

Let's Make Healthy
Change Happen.



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



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

London Health Sciences Centre (LHSC) is one of Canada's largest acute care teaching hospitals and is affiliated with more than 40 academic institutions, including Western University and Fanshawe College. The organization is committed to (helping lead positive system change in collaboration with community and health system partners) improving health and delivering value to the patients it serves. Building on a tradition of leadership, stewardship and partnership, LHSC champions patient-centred care, with a spirit of inquiry and discovery, and a commitment to life-long learning. The vision and culture of "Exceptional Experiences, Extraordinary People and Engaging Partnerships" is built on a high-quality, sustainable system of care that creates better patient and provider experiences and demonstrates the organizational commitment to quality. LHSC is an inspiring and leading academic community that is:

- Driven to achieve excellence in patient care/service and safety
- Dedicated to improving the patient and family experience
- Transformed by discovery and innovation
- Committed to collaborative partnerships

LHSC is in its sixth year of developing and reporting an organizational Quality Improvement Plan (QIP) for submission to Health Quality Ontario (HQO). The Excellent Care for All Act (ECFAA) requires that every year, health care organizations develop an annual Quality Improvement Plan (QIP). The QIP establishes a platform for expressing quality goals and targets within the organization, as well as striving to improve quality of care across the system.

In preparing for the 2016-2017 QIP, a comprehensive review of LHSC's current and historical performance, and the Local Health Integration Network (LHIN) Hospital Service Accountability Agreements (HSAA) was conducted. The organization's internal fiscal year corporate priorities, along with anticipated challenges/changes were also part of the discussion and review. Engagement with leadership at various levels was exercised to ensure collaboration and consensus with respect to agreement on the HQO priority indicators, appropriate targets, change ideas and performance based compensation allocation. In addition, peer bench-marking and best practice targets and methods were reviewed and considered in the QIP process where available.

LHSC communicates quality improvement via the five dimensions of quality I STEP up (Integrated, Safe, Timely, Effective, and Patient & Family Centred), while simultaneously creating accountability for quality with all staff and affiliates of the organization.

For the 2016-2017 fiscal year, LHSC has selected seven quality indicators that are in-line with the HQO priority indicators. The seven indicators are appropriately distributed across the five dimensions of quality (Integrated, Safe, Timely, Effective, and Patient & Family Centred). The organization will be working internally, as well as collaborating with community partners to realize successful performance on all seven indicators with a particular focus on the three that have been deemed as priority one.

QI Achievements From the Past Year

There have been notable Quality Improvement achievements as can be seen in the Progress Report – the current successes of an improved ALC policy to clarify the ALC process. Connecting Care to Home (CC2H) was implemented to support earlier discharge of COPD patients along with an improved pathway and standardized education for COPD patients. CDI rates have improved over 2015/16, with notable work taking place to implement Antimicrobial Stewardship activities. LHSC continues to continuously improve its efforts to provide patient and family-centred care, more detail can be found under the Patient Engagement section of this Narrative.

Integration & Continuity of Care

System level integration and continuity of care has been an increasingly important focus at LHSC over the years, with a heightened focus the past three years on the Clinical Services Renewal - Partnering in Transformation work. LHSC is supporting the health system's need for increased integration and continuity of care through both operational work and corporate level projects. Reduction of unnecessary hospital readmission and reducing unnecessary time spent in acute care are both important QIP measures, which are dependent on hospital level interventions as well as system-wide coordination along the continuum of care.

LHSC is also undergoing a number of transformational projects, including Medicine Admission/Discharge Project, and improved pathway management and navigation for the COPD and CHF populations. The process involves active engagement with staff, physicians, community partners, and patients and families. The overall aim of these projects is to improve access and flow through the system and deliver a more patient centred experience.

Engagement of Leadership, Clinicians and Staff

Starting in the fall of 2015, a team of hospital leaders was brought together to start preparing the 2016-17 QIP. The team focused on the collecting and reviewing HQO materials/requirements. With this backdrop a complete review of current and historical performance resulted in an outline of targets and change ideas. This outline was presented to a variety of internal stakeholders for feedback and refinement. Stakeholders included representation from a broad variety of individuals from across the hospital's clinical and administrative functions. Indicator specific details and change ideas were discussed with respective accountable leaders to ensure accuracy and gain commitment in achieving the quality improvements described in the 2015-2016 QIP. The hospital's Senior Leadership Team, Quality, and Medical Advisory committees played a significant role in creating and approving our submission.

Patient/Resident/Client Engagement

Within the organization, the knowledge and application of Patient and Family Centred Care (PFCC) principles is more prevalent today than ever before. Involving patients and their families in the care provided and garnering their thoughts and feelings related to the quality of such care is becoming embedded in the culture at LHSC. The Quality and Patient Safety Committee currently has two patient advisors as active members of the committee. The advisors weigh in on all indicator specific metrics, improvement ideas and discussions that take place surrounding quality. The advisors also play an integral role in selecting indicators, setting targets and developing change ideas specifically under the PFCC dimension for the QIP. Patients also play an important role in all quality improvement projects where the patient voice is needed. This year, LHSC developed a decision making tool to help leaders determine the appropriate type of patient engagement for their project work. In addition, there are over 129 patient and family advisors involved throughout the hospital on Advisory Councils, improvement projects, and various committees to influence decisions and outcomes. Patient experience work is guided by the Patient Experience Coordinating Committee which consists of advocates for patient and family centred care at LHSC - membership includes staff, physicians, and community members.

Performance Based Compensation [part of Accountability Mgmt]

The proposed compensation plan for the 2016-2017 QIP is for 10% of the CEO's annual salary to be directly based on the organization's ability to meet or exceed the targets as outlined on the three compensation based indicators. For the remaining executive staff, 3% of their annual salary will be at risk. Compensation, as it relates to the three priority indicators, will be awarded as follows:

- The three indicators carry an equal weight of 33.3%
- The three indicators reside under the dimensions of "Safe", "Timely", and "Patient Centred Care"
- There are three levels of compensation tied to the three indicators

- o Missed - less than 50% of target achieved - no compensation awarded for the particular indicator
- o Partial - midpoint between current and target, to approaching target performance - prorated compensation will be awarded for that particular indicator equal to the percent towards target achieved.
- o Met – equal to or greater than 100% of target achieved - 100% compensation awarded for that particular indicator

Indicator	Measure		Compensation			Weight
	Current	Target	Missed (<50%)	Partial (50-99%)	Met (>=100%)	
Medication Reconciliation at Admission (%)	81.1%	85.0%	<83.05%	83.05% - <85.0%	>=85.0%	33.3%
90 th Percentile Emergency Department (ED) Length of Stay for Admitted Patients (hrs)	27.6	25.0	>26.30	26.30 - >25.0	<=25.0	33.3%
Positive Patient Experience (excellent, very good and good)	96.1%	96.0%	<95.95%	95.95% - <96.0%	>=96.0%	33.3%

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

Mr. Tom Gergely
Board Chair

Mr. Larry McBride
Quality Committee Chair

Mr. Murray Glendining
Chief Executive Officer