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 HQO (if required) in the format described herein.

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Overview

St. Joseph’s Health Centre Guelph (SJHCG) is a specialty hospital providing complex continuing care and rehabilitation services to the community of Guelph. Inspired by the Sisters of St. Joseph, we are dedicated to compassionate, person-centred care through discovery, innovation and partnerships, valuing Compassion, Accountability, Respect and Excellence (C.A.R.E). SJHCG’s Quality Improvement Plan (QIP) is based on a comprehensive assessment of our opportunities to improve the quality of care we provide and is closely linked to our values of C.A.R.E. The 2014-2015 QIP sets out detailed initiatives to improve the quality of care we provide and improve the quality of life for our patients. Our areas of improvement for 2014-2015 are: to improve medication safety, improve active rehab length of stay efficiency for stroke patients and improve hand hygiene compliance before patient contact. The improvement areas were selected through review of all SJHCG quality indicators, critical incidents and patient feedback data and patient satisfaction results. The QIP has also been developed to assist with the achievement of SJHCG's strategic plan. The priority improvement areas fall into the strategic plan in the following way:

<table>
<thead>
<tr>
<th>Strategic Direction</th>
<th>Strategic Goal</th>
<th>QIP 2014-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality, Safety &amp; Wellbeing</td>
<td>Further reduce and eliminate the incidence of preventable harm.</td>
<td>Improve medication safety through improved narcotic safety by reducing narcotic discrepancies by 50%.</td>
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<tr>
<td>Quality, Safety &amp; Wellbeing</td>
<td>Be recognized as a champion in quality, safety and ethical decision making.</td>
<td>Improve active rehab length of stay efficiency for stroke patients by 26%.</td>
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<tr>
<td>Quality, Safety &amp; Wellbeing</td>
<td>Further reduce and eliminate the incidence of preventable harm.</td>
<td>Continue to build on the 30% improvement over the last three years and push for another 4% improvement in hand hygiene compliance.</td>
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As 2014-2015 is the fourth QIP for SJHCG, we continue to learn from the previous years. We continue to recognize that to achieve excellence, we need to stay focused and ensure the improvement teams have the resources needed to be successful.

- Active rehab Functional Independence Measure (FIM) length of stay efficiency for stroke patients has been added as an area of improvement for 2014-2015 because of the work SJHCG has been doing related to the Quality Based Procedures. Our change initiatives place a significant emphasis on education for staff, improved patient outcomes and a push for expected length of stays based on stroke diagnoses.
- Medication safety has been added as an area of improvement for 2014-2015 because of a medication safety project that was developed from the strategic plan around further reducing and eliminating the incidence of preventable harm. The project includes significant changes to the way medications are dispensed, managed, and administered at SJHCG.
Hand hygiene before patient contact compliance continues to be an area for improvement for SJHCG as we progress towards our long term goal of 95% compliance.

The outstanding achievements and improved patient outcomes SJHCG has achieved in the past years are the result of our dedicated and hardworking teams and leaders who put patients first in everything they do. We thank all staff for their commitment to improving quality care and to our leaders for supporting staff through the improvements.

Quality Improvement Plan 2014-2015

SJHCG's QIP goals for 2014-2015 are derived from our commitment to quality patient care and continue to build on the work from previous years according to the following indicators (our improvement indicators are highlighted in bold print):

- We will maintain our short wait times for admission to rehabilitation.
- We will be consistent in our fiscal performance and maintain a balanced budget.
- **We will increase our active Rehab FIM length of stay efficiency for stroke patients by 26%, from 0.87 to 1.1, to achieve best practice by increasing staff education and emphasizing an expected length of stay based on stroke diagnosis.**
- We will continue to reduce the unnecessary time (alternative level of care percentage) spent in Complex Continuing Care and Rehabilitation beds.
- We will maintain high patient satisfaction for patients in Rehabilitation who would "definitely recommend the hospital to family and friends".
- We will maintain high patient satisfaction for patients in Rehabilitation who would rate the overall care and services provided at the hospital as good or excellent.
- We will maintain our high rate for medication reconciliation completed on admission.
- We will maintain our low clostridium difficile [CDI] infection rate.
- **We will improve our hand hygiene compliance before patient contact by 4%, from 91% to 95%, by increasing staff awareness.**
- We will maintain our low rate of patients with new Pressure Ulcers.
- We will maintain our low rate of patients who fell in the last 30 days.
- **We will improve medication safety by decreasing narcotic discrepancies by 50%, from 23 to 11, through implementation of a new medication distribution and administration system.**

Integration & Continuity of Care

To ensure success with our QIP, SJHCG continually works with our health care partners, such as Guelph General Hospital and the Waterloo Wellington Community Care Access Centre, to improve the care of our patients and smooth out the transitions in the continuity of care. SJHCG is the sponsor for the Rehabilitation Care Integrated Program in the Waterloo Wellington Local Health Integration Network (WWLHIN) as well as the Stroke project, Telemedicine program, Behavioural Support Ontario program, Frail Elderly Medically Complex program, and Aphasia project. SJHCG has also implemented the Hospital Elder Life Program (HELP) to improve system flow and outcomes for seniors. SJHCG continues to work within
the St. Joseph's Health System to develop capacity within our organization and to learn from the member health care facilities. The St. Joseph's Health System continues to work on a continence improvement research project in which SJHCG is participating, to determine how continence care can be improved across the continuum of care. SJHCG continues to work on the research project to further the improvements achieved through the QIP for 2012-2013 and 2013-2014.

**Challenges, Risks & Mitigation Strategies**

SJHCG has identified a number of potential risks and challenges that will need to be monitored as we implement our QIP 2014-2015. Some of these challenges include:

- Finding the best balance between encouraging independence of our patients for toileting and preventing falls
- Managing the uncertainty of operational funding levels from the Ministry of Health and Long Term Care

To mitigate these challenges, SJHCG will use best practices to improve our models of care. As well, we will utilize Lean principles to ensure that we use our resources efficiently to address improvement opportunities.

**Information Management Systems**

SJHCG uses an electronic health record for the majority of documentation on patient care. With the implementation of the medication safety project, we will be able to electronically document on the medication administration record, adding even more information that can be used for quality improvement. The more information we have available electronically, the easier it is to run reports and analyze data. SJHCG uses our decision support resources to verify all indicator data and establish targets for each of the areas for improvement on the QIP.

**Engagement of Clinical Staff & Broader Leadership**

SJHCG’s strategic plan is the foundation upon which all improvements are developed. The Board approved strategy, developed every 4 years and refreshed annually, is based on broad consultation and environmental scanning and incorporates the St. Joseph’s Health System's plans and priorities as well as those of the WWLHIN, the Ministry of Health and Long Term Care, and the community. Annually, an operational plan is developed based on the strategic plan and identified improvement projects which are also incorporated into the QIP. The QIP is linked to the SJHCG strategic plan and includes the same commitments contained in the many accountability agreements that we sign with the WWLHIN. The QIP also connects into SJHCG's Accreditation process as our safety plan.

Our areas for improvement are approved by the Board and linked to Executive Compensation. The Board oversees these initiatives and holds the President, Chief of Staff, Chief Nursing
Executive, Chief Financial Officer and Vice President of Human Resources accountable for delivering on these priorities. The Senior Leadership Team (SLT) supports these initiatives. As well, SLT reviews monthly and quarterly performance indicators. The Mission Ethics Quality Healthcare Committee (MEQHC) of the Board oversees the initiatives and receives regular reports on performance and implementation of the initiatives.

At SJHCG, everyone has a role to play in improving the quality of care we provide. Quality improvement committees for each of the improvement areas have been established. The quality improvement teams develop and implement the initiatives and adjust the plans based on review of monthly and quarterly indicators. The teams make an annual presentation to MEQHC to report on progress. At the monthly President’s Report to the Board and staff, a review of progress on the QIP is shared.

**Accountability Management**

Executive compensation is linked to achieving the change initiative targets. Our executive salaries were reduced with the opportunity to earn back their salary in total or in part based upon the achievement of the improvement initiative targets.

- **President** - 5% of base salary is linked to achieving the targets
- **Chief of Staff** - 3% of base salary is linked to achieving the targets
- **Chief Nursing Executive** - 3% of base salary is linked to achieving the targets
- **Vice President of Human Resources and Support Services** - 3% of base salary is linked to achieving the targets
- **Vice President of Finance and Information Services** - 3% of base salary is linked to achieving the targets

We have identified three improvement areas that are linked to Executive Compensation. Details of the plan are found in Part B. Each area has different weights.

1. Improve active rehab FIM length of stay efficiency for stroke patients
2. Improve medication safety
3. Improve hand hygiene compliance

**Health System Funding Reform**

SJHCG continues to work towards Health System Funding Reform (HSFR) in the same manner the organization prepares for all changes. Our Senior Leadership Team is reviewing the funding changes and preparing the organization. Plans are already underway to ensure timely data is available to monitor targets and work has begun with our LHIN partners to ensure service capacity especially in the WWLHIN Rehabilitation Care System.

SJHCG has already started work on implementation of the care pathways related to the Quality Based Procedures and has implemented an Integrated Stroke Program.
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 Cindy Kinnon

Quality Committee Chair Adrian Darmon

President Marianne Walker

Instructions: Enter the person’s name. Once the QIP is complete, please export the QIP from Navigator and have each participant sign on the line. Organizations are not required to submit the signed QIP to HQO. Upon submission of the QIP, organizations will be asked to confirm that they have signed their QIP, and the signed QIP will be posted publically.