who have complex health issues through transitioning to a coordinated care team made of local community agencies supporting their care following hospital discharge.

The Home First philosophy, a partnership with the Community Care Access Centre, has supported our hospitalized seniors to return home when they are well enough to leave the hospital. These dedicated in-home support service plans are developed with the patient in the hospital and on discharge allow the patient to make

decisions regarding their next destination of care in the comfort of their home. This partnership will also be leveraged to support palliative patients to receive support within their homes for this level of care.

Through a regional initiative, our hospital will partner with the Royal Victoria Hospital in Barrie to design a Regional Stroke Program ensuring the expert care and resources are readily available to those requiring these specialized services.

We are providing care closer to home through innovation and use of technology such as telemedicine services. Through advancements in this model of care, technical systems can be used by trained local clinical teams to support patient examination and treatment at our hospital by a specialist at another facility. Telemedicine health services result in benefits such as shortened wait times and less patient travel.

Integration and continuity of care for our patients will be accomplished through further increasing partnerships with both local and regional health service providers over the coming fiscal year. These strategies will help fulfill our commitments made with the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) regarding Senior Friendly Hospitals, decreasing the number of 'alternate level of care days' spent in hospital and improved and more efficient use of resources to support a sustainable healthcare system. The hospital will dedicate resources responsibly always striving for a balanced budget in conjunction with providing excellence in care and service.

Engagement of Leadership, Clinicians and Staff

The hospital commenced integration of LEAN management in 2010 to develop a culture focused on excellence, innovation and efficiency. Strategic alignment and continued advancements in care quality will continue to be supported by investments in staff and leadership to improve engagement, capacity and effectiveness in meeting our organizational commitments. To further enhance organizational capacity, the "Together We Can" journey was launched in May of 2015. This journey encompasses strategies with emphasis on patient and staff engagement, leadership and teamwork as well as focus on organizational alignment and accountability.

A 'True North' Scorecard provides organizational understanding regarding progress toward the goals set forth within the Strategic Plan, the Quality Improvement Plan (QIP) and various organizational quality initiatives. These metrics provide insight across the hospital from frontline staff to the Board and supports our leaders in understanding the hospital performance in achieving the goals, targets and objectives set forth.

Engaging our Physician stakeholders is of extreme importance in ensuring progress. The hospital is working with our privileged Physicians and Primary Care Providers through the Joint Conference and Quality Committees, the various Care Teams and the Committees of the Medical Advisory to be sure their expertise is leveraged in the design and implementation of quality initiatives. To further the collaboration of both our external and internal health care providers, an engagement strategy will commence this June with an education day for our inter-professional health care community.

Patient/Resident/Client Engagement

Patient Feedback is a core element of our quality improvement and informs the Quality Improvement Plan. The Patient and Family Advisory Council provided excellent direction regarding initiatives identified on the 16/17 Quality Improvement Plan. Feedback received from our patient satisfaction surveys, complaints and compliments received are also captured and utilized to provide direction to organizational and departmental quality improvement opportunities.

Community Events, such as 'Let's Talk About Your Hospital and Your Future' hosted by the CEO, and other Community Engagement Committee initiatives also provides our communities an opportunity for dialogue on topics such as the hospital's current services and to engage in the redevelopment planning currently underway. These discussions provide valuable guidance to inform the Quality Plan regarding our communities' perspective in their health service needs and expectations. The hospital will continue to work closely with the Community Engagement Committee to enable strategies to involve the communities we serve in the design of their healthcare.

Performance Based Compensation [part of Accountability Mgmt]

In 2009 the Hospital developed and introduced a “pay at risk” component (more appropriately referred to as performance compensation) in its senior leadership compensation model. At the beginning of each fiscal year performance indicators and targets are established in collaboration with the Hospital Board. These performance metrics are aligned to the Hospital’s strategic and clinical plans and include measures within our Annual Quality Plan (QIP) as per the Excellent Care for All Act (ECFAA).

For those senior leaders whose compensation is subject to the ECFAA, a percentage of their total compensation is tied to the achievement of the annual performance targets approved by the Hospital’s Board. The percentage of total compensation tied to performance varies by position, ranging from 8% to 15% of total salaried compensation. Within this portion of the incumbent’s performance compensation 70% is tied to the achievement of the annual performance goals established for the Hospital by the Board. The remaining 30% is tied to achieving targets of the Hospital’s QIP indicators as outlined.

Position	Pay for Performance %	Performance Indicators
President &CEO	15%	Hospital Indicators (70%) QIP Indicators (30%)
Chief of Staff	12%	
Vice Presidents	8%	
Chief Human Resources Officer	8%	
Chief Performance/Clinical Systems Officer	8%	

Measures which are included in our QIP for the 2016-2017 year and have been linked to the above performance compensation include:

- An improvement in Patient Satisfaction as demonstrated in the In-house survey response to question: "Overall, how would you rate the care and services you have received while in hospital (inpatient care)?"
- A reduction in the ED Wait times: 90th percentile ED length of stay for Admitted patients.
- A reduction Alternate Level of Care Rate to support patients who remain waiting in hospital for their next care destination to support the ‘Right Care in the Right Place’.
- An improvement in Hand Hygiene performance for the ‘prior patient/patient environment contact’ measure
- An improvement in the total number of discharged patients for whom a Best Possible Medication Discharge Plan was created.

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: Mr. G Dickson

Quality Committee Chair: Mrs. P Kinzie

Chief Executive Officer: Mr. G Chartrand