

Excellent Care
For All.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario 2014 - 2015



London Health Sciences Centre

3/31/2014

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 HQO (if required) in the format described herein.

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Overview

London Health Sciences Centre (LHSC), one of Canada's largest acute-care teaching hospitals, is dedicated to excellence in patient care, teaching and research. The vision and culture of *"Exceptional Experiences, Extraordinary People and Engaging Partnerships"* is built on high quality patient care 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; and
- Committed to collaborative partnerships

London Health Sciences Centre is in its fourth 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 quality improvement within the organization, as well as striving to improve quality of care across the system.

In preparing for the 2014-2015 QIP, a thorough review of LHSC's current and historical performance as well as priorities and challenges was conducted. Engagement with leadership at all levels was exercised to collaborate and gain consensus with respect to indicators, priorities, targets, and change ideas. In addition, previous years QIP reports of peer hospitals, as well as bench-marking and best practice materials were reviewed and considered in the development of this year's QIP.

The following decision tree was used to establish targets, along with considering baseline performance and the capacity to dedicate both corporate and clinical focus and resources:

1. Theoretical best
2. Top quartile performance amongst peer hospitals
3. SouthWest Local Health Integration Network (SW LHIN) and Ministry of Health (MOH) targets
4. 10% improvement from last year
5. Maintain performance

In March 2013, LHSC approved and adopted the quality framework coined **I STEP up**. The framework was aimed at better communication of the 5 dimensions of quality (Integrated, Safe, Timely, Effective, and Patient & Family Centered), while simultaneously creating accountability for quality with all staff and affiliates of the organization.



Integrated • Safe • Timely • Effective • Patient & Family Centred

For the 2014-2015 fiscal year, LHSC has selected ten quality indicators that are appropriately distributed across the ISTEP up Framework. The hospital will be actively working toward success on all ten indicators with particular focus on the following six that are under the priority level "Improve".

Integrated

Objective: Increase the proportion of patients receiving medication reconciliation upon admission

Measure/Indicator: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital

Change Ideas:

- Provider engagement in medication reconciliation
- Emergency Department pilot for medication reconciliation
- Utilization of electronic medication reconciliation

Safe

Objective: Reduce hospital acquired infection rates

Measure/Indicator: Number of patients newly diagnosed with hospital acquired Clostridium *Difficile* infection (*C. Difficile*) divided by the number of patient days in that month, multiplied by 1,000

Change Ideas:

- Outbreak management system
- Improvement in medication related risk factors and treatment of *C. Difficile* patients
- Cleaning pilot utilizing new cleaning agent with sporicidal properties

Timely

Objective: Reduce wait times in the ED

Measure/Indicators: 90th percentile length of stay (in hours) for admitted patients

Change Ideas:

- Patient Flow Management System
- Dedicated bed model
- Clinical program process efficiencies

Objective: Reduce wait times in the ED

Measure/Indicators: 90th percentile length of stay (in hours) for non-admitted patients (CTAS 4 & 5)

Change Ideas:

- Emergency Department system transformation
- Radiology improvement in the Emergency Department

Effective/Efficient

Objective: Reduce unnecessary deaths in hospital

Measure/Indicator: Number of observed deaths / number of expected deaths x 100

Change Ideas:

- Sepsis management in the Emergency Department
- Death review process improvement
- Improvement in clinical documentation

Patient & Family Centered Care

Objective: Improve patient satisfaction

Measure/Indicator: From NRC Picker: "Overall how would you rate the care and services you received at the hospital (inpatient care)? (% of those who responded "Excellent" only)

Change Ideas:

- Increase patient and family advisors across the Hospital
- Improve patient and family engagement in key projects and initiatives
- Key standards and behaviours for recruitment
- Establish patient experience office and resource centre

It is important to make mention that the remaining 4 indicators on the 2014-2015 QIP will be under a "Maintain" priority (as per the Ministry's definition), but will still have associated improvement targets and change ideas. The four Maintain indicators for the QIP are as follows: Percentage ALC days, Readmission to any facility within 30 days for selected CMGs for any cause, tPA Administration rates for eligible stroke patients, and Total margin (consolidated).

Integration & Continuity of Care

The 2014-2015 QIP at LHSC puts a great deal of emphasis on the topics of Integration and the Continuity of Care. Over three-quarters of the QIP indicators have Integration built into their change ideas, whether it is internally within LHSC or externally with community and regional partners. There is a cultural movement occurring at LHSC to break down the silos internally and ensure that all services are working in partnership as a team to provide excellent and coordinated care for all patients. Furthermore, integration is occurring in the areas of post-discharge care, repatriation, long-term care, etc. with LHSC and its community and regional partners. As it relates to continuity of care, the Patient Experience department is disseminating a great deal of critical information throughout the organization to all staff and affiliates. Messaging related to "involving patients and families in their own care" and being "mindful of the patient experience" are steadily becoming behavioral expectations at LHSC. Reaching out to patients and families on their care/experience, how it was managed and what could have made it better, is directly embedded in the QIP. Process improvement initiatives

are being executed collaboratively with departments at LHSC in order to consider flow, understand the patient experience, and eliminate waste throughout the patient journey.

Challenges, Risks & Mitigation Strategies

Much like any other organizational improvement initiative, the QIP comes with its own set of challenges and risks. This year Health Quality Ontario released seven priority indicators that were to be measured as part of the QIP, unless the organization could demonstrate evidence that it was meeting and/or exceeding the targets. Three of the priority indicators: 90th percentile length of stay (LOS) for admitted patients, Percentage ALC days and Readmission to any facility within 30 days for selected CMG's for any cause, are indicators for which challenges related to meeting targets are anticipated.

The 90th percentile LOS for admitted patient's indicator is one that is very dependent on the practice of Inpatient units and requires significant change both culturally and in practice/process to reduce the LOS by 20%. By way of analyzing data, it has been determined that the Medicine program is a service that may have the greatest impact on the ability to reduce the LOS for admitted patients and therefore is a change idea for the indicator.

Percentage ALC days is an indicator that is largely based upon the availability of resources within the community and region, whether it be home care or long-term care. LHSC cannot discharge patients requiring services which are unavailable to them. Therefore there is an understood risk that the target set for 2014-2015 may not be met. With that being said, LHSC is actively working within the organization on refining and disseminating an ALC process and education package for all providers. LHSC is also mitigating the potential effects by partnering with CCAC on the Home First change idea and the SW LHIN on standardized and coordinated discharge planning across hospitals.

Finally, the Readmission to any facility within 30 days for selected CMG's for any cause may also prove to be a challenge. The measure for this can be dependent on various factors that are outside of LHSC's circle of control and/or influence. Change ideas are underway on the two CMG's that have the highest readmission rates. Methods such as connecting with community partners, standardizing care and clinical pathways, and developing strategies and innovative models are all on the table and should prove positive for the effected patient population.

A competing corporate and regional improvement initiative that may pose challenge or present risk to the 2014-2015 QIP is Healthcare Undergoing Optimization (HUGO). HUGO is transformative work that will enhance patient safety and quality of care. LHSC is one of 10 participating hospitals that have the foundational components of the electronic patient record (EPR) in place. The next phase of transformation involves:

- Computerized provider order entry (CPOE)
- Electronic medication administration record (eMAR)
- Barcoding, also called closed loop medication administration (CLMA)
- Electronic medication reconciliation (eMed Rec)

HUGO will be rolled out at LHSC in April 2014 and there is an expectation that other priorities of the organization will slow in order to increase its opportunity of success given its importance. There is organizational acknowledgement that HUGO may see some adoption issues and require a few months to address concerns with the system, which may result in implications for other LHSC initiatives.

Information Management Systems

London Health Sciences Centre uses its Information Management Systems to actively collect, house /store and disseminate data on a daily basis (ie. daily metrics posted on the intranet for all inpatient units). Data is used within the organization to inform decisions, guide thinking and highlight areas in need of quality improvement at both a corporate and a program level. Services within the hospital receive utilization dashboards and standard reports on regular basis in addition to ad hoc reports for specific and in depth analysis. At the corporate level, quality indicators are reviewed on a monthly basis utilizing hospital Information Systems.

Health System Funding Reform

Quality-Based Procedures (QBP) are now in their second year of roll-out. LHSC internal QBP teams are working actively to address many (if not all) of the identified areas for improvement. Projects are kicking off and in some cases are underway as it relates to the current state assessment gaps that were outlined. Many of the QBPs are expected to align more closely with the practice guidelines (provided by the Ministry) and continue to realize benefits by the end of the fiscal year.

Engagement of Clinical Staff & Broader Leadership

A small task team was established in the fall of 2013 to start preparing the 2014-2015 QIP. Their focus was based on, but not limited to, the collection and interpretation of materials from HQO, creation of documents for presentation and/or proposal, timeline establishment, data generation/analysis, and working with clinical and non-clinical groups to outline the right indicators, with the right targets, supported by the right change ideas. Both Clinical and Senior Leadership at LHSC were instrumental in and fully engaged with the QIP planning process. The "in progress" QIP was presented before the Corporate Quality Committee, Quality & Patient Safety Committee, Quality & Performance Monitoring Committee of the Board, Medical Advisory Committee, the Senior Leadership team, and Directors Council for feedback. The indicator specific details were discussed with the respective accountable leaders and feedback along with commitment to achieve improvement was sought.

Accountability Management

The proposed compensation plan for the 2014-2015 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 six compensation based indicators. For the remaining executive staff, 3% of their annual salary will be at risk. Compensation, as it relates to the six indicators, will be awarded as follows:

- All quality dimensions carry an equal weight of 20%. For the "Timely" dimension, which has two compensation based indicators, the 20% is divided equally and therefore each indicator will hold a weight of 10%.

- For the six compensation based indicators, there are three levels of achievement
 - Less than 50% of target achieved - no compensation awarded for that particular indicator.
 - 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.
 - Equal to or greater than 100% of target achieved - 100% of compensation awarded for that particular indicator.

Quality Dimension	Measure				Compensation			
	Indicator	Priority	Baseline	Target	Missed (<50%)	Partial (50-99%)	Met (>100%)	Weight
Integrated	Medication Reconciliation at Admission (%)	1	79%	80%	<79.5%	79.5%-80%	>=80%	20%
Safe	CDI Infection Rate per 1,000 Patient Days	1	0.45	0.40	>0.425	0.40-0.425	<=0.40	20%
Timely	90th%ile ED LOS for Admitted Patients	1	30.3	29.2	>29.75	29.2-29.75	<=29.2	10%
	90th%ile ED LOS for Non- Admitted Patients (CTAS 4&5)	1	5.9	5.2	>5.55	5.2-5.55	<=5.2	10%
Effective & Efficient	HSMR (ratio)	1	93	88	>90.5	88-90.5	<=88	20%
Patient & Family Centered	Inpatient Satisfaction - Overall Rating is Excellent (%)	1	47.4%	50.0%	<48.7%	48.7%-50.0%	>=50.0%	20%

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan.

Ms. Ruthe Anne Conyngham
Board Chair

Mr. Tom Gergely
Quality Committee Chair

Mr. Murray Glendining
Acting - Chief Executive Officer