

Excellent Care
For All.



2013/14

Quality Improvement Plan for Ontario Hospitals

(Short Form)



March 2013

This document is intended to provide public hospitals with guidance as to how they can satisfy the requirements related to quality improvement plans in the *Excellent Care for All Act, 2010* (ECFAA). While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and hospitals should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, hospitals are free to design their own public quality improvement plans using alternative formats and contents, provided that they comply with the relevant requirements in ECFAA, and provided that they submit a version of their quality improvement plan to HQO in the format described herein.

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Part A: Overview of Our Hospital's Quality Improvement Plan

The Quality Improvement Plan (QIP) for 2013-2014 at Windsor Regional Hospital continues to build on our vision of ***Outstanding Care...No Exceptions!***

Our newly refreshed and revised strategic plan reflects the success that our organization has experienced from our consistent and continuous improvement efforts. Our strategic directions and initiatives are bolder and more challenging as we continue to build on our structures and processes for providing outstanding care for our patients and their families. One major strategic direction is to **Excel in Patient Safety and Quality**. It is the focus of everything we do and at the heart of many of our 14 Corporate Indicators.

In 2013/2014 the QIP continues to focus on these corporate indicators that were developed through our LHIN's Integrated Health Services Plan, research of best practices, consultation with our health care partners, review of our own data, and feedback from staff, patients, and families. With that, add in a little H2O – two parts compassion, one part passion - as we continue to measure, monitor, and make improvements. Our patients, our staff, and our community deserve the best.

2. Focus:

WRH has several innovative strategies to ensure that we remain focused on our core, corporate indicators. Monday Morning Huddles (MMH) brings both clinical and non-clinical leadership together every week to review the previous week's data and make necessary changes to ensure goals are met. Clinical Red Green Meetings are held monthly to examine the quality improvement process in more detail. Every corporate process improvement initiative has a senior Vice President and Director Lead which allow these important improvements to stay at the forefront.

In addition, the Quality of Care Committee of the Board and the Medical Advisory Committee monitors reviews and provides feedback on the QIP on a monthly basis and reports progress directly to the WRH Board of Directors.

3. Alignment:

The WRH Strategic Plan and QIP were developed to make sure that it meets the needs of our patients, families, the community, and all the stakeholders that directly play a role in healthcare. The QIP was created after consultation with our community and as well as an environmental scan of the challenges and opportunities that are present. It also incorporates adheres to both LHIN and Ministry priorities and plans. The plan includes commitments that are included in many accountability agreements and is the foundation of our signed agreement with the Erie St. Clair LHIN (The H-SAA/M-SAA).

The Plan has been vetted through the various process improvement teams, the Medical Advisory Committee, the Quality of Care Committee and is recommended to the Board of Directors for approval. The performance indicators to monitor the Plan are incorporated into the Board, Corporate, Program and Service level Scorecards. The Plan is submitted annually to the Ontario Health Quality Council and is publically posted by April 1 each year.

4. Integration and Continuity of Care:

Windsor Regional is a key partner and leader with its community partners. These include CCAC, EMS, Schulich Medical School, St Clair College and Hotel Dieu Grace Hospital to name a few.

In addition, Windsor Regional Hospital, on its own entered into a strategic partnership with the Windsor Family Health Team to work on initiatives to ensure a seamless transition of “unattached patients” (those without a family physician in the community) back to the community when discharged to avoid readmission and to get a primary care team and avoid a future ER admission.

5. Health System Funding Reform (HSFR)

HSFR is a major change to how Ontario hospitals will be funded and one component of the change involves actual versus expected weighted cases. The Hospital has implemented a number of improvement strategies to document and coded cases properly (e.g. acuity summary form, structured discharge summaries) as well as control costs (e.g. financial monitoring through monthly RED/Green meetings) and increase efficiency (financial benchmarking). In addition, the hospital has engaged experts in the field to review our clinical processes to ensure appropriate use of Operating Room (OR) time, Emergency Room admission rate, complication rates, Length of Stay benchmarking, critical care and end of life care, and avoidable hospitalizations. Quality Based Procedures are also being reviewed and compared to benchmarks as part of the HSFR initiative. OR budgets are being modified to reflect these new funding models.

6. Challenges, risks and mitigation strategies:

Healthcare in the 21st century is challenging as a result of the increases in demand, acuity level, human resources and financial pressures.

As part of its planning for WRH has adopted a mitigation strategy that takes into account achieving the targets set by its 2013-14 QIP and balancing that against risks that may present themselves including external financing.

To ensure success in delivering on our Quality Improvement Plan, we conduct Risk Assessments at least monthly and develop Mitigation Plans based on a careful analysis of key performance indicators. Indicators of performance are classified using a visual management tool. Blue indicators are equal to or outperforming the target, green indicators are within 10% of the target, while red indicators are underperforming the target by more than 20%. Green indicators that are stable and outperforming the target are characterized as monitoring indicators. Should an indicator decline in performance, we expect a review of what is contributing to the performance drop. A green indicator that demonstrates a drop in performance means that a risk review and a comprehensive analysis and action plan must be developed. If an indicator slips to yellow or red, we require a comprehensive analysis and review of performance with an appropriately detailed risk assessment and improvement plan to bring performance back in line.

A monthly report out to most responsible Executive Leadership may be required. Oversight for the development of the implementation of the remediation plan rests with the most accountable Executive Leader. If an indicator slips to red, Executive Leadership requires a complete review and analysis and robust risk assessment and an appropriately detailed improvement and remediation plan with accountabilities assigned for delivering on the plan. Monthly or more frequent reporting is required to monitor progress. Executive Leadership provides oversight for these improvement plans and they are reported directly to the EC. The Quality Committee of the Board receives a full briefing outlining key elements of the improvement plan and a regular update on the progress on of the improvement plan.

However, some issues may be beyond our ability to prevent, predict or control. For example, unforeseen events such as an outbreak of an infectious disease might interfere with our ability to achieve our Corporate Quality Improvements. We attempt to put in place strategies to address unforeseen events, but not all unforeseen events can be planned for and so we rely on our ability to respond effectively to these events should they occur.

The ability to successfully deliver on some of our key effectiveness initiatives specifically related to ED performance and reducing ALC require great partnerships and shared objectives to ensure that we can make the system better for our patients. The lack of aligned policies, procedures and services across LHIN boundaries presents a significant risk to our success.

7. Link to Performance based Compensation

The 2013-2014 QIP is once again linked to performance based compensation for ALL non-union staff. Non-union staff have an opportunity for up to 2% bonus (5% for CEO, CNE and COS) if the stretch goals/targets that have been established are met. The first year of the QIP and tie into performance based compensation resulted in the non-union staff achieving 60% of this bonus. This increased to 70% in 2012-2013 even though the targets increased well beyond any Provincial targets.

Accountability Sign-off

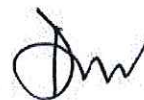
I have reviewed and approved our organization's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*.



Gay Wrye
Board Chair



Bob Renaud
Quality Committee Chair



David Musyj
Chief Executive Officer

Our Improvement Targets and Initiatives

Please refer to [Improvement Targets and Initiatives spreadsheet](#) (Excel file).