Excellent Care For All.

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

2015 - 2016

London Health Sciences Centre

3/31/2015

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.

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

LHSC is in its fifth 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 2015-2016 QIP, a thorough 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 2015-2016 fiscal year corporate priorities and anticipated challenges 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.

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

1. South West LHIN HSAA targets
2. Theoretical best performance
3. Top quartile performance amongst peer hospitals
4. Maintaining performance

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 2015-2016 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 actively, as well as collaborating with community partners to realize successful outcomes on all seven indicators with a particular focus on the three that have been deemed as priority one.

Integrated

Objective: Reduce unnecessary hospital readmission
Measure/Indicator: Readmission within 30 days for Selected Case Mix Groups: Percentage of acute hospital inpatients discharged with selected Case Mix Groups (CMGs) that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission.
Change Ideas:

- Heart Failure Clinic
- Chronic Obstructive Pulmonary Disease (COPD) Clinical Pathway and Case Management

Objective: Reduce unnecessary time spent in acute care
Measure/Indicator: Percentage Alternate Level of Care (ALC) days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. *100
Change Ideas:

• South West LHIN Discharge Planning
• ALC Designation (Timeliness and Accuracy)

Safe

Objective: Reduce hospital acquired infection rates
Measure/Indicator: CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital acquired CDI, divided by the number of patient days in that month, multiplied by 1,000 - Average for Jan-Dec. 2014, consistent with HQO's Patient Safety public reporting website.
Change Ideas:

• Antimicrobial Stewardship – Enhancement of the Program
• Enhance Cleaning Protocols

Objective: Increase the proportion of patients receiving medication reconciliation upon admission
Measure/Indicator: Medication Reconciliation at Admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital.
Change Ideas:

• Provider Audit and Feedback
• Education
• Workflow/Functionality Enhancement/Improvement

Timely

Objective: Reduce wait times in the ED
Measure/Indicators: ED Wait Times: 90th percentile length of stay (in hours) for admitted patients
Change Ideas:

• LHSC transformational project – Emergency Department System Transformation, Mental Health System Design, Admission/Discharge System Design
• Reducing Occupancy to 95%

Effective/Efficient

Objective: Improve organizational financial health
Measure/Indicator: Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year.
Change Ideas:

• Submitting a Balanced Budget
• Tracking Portfolio's Performance

Patient & Family Centred Care

Objective: Improve patient satisfaction
Measure/Indicator: From NRC Canada: "Overall, how would you rate the care and services you received at the hospital (inpatient care)?" (add together % of those who responded "Excellent, Very Good and Good").
Change Ideas:

• Increase Patient and Family Engagement in Councils, Committee and improvement projects
• Embed PFCC principles and behaviours in staff orientation, education curriculum, and performance development

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 two 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. In order to manage those challenges, LHSC partnered with other health organizations to initiate the Connecting Care Collaborative (C3) project focusing on the top users of the health system. Partners in this effort included St Joseph's Hospital, the Community Care Access Centre (CCAC), and Family Medical Centres. The C3 project is working to promote a patient and family-centred model of care that will break down silos that previously existed among parts of the health system. The Regional Stroke Project has also been initiated to promote better use of resources amongst all hospitals in the South West LHIN, and to promote best practice in all hospitals for improved patient outcomes in the area of stroke.

LHSC is also undergoing a number of transformational projects across three key areas: Emergency Department, Mental Health and Medicine Admission/Discharge. 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.

Challenges, Risks & Mitigation Strategies

As with all hospitals, LHSC faces a number of unique challenges and risks as the population's health care needs evolve over time. LHSC consistently faces occupancy rates of over 100%, while simultaneously supporting the needs of both the London community and the broader region as a tertiary/quaternary care centre for complex patient cases. As a result, LHSC is undergoing a number of initiatives to improve its occupancy rates and reduce unnecessary hospitalization including more effective partnerships with regional hospitals and community organizations in addition to thoroughly reviewing internal operations.

A competing corporate and regional improvement initiative that plays an enabling role for the 2015-2016 QIP, but may also pose a challenge or present risk to achieving QIP targets is Healthcare Undergoing Optimization (HUGO). HUGO has been implemented at LHSC and 10 participating hospitals within the South West LHIN. The new provider order entry portion of the electronic health record (EHR) has brought great benefits and some challenges along the way. Currently the Information Technology Services (ITS) department at LHSC is focused on improving system performance to alleviate process pressures, increase adoption and improve system optimization across hospital areas.

Information Management

LHSC uses its Information Management Systems to support organization wide planning and performance monitoring. Some specific examples include, using patient activity data to support resource allocation decisions for budget planning; and leverage the new electronic medication management system to track adherence to safe medication administration practices which will be used to inform quality improvement projects. Data is used within the organization to inform decisions, guide thinking and highlight areas in need of improvement. From a governance perspective the senior leadership team and board committees review performance indicators on a monthly basis.

Health System Funding Reform (HSFR)

Quality-Based Procedures (QBP) are now in their third year of roll-out. LHSC's internal QBP teams are working actively to address many (if not all) of the identified areas for improvement. Five QBP's are currently underway with changes in the system already proceeding. Monitoring of significant improvements that impact Length of Stay (LOS) will be internally reported in the fall of 2015. The QBPs are expected to align more closely with the practice guidelines (provided by the Ministry) and continue to realize benefits.

The Five Year 3 QBPs are:

1. Hip Fracture
2. Community Acquired Pneumonia
3. Tonsillectomy
4. Hyperbilirubinemia
5. Hip & Knee

Engagement of Clinicians & Leadership

Starting in the fall of 2014, a team of hospital leaders was brought together to start preparing the 2015-2016 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. 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 Quality and Medical Advisory committees played a significant role in creating and approve 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 Corporate Quality 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 at both a corporate and departmental level. The advisors also play an integral role in selecting indicators, setting targets and developing change ideas specifically under the PFCC dimension for the QIP. In addition, there are over 90 patient and family advisors involved throughout the hospital on Advisory Councils, improvement projects, and various committees to influence decisions and outcomes.

Accountability Management

The proposed compensation plan for the 2015-2016 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 indicators, will be awarded as follows:

- The three priority indicators carry an equal weight of 33.3%.
- The three indicators fall under the "Safe", "Timely", and "Patient Centred Care" dimensions.
- For the three compensation based indicators, there are three levels of achievement

    - o Less than 50% of target achieved - no compensation awarded for that particular indicator.
    - o 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 Equal to or greater than 100% of target achieved - 100% of compensation awarded for that particular indicator.

Measure			Compensation			
Indicator	Baseline	Target	Missed (<50%)	Partial (50-99%)	Met (>=100%)	Weight
Medication Reconciliation at Admission (%)	79.6%	85%	<82.3%	82.3%-85%	>=85%	33.3%
ED Wait Times: 90th%ile ED LOS for Admitted Patients	31.9	25.0	>28.45	25.0-28.45	<=25.0	33.3%
Inpatient Satisfaction - Percent Positive (Excellent, Very Good and Good)	95.2%	96%	<95.6%	95.6%-96%	>=96%	33.3%

Sign-off

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

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Ms. Ruthe Anne Conyngham	Mr. Lawrence McBride	Mr. Murray Glendining
Board Chair	*Quality Committee Chair*	*Chief Executive Officer*