

Excellent Care
For All.



2011-12

Quality Improvement Plan

(Short Form)

London Health Sciences Centre

March 2011



London Health Sciences Centre

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Part A:

Overview of Our Hospital's Quality Improvement Plan

1. Overview of our quality improvement plan for 2011-12

London Health Sciences Centre's (LHSC) goal is to be one of the safest teaching hospitals in Canada. Our focus is on eliminating preventable harm and improving access to care. In 2011-2012, we aim to significantly reduce our hospital infection rates, improve our hospital mortality rate, shorten the length of time patients spend in our emergency departments and reduce the frequency of caring for patients in beds located in hallways. We will engage our staff, physicians, patients, families and healthcare partners to achieve these goals in a manner consistent with our core values of trust, respect and collaboration.

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

A summary of LHSC's Quality Improvement Plan objectives in 2011-2012 for patient safety, effectiveness, and access to care are outlined below:

Patient Safety

Objectives

- 50% reduction in rates of methicillin-resistant staphylococcus aureus (MRSA) acquired while in hospital
- 30% reduction in vancomycin-resistant enterococci (VRE) acquired while in hospital
- Rates of c-difficile acquired while in hospital that are among the top 25% of teaching hospitals in Canada

How will these objectives be achieved?

- Improving environmental cleaning
- Strengthening our processes for early identification and management of outbreaks
- Antibiotic stewardship – ensuring appropriate and consistent use of antibiotics
- Enhancing measurement and reporting of compliance with infection control practices
- Investment in additional capital equipment (e.g. bed pan washers)
- Leveraging our Infection Safety Champions – LHSC has trained over 100 staff as Infection Safety Champions – these individuals will work locally within their units to educate and improve our infection control practices
- Recruitment of additional infection prevention and control practitioners and infectious diseases physicians
- Strengthening leadership accountability for achieving results
- Creating a cultural and leadership transformation that is focused on patient safety

Objective

- Achieve hospital-acquired ventilator associated pneumonia and central line infection rates that rank among the top 25% of teaching hospitals in Ontario

How will these objectives be achieved?

- Implementation and compliance with Safer Healthcare Now evidence-based bundles of care that are proven to reduce these specific types of infections

Objective

- 80% compliance with hand washing protocols prior to patient contact

How will these objectives be achieved?

- Enhancing frequency of auditing and reporting of hand hygiene
- Leveraging our Infection Safety Champions – LHSC has trained over 100 staff as Infection Safety Champions – these individual will work locally within their units to educate and improve hand hygiene compliance
- Education and communication with staff, physicians, patients and families

Effectiveness

Objective

- Reduce our Hospital Standardized Mortality Ratio (HSMR) to less than 100 (a HSMR of less than 100 means LHSC's actual mortality rate is better than expected)

How will this be achieved?

- Early recognition and response to patients with sepsis
- Reducing hospital-acquired infections
- Implementing evidence-based care processes associated with mortality (e.g. fluid overload management)
- Appropriate recognition and care of patients who are at end of life

Access

Objective

- Ensure that 90% of the complex patients seen in the emergency department (who do not require admission to hospital) stay no longer than 6 hours in total
- Reduce the length of time that 90% of patients wait in the emergency department for admission to a bed by 3 hours

How will this be achieved?

- Implementing new patient flow processes for receiving and caring for patients in the Emergency Department
- Discharging patients from inpatient units earlier in the day on a consistent basis
- Working collaboratively with Community Care Access Centre (CCAC) to improve access to LTC beds and reducing inflow of patients who could receive appropriate care in the community

Objective

- Ensure that 90% of patients requiring cancer surgery are waiting less than or equal to 84 days by Quarter 4 of 2011-2012

How will this be achieved?

- Expanding our support for wait time data management and reporting through the creation of a larger, coordinated Wait Time administration team
- Prioritizing cancer surgery for operating room time and bed access to sustain throughput ratios at a pace where demands are kept up with and clearing backlogs as required
- Requesting additional volumes for cancer surgery funding
- Working with selected hospitals within South West Local Health Implementation Network (LHIN) and Erie St. Clair LHIN to optimize referral patterns and examine solutions related to medical manpower constraints in southwest Ontario.

3. How the plan aligns with the other planning processes

Our quality improvement plan is closely aligned with our other reporting and accountability requirements. Patient safety is LHSC's key priority and a key priority for the Ministry of Health and Long-Term Care. Several of the patient safety indicators that LHSC is focused on improving in 2011-2012 are closely aligned with the indicators reported publicly. Our hospital accountability agreement with the South West LHIN in 2011-2012 includes specific requirements and targets for wait times in our emergency departments, cancer surgical care, and diagnostic imaging. The targets we have outlined in our Quality Improvement Plan are aligned with the targets that are part of our hospital accountability agreements.

4. Challenges, risks and mitigation strategies

Improving wait times in the emergency department for patients who require admission depends on our ability to discharge our inpatients who require long term care settings when they no longer need acute care services. Ongoing challenges with ALC create a challenge for timely discharge of patients to support quicker admissions from ED. This is not completely within the control of the hospital and we will continue to work with the CCAC and our community partners on discharge planning strategies.

Success in reducing infections requires several components to come together in a coordinated fashion (e.g. environmental cleaning, hand hygiene, reducing occupancy, compliance with personal protective equipment, antibiotic stewardship, etc.). It is a challenge to implement changes of this magnitude with limited financial and human resources. To mitigate this, reallocation of resources is taking place to increase one-time operating, capital and ongoing operating investments. Improving access to cancer surgery requires a combination of improving data quality, increasing surgical volume, proactive surgical planning, and attention to referral patterns and medical manpower planning on a regional basis. This work requires collaboration with multiple parties including physicians, leaders of several hospitals, and support of SWLHIN and Erie St. Clair LHIN. We also recognize upstream issues of wait time from referral to initial surgical consultation and diagnosis that need to be carefully considered and managed to improve the patient experience.

Part B: **Our Improvement Targets and Initiatives**

Improvement Targets and Initiatives are attached.

Part C: The Link to Performance-based Compensation of Our Executives

Our executives' compensation is linked to performance in the following ways:

- The CEO has 10% of their annual salary compensation at risk related to achievement of annual Quality Improvement Plan indicator targets outlined below
- All Senior Leaders will now have 3% of their current annual salary compensation at risk related to the achievement of annual Quality Improvement Plan indicator targets outlined below
- Integrated senior leaders (those who work at both LHSC and St. Joseph's Healthcare London) will have their 3% at risk split between each organization equivalent to the current cost sharing for their respective roles
- The Senior Leaders reporting to the CEO will have the same targets
- Compensation will be awarded as follows:
 - The indicators carry equal weight
 - For all of the indicators – there are three levels of achievement
 - Less than 50% of target achieved = no compensation for that indicator
 - 50%-99% of target achieved = prorated so the percent compensation received for that indicator equals the percent of target achieved
 - 100% or more of target achieved = 100% of compensation for that indicator
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President and CEO and Senior Leaders reporting to CEO – Indicators tied to compensation

	Baseline	50% of target	Target
Hand hygiene	55%	68%	80%
HSMR	104	102	100
Cancer Surgery Wait – 90 th percentile	112 days	98 days	84 days
Emergency Room LOS for complex patients – 90 th percentile	7.6 hours	6.8 hours	6 hours

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.

Mr. Peter Johnson
Board Chair

Mr. Bob Lawless
*Quality and Performance
Monitoring Committee Chair*

Mrs. Bonnie Adamson
Chief Executive Officer