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



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.

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## Overview

The Ottawa Hospital's vision is to provide each patient with the world-class care, exceptional service, and compassion that we would want for our loved ones. Our patients deserve care that is accessible, effective, efficient, safe, and centred on their needs. That is what quality means to us. Our goal is to rank among the top 10 per cent of North American hospitals in delivering safe, high-quality care. The 2015/16 Quality Improvement Plan (QIP) is a road map to help us realize that goal.

Again this year, we have aligned our QIP with our overall corporate work plan activities, accreditation and service accountability agreements. This alignment allows us to better direct resources to the areas where they will have the greatest impact. We have also enhanced our capacity to develop projects, to monitor their progress and to expand the successful ones across the hospital.

The overall objectives of the QIP for 2015/16 remain the same as in 2014/15. This gives us the opportunity to maintain continuity of our 2014/15 activities. The objectives are:

- Reduce wait times in the emergency department
- Reduce unnecessary hospital readmission
- Reduce unnecessary time spent in acute care
- Improve patient experience
- Increase the proportion of patients receiving medication reconciliation upon admission
- Reduce hospital acquired infection rates
- Improve organizational financial health

The QIP objectives are described in further details, as follows:

### **Reduce wait times in the emergency department**

We will continue to reduce wait times in our emergency department, even though the volume of patients continues to rise. We will specifically target the areas that can contribute to reducing wait times for patients needing to access acute care beds. These target areas include improving the discharge processes, and improving the flow of patients through the hospital.

In 2015-16, we will continue our initiatives on improving the safe, timely and consistent discharge of patients as well as on improving the inpatient bed turnaround time for admitted patients in the emergency department.

### **Reduce unnecessary hospital readmission**

We will focus on reducing the number of unnecessary return visits to hospital after a patient is discharged. Last year, we focused on:

- Conducting post-discharge phone calls for all medicine and surgery patients
- Working with Bruyère Continuing Care to introduce transition navigators who will help patients with complex medical needs find the follow-up services they need as they move from one health-care provider to another
- Collaborating with the Champlain Community Care Access Centre (CCAC) to better understand why certain patients who are discharged home with home-care services continue to return to the hospital

This year, we will continue all these activities.

#### **Reduce unnecessary time spent in acute care**

The percentage of alternate level of care (ALC) days refers to the percentage of hospital beds occupied by patients who no longer need acute care, but are waiting to be transferred to another hospital/ long-term care facility/home. In 2014/15, we worked with other providers in the Champlain region to create a panel to review patients with long stays. This year, we will develop a proposal in collaboration with LHIN partners for a transitional behavioral unit for long stay patients.

#### **Improve patient experience**

Our goal for 2015/16 is to continue our focus on improving our patients' overall experience during their hospital stay. Feedback from patients showed that five key factors affect how patients rate their hospital stay:

- How well nurses communicate with them
- How well doctors communicate with them
- How well their pain is managed
- How quiet the hospital units are
- How smoothly they are discharged from hospital to home

Optimizing the patient experience within these five domains is critical to ensure each patient is receiving the best possible experience. As such, we will continue to increase adoption of patient and family centred care standards (including bedside shift report, hourly rounding and the use of care boards) on every unit. We will also focus on:

- Developing and implementing an education program to promote communication where staff and physicians consistently seek to understand, act on, and document the perspectives, wishes, and goals of patients, families, and caregivers
- Embedding the patient voice in quality improvement activities

#### **Increase the proportion of patients receiving medication reconciliation upon admission**

Medication reconciliation refers to the process of checking patients' current medications against their previous prescriptions. Medication errors are reduced when doctors have the most complete, up-to-date picture of a patient's medical history. Last year, we provided doctors with monthly reports of compliance with medication reconciliation upon admission; we provided targeted training on the process, we addressed the barriers and implemented feedback received from doctors and residents.

In 2015/16, we will focus on improving physician compliance with medication reconciliation at admission through targeted interventions and training to department and divisions not meeting the target goal of 85%.

#### **Reduce hospital acquired infection rates**

We will continue to focus on reducing the rate of hospital-acquired infections. In 2014/15, we made progress by following the best available evidence, to reduce the rate of hospital-acquired *Clostridium difficile* infections.

This included:

- Improving infection prevention and control practices in our facilities

- Creating a team of doctors and pharmacists to ensure antibiotics are prescribed only when needed, so that we preserve and prolong their effectiveness
- Ensuring all of our staff members and doctors follow proper hand-hygiene practices
- Introducing a team of auditors to assess hospital-wide infection prevention and control practices

In 2015/16, we will maintain these activities, and we will also audit and monitor our cleaning practices to ensure optimal standards of cleanliness in our organization.

### **Improve organizational financial health**

Recent reforms introduced in Ontario are changing the way hospitals are funded. In the past, hospitals received funding based on how many patients they treat, with no ties to their performance. Now, hospitals are gradually being funded based not only on how many patients they treat, but also how well they treat them.

A key element of the funding reforms is called Quality-based Procedures (QBP). This funding formula is designed to motivate hospitals to provide better patient care at a lower cost. We have established medical and surgical groups to monitor the operational savings related to the QBPs. As we continue to introduce and monitor QBPs, we will build an administrative system to support the hospital's overall QBP program. In 2014/15, we focused on high volume and high cost areas including hip and knee surgeries.

This year, we will focus on expanding the experience gained from our work on hip and knee surgeries to other QBPs, focusing on high volume and high cost areas such as chronic heart failure, chronic obstructive pulmonary disease, and stroke.

Our overall strategies are designed to help us provide every patient with better access to care, with higher quality care and with better value for money.

### **Integration & Continuity of Care**

We have heard many times from patients and their families that the health system can be confusing and hard to navigate, particularly as patients are transferred from one health-care provider to another. Over the past few years, The Ottawa Hospital has worked with our community partners to improve the way patients and their health information follow them as they move from family doctors to hospitals, nursing homes and home-care agencies. This year, we will continue to work with the Champlain LHIN and other health agencies in the region to ensure that patients are seen in the most appropriate setting. We will also collaborate with Health Links to improve the care of patients with multiple chronic illnesses. This provincial program encourages hospitals, family doctors, the long-term care homes, community organizations and others to work as a team to design a personalized care plan for every high-needs patient.

### **Challenges, Risks & Mitigation Strategies**

Despite ongoing fiscal challenges, increases in patient acuity and rising emergency department activities, we will continue to focus on improving the care for our patients and will we continue to ensure that patients receive care that is timely, effective, efficient, safe, and centred on their needs. This includes partnering with the LHIN and community agencies for better coordinated care and better system integration.

Ongoing analysis and learning from critical incidents and patient concerns informs our annual quality improvement planning exercise. Recommendations from critical incident reviews and other adverse event reviews showed that we need to focus our efforts on improving communications between providers and

patients/ family as well as between the providers themselves. These communication gaps will be addressed through our strategies to improve the patient experience.

The Ottawa Hospital is committed to quality and safety and is developing a 5-year quality plan based on evidenced-based processes to manage quality. This plan is aimed to systematically guide our achievement of our goal to be top 10 per cent in quality and safety in North America. Each year the QIP will be aligned with our five year corporate Quality Plan and our annual corporate work plan.

## **Information Management**

The Ottawa Hospital leverages information from its supporting information management systems to provide aggregate data using real-time dashboards. The information is used to guide decision-making and ensure accountability across the organization and to drive improvement.

Additional supporting electronic tools were developed in-house within 2014/15 to support the work of clinical leaders in monitoring and improving the communication with patients and across members of the health care team.

## **Engagement of Clinicians & Leadership**

The initiatives set out for the 2015/16 QIP are the results of a comprehensive planning process that included, priority setting as well as the engagement of clinical and non-clinical teams for each priority indicator. The QIP was presented to the Patient and Family Advisory Council (PFAC), the Quality and Performance Council, the Senior Management Team, and the Board Quality Committee for feedback.

## **Patient/Resident/Client Engagement**

In 2014/15, we created the inaugural Patient and Family Advisory Council (PFAC). In anticipation of the proposed Excellent Care For All Act (ECFAA) legislation aimed at strengthening the engagement of patients and families in hospital decision-making, the PFAC has been actively engaged in the development of the 2015/2016 QIP submission. Specifically, members of the PFAC participated in the planning meetings and provided feedback based on what was most important from the patient perspective.

## **Accountability Management**

The hospital's Board of Governors holds the President and CEO accountable for implementing the annual QIP. The plan is approved and monitored by the Board of Governors through quarterly performance evaluations of the President and CEO, and the Chief of Staff. Their compensation is linked to how well they deliver on all of the objectives outlined in the QIP.

## **Performance Based Compensation**

Accountability for the execution of both the annual QIP and the Corporate Work-plan are delegated to the President & CEO from the Board of Governors through a delegation of authority policy. The plans are reviewed, approved and monitored by the Board of Governors through quarterly performance evaluations of the President & CEO and the Chief of Staff which is then cascaded to all the Executives of the Hospital. It is the sum of all objectives in these plans that determine the performance pay component for the Hospital Executives including the Chief of Staff.

## Health System Funding Reform (HSFR)

The Ottawa Hospital has developed a detailed plan to adjust to the new funding model for Ontario hospitals as it is phased in. Under the funding model's QBP formula, teams of clinical and non-clinical leaders meet regularly to review costs, compare our operations to those of other similar-sized hospitals and review the quality of care for patients as they move within the hospital from one service to another. Specifically, we established a clinical team to investigate causes of excess spending and implement solutions. The clinical team was supported by a multidisciplinary team with contributions from Performance Measurement, Quality, Finance, and Health Records. We identified opportunities for savings related to reducing blood work, reducing diagnostic imaging, and reducing length of stay as well as putting in a place a more competitive procurement contract. The overall goal is to make continuous improvements that provide patients with better care at a lower cost.

### Sign-off

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



Mr. James G. McCracken  
Board Chair



Mr. Vincent Westwick  
Quality Committee Chair



Dr. J.B. Kitts  
Chief Executive Officer