Let's Make Healthy Change Happen.

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

WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE — NO EXCEPTIONS!

3/27/2019

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

Message from President & CEO, David Musyj.

Windsor Regional Hospital's (WRH) 2019/2020 Quality Improvement Plan (QIP) continues to build on our Vision of Outstanding Care… No Exceptions! The QIP aligns with the Erie St. Clair Local Health Integrated Network (ESCLHIN) priorities, the Health Services Accountability Agreement (HSAA), Ministry of Health and Long Term Care, and Windsor Regional Hospital's Strategic Plan (2016-2020), which reflects the changing landscape of health care delivery and the continued pursuit of a new state-of-the art single site acute care hospital.

One of our strategic directions is To Strengthen the Culture of Patient Safety and Quality Care. The QIP is based on a comprehensive assessment of opportunities to improve quality and safety and reflects quality themes that support our vision for a high performing health care system. The QIP builds on the plan from previous years with the ongoing commitment to improve in areas that have been the focus of quality improvement. Moreover, this year's QIP focuses attention on areas that urgently require improvement across the province such as workplace violence and prevention and Emergency Department wait times.

The QIP reflects the overall mission to Deliver an Outstanding Patient Care Experience Driven by a Passionate Commitment to Excellence. The work of over 3900 staff, 516 physicians, and 613 volunteers demonstrates compassion, commitment and excellence in the pursuit of our vision.

It has been over five years since realignment and our goal remains – to ensure all patients have the same high quality experience. As the President & CEO, I made the commitment to our patients and staff, "At the end of the day, no matter what campus a patient steps onto, their experience will be the same – Outstanding!"

Our QIP reflects a commitment to optimizing and standardizing practices across our two large acute care sites allowing for consistent and continuous improvement efforts. The 2019/2020 QIP was vetted through various process improvement teams, the Executive team, the Patient and Caregiver Council, the Finance Committee, the Medical Advisory Committee (MAC), and the Quality of Care Committee, who made a recommendation to the Board of Directors for approval.

The 2019/20 QIP sets aggressive targets with planned improvement initiatives to build on the successful processes and best practices of previous years. The objectives identified in this year's QIP reflect a multiyear strategy that support the tenets of an operating model for our two acute care sites. This is important as we move forward with the planning for a new single site acute care hospital.

Windsor Regional Hospital is committed to making improvements in a substantial way, focusing on 10 indicators: 2 mandatory and 8 priority. The 19/20 QIP indicators include:

Mandatory Indicators

- Incidence of Workplace Violence
- Emergency Department Wait Time for Inpatient Bed

Priority Indicators

- Alternative Level of Care (ALC) Rate
- Average Number of Inpatients Receiving Care in Unconventional Spaces Per Day (new)
- Discharge Summary Sent from Hospital to Community Care Provider Within 48 hours of Discharge

- Patient Experience – Did You Receive Enough Information When You Left the Hospital?
- Percentage of Complaints acknowledged to the Individual Who Made a Complaint Within Five Business Days
- Documented Assessment of Needs for Palliative Care Patients
- Readmission Within 30 days for Mental Health and Addiction
- Medication Reconciliation at Discharge

These indicators are all transformational and measure important areas for quality improvement, cultivating and supporting a culture of quality within our organization. Our change ideas are intended to result in performance improvement stimulating new ways of thinking about how to improve quality. The QIP inspires conversation about quality among board members, senior leaders, physicians, individual clinicians, and front line staff. Performance improvements are achieved by collaboration among sectors, research of best practices, consultation and support with our health care partners, review of our own data, and most notably, feedback from staff, patients, and their families.

Describe your organization's greatest QI achievement from the past year

Responsible stewardship combined with innovative thinking drives us to make the best use of limited resources and implement improvement strategies that drive value and effectiveness in the provision of health care for our community. WRH, like other acute care hospitals in the province this past year, experienced a surge in occupancy. This increased demand has often resulted in OR cancellations, patients admitted to unconventional and overflow areas, and a drain on our nursing resources. This past year, these challenges to patient care and patient flow were met with some significant positive influences as a result of the implementation of the Patient Flow Improvement Program in October 2017. While the focus of the patient flow improvement program was on Medicine, the benefits of standardizing processes and implementing improvement initiatives were felt across the organization.

A key aspect of the Patient Flow Improvement Program was the introduction of Command Centers located at both campuses, functioning as the central hub for systems communication, escalation and operational decision making from admission to discharge. The Command Centers are staffed with clinical and non-clinical staff. Three brief daily huddles (2 System Level and 1 Unit Level Patient Flow) occur to review the availability of beds, overall capacity, system level issues, and specific patient issues regarding discharge barriers and delays. Additionally, Assessment Bays located on all Medicine Units, introduced in October 2017, pull patients from the Emergency Department in a timely manner.

To further reduce wait times in the Emergency Department and respond to the issue of Hallway Medicine and patients awaiting a bed in unconventional spaces, WRH partnered with Emergency Medical Services (EMS) and Erie Shores Health Care (ESHC) to divert ambulances with patients assessed with minor complaints (CTAS 4 and 5) to low volume emergency departments. The three Emergency Departments (both sites at WRH and one at ESHC) and EMS are in communication throughout each day to redirect Emergency Department volume and ensure ambulances remain on the road to respond to calls in the community.

The results have been dramatic with respect to patients admitted and waiting in the Emergency Department as an Admit No Bed (ANB), and the time to an inpatient bed. All the elements of the Patient Flow Improvement Program: Command Center, System and Unit Patient Flow Huddles, Assessment Bays, Standardized Process, EMS diversion, etc. have led to positive results creating more capacity and reducing

wait times. The Patient Flow Improvement Program for the Surgery Program is scheduled to roll out in 2019.

Our Patient Flow Index focuses on 3 primary indicators – Admit No Bed at 7 am, ALC patients and Discharge by 1100. These indicators are a representation of patient flow across the organization with a steady improvement overall (see graph below entitled Patient Flow Index).

A revised Discharge Policy was introduced in 2016, bringing acute care and LHIN services together in a coordinated response to discharge planning. WRH has experienced a significant reduction in the number of patients designated as Alternate Level of Care (ALC)(see graph entitled ALC rate below), with an overall rate below the provincial and Erie St. Clair LHIN rate. The collaboration is ongoing with our community partners and the utilization of enhanced community service plans through the Erie St Clair LHIN and their providers with Intensive Hospital (IHH) to Home and IHH Rehabilitation services.

Opioids are at the center of a public health crisis in Ontario. A 2017 Health Quality Ontario report ranked the Erie St Clair LHIN as the highest LHIN (2015/2016) in the province for the number of people who filled an opioid prescription (18 per 100 people). Accurate data collection on overdoses is vital in evaluating this issue and in developing strategies for our community. In addition to reporting to CIHI identifying patients presenting to our Emergency Departments, when an opioid antidote is given and a positive response occurs, or, when an Emergency Department physician documents "opioid overdose", WRH is also working closely with EMS and the Windsor Essex County Health Unit to ensure that the reporting of incidents for patients admitted to the Emergency Department is accurate. Twice per month, hospital and public health officials validate the data to ensure its accuracy.

WRH is continuing to track Naloxone Administration as an indicator on our Corporate Patient Safety and Quality Scorecard. Naloxone - an opioid antagonist, is used for the complete or partial reversal of opioid overdose. If naloxone is removed from our automated medication dispensing system on a patient that received a narcotic within 6 hours, the chart is flagged and sent to the pharmacy department and the clinical area for review. If naloxone was administered because of the narcotic, the patient is included in the count. The intent is to identify situations where as an organization we could have made different decisions in the administration of narcotics from a medical/nursing perspective.

Quality Based Procedures (QBP) are a major area of focus for WRH as a source of revenue, they are reviewed and compared to benchmarks on an ongoing basis. A QBP Steering Committee acts as the executive champion to spearhead change management across the organization and provide oversight to project governance. In 2019/2020 we will continue to focus on achieving our QBP targets and maintaining the required quality outcomes. In 2019/2020 the QBP Pathway Improvement Plan will focus on 4 additional QBP's, in addition to the 10 focused on in previous years. They include:

Wave 1 – 2017/2018
- Ischemic Stroke
- Congestive Heart Failure
- Hip Fracture
- Chronic Obstructive Pulmonary Disorder (COPD)
- Community Acquired Pneumonia

Wave 2 – 2018/2019
- TIA (Combined with Ischemic Stroke)

- Hemorrhagic Stroke
- Hip Replacement
- Knee Replacement
- Knee Arthroscopy

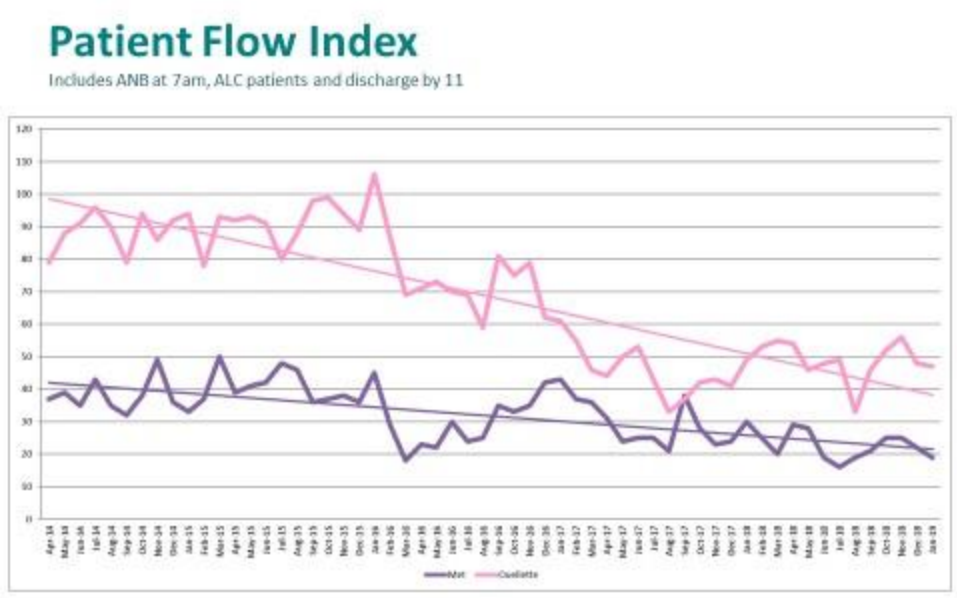
Wave 3 – 2019/2020
- Breast
- Hysterectomy
- Prostatectomy
- Shoulder and reverse arthroplasty

By leveraging best practices, the Quality Based Procedures (QBP) Pathway Improvement project integrates and standardized Order Sets, Clinical Pathways and Patient Experience Pathways, to increase adoption by the care teams, patient and families. The project seeks to improve the patient experience and improve efficiency related to length of stay, cost per case, readmission rates, and improving and expanding on the current reporting structure.

The Standard Unit Team, supported by the Standardization and Optimization Program (SOP) develop and standardize processes to reduce or eliminate patient harm and improve performance. This is achieved by following 'best practices', creating an environment where the patient receives the same care at both campuses, and creating an environment where all nurses have the assurance that basic practices will reduce patient harm and these practices are known, understood and practiced by all medicine and surgical nurses. The 9 Standard Unit Bundles include: care rounds; in-room patient white boards; performance boards; shift to shift report, transfer of accountability; leadership rounding; safety huddles; comfort rounds and mobility.

	FY 1415	FY 1516	FY 1617	FY 1718	FY 1819*
WRH	16.7%	17.3%	12.1%	9.2%	9.7%
MET	12.5%	11.6%	8.3%	8.2%	8.6%
OUE	19.7%	21.7%	15.1%	10.0%	10.6%

*Apr-Dec



Patient/client/resident partnering and relations

Patient engagement is fundamental to the QIP's core objective of continually improving the care experience for our patients and their families. The Patient and Caregiver Council reviewed the QIP and provided feedback. The belief that partnerships among patients, families and health care providers are mutually beneficial to all parties is at the core of WRH's Patient and Caregiver Council (PCC). Involving patients and their families in the care provided is embedded in the culture at WRH. The Patient and Caregiver Council provide insight to professional staff, nurses, and other health care providers to ensure that the highest level of care is delivered.

The goals of the Council are:

- Improve patient safety and the delivery of quality of care;
- Promote improvements in processes and services;
- Enhance communication with patients among hospital personnel;
- Improve navigation through and within the health care system.

WRH standardization and optimization (SOP) team includes patients as an important part of their process improvement initiatives. Patients provide important input in areas such as: mapping sessions to identify current process gaps, opportunities to redesign processes to eliminate 'waste'; creating patient experience surveys for immediate feedback about process changes; redesigning patient education materials; attending hospital celebrations highlighting work done to date; sharing their involvement in newsletters / website / videos; and, testing new approaches through engagement in improvement team meetings.

When health care is perceived though the eyes of the patient and family and/or caregivers, research shows that the quality of care rises, costs decrease, provider satisfaction increases and the overall patient care experience improves. Patient satisfaction is one of the more difficult indicators to improve upon and can take years for an initiative focused on patient satisfaction to demonstrate improvement. It is important to consider both patient experience and patient satisfaction, and use the information gathered to design care and services that consistently and

reliably deliver an ideal patient experience. Patient satisfaction surveys were once the traditional method of filling out a paper based questionnaire and then mailing back the completed survey to NRC Health. In 2019/2020, we will continue to use an email version of our patient satisfaction surveys in addition to our traditional mailed survey, allowing patients to provide their email address at the time of admission.

The Patient Experience Task Force at WRH ensures that patient and caregiver knowledge, values, beliefs as well as cultural backgrounds are incorporated into care planning to help inform decision making. Health care equity focuses on the health system's ability to provide equitable health care services. In 2014, Windsor Regional Hospital collaborated with Henry Ford Health System in Detroit, Michigan, and implemented AIDET training. AIDET (Acknowledge, Introduce, Duration, Explanation and Thank you) is a program that teaches staff to communicate with patients and their families as they do with one another and to be sensitive to cultural/social differences and reinforcing communication with vulnerable populations. This valuable training continues today. Since its introduction, over 2100 front line staff, leadership team, volunteers, security and physicians have received this training.

Several other initiatives at WRH demonstrate our commitment to engaging our patients. Every patient admitted to the hospital receives a Welcome Letter from the President and CEO, where patients are welcomed and provided with my personal phone number. Of the phone calls received, the majority (over 90%) are from grateful patients wanting to share their stories of gratitude about the care and compassion they received.

Service Recovery is a program that strives to 'makes things right when they go wrong'. When services have failed, it is about doing what we can to satisfy our patients and their loved ones. Our patients have praised us for responding to their issues and resolving their complaints and concerns. Coffee cards, parking passes, etc. are provided to patients as tokens of our commitment to this endeavor.
Our 'Well-Come Mat Program' continues to receive positive feedback from patients and their families across both sites of Windsor Regional Hospital. Volunteers visit every newly admitted patient to provide an orientation to the hospital, including information on patient directories, food services, parking, television services, and other patient related information.

Finally, the realignment of programs and services across Windsor's two acute care hospitals in 2013 provided the necessary first step toward the future of healthcare in our community and improved patient care with a new single site acute care hospital. For care to be truly patient centered, it must be coordinated, collaborative and integrated ensuring the right patient, receives the right care, at the right time. The realignment of services across acute and sub-acute provides greater integration between sectors. The goal is for healthcare in our community to operate within an integrated healthcare system that will help ensure that patients move from one care setting to another with fewer barriers. Healthcare is delivered by various providers including primary care, acute care hospitals, tertiary or sub-acute hospitals, long term care homes, public health and community health service providers. The realignment provided an opportunity for formalized connections to support coordinated and efficient care across the continuum for residents in the Erie St. Clair LHIN. In this community, partnerships continue to be forged to create a complete system of care that is inter-connected and works for every patient and reinforces government supported initiatives toward more community-based care changing the demands and requirements of the acute health care service delivery system.

Workplace Violence Prevention

Windsor Regional Hospital has a zero tolerance approach to workplace violence and is committed to providing a safe, healthy and secure work environment where the dignity and worth of every person is respected. WRH's 'Creating a Safe Workplace' Program is comprised of policies and procedures that address violence and include: Creating a Safe Workplace, Code White/Management of Aggressive and/or Violent Individuals; Flagging Patient Behavior Policy; Intimate Partner/Domestic Violence Policy and the Professional Staff – Creating a Safer Workplace Policy. These policies in addition to de-escalation techniques are introduced at all Hospital Wide Orientation sessions and reinforced with the Safe Workplace mandatory e-learn for all staff.

The Safe Workplace Bundles are unit specific and focus on assessment, prevention, investigation, and debriefing, and utilize safety huddles and care rounds to communicate to staff in real time. Additionally, WRH created our own workplace violence risk management form. This electronic form utilizes our existing risk management software and provides an easy and accessible alerting system for all staff. Staff from selected high risk areas such as the Emergency Department, Mental Health and Security, receive Nonviolent Crisis Intervention Training. The training emphasizes early interventions and nonphysical methods for preventing or managing disruptive behavior. Additionally, at one of our acute care sites, all staff, leadership and physicians wear a personal safety device that is a pressure activated and sends an alert when protection is needed, so security will know who, where and when to send help when it is most needed.

This past year, the Emergency Department initiated the ED Patient/ Caregiver Survey for Patients with Autism. This assessment tool is reviewed with parents/caregivers of patients with autism when they present for treatment. It is designed with standard questions that provide a treatment plan with strategies to assist and manage patients when at risk of acting out or escalating while receiving treatment. The treatment plan is kept on hand within the ER for future admissions.

Executive Compensation

To achieve system-level performance senior leaders and the board established solid performance measures tied to the priorities in the QIP. As leaders, what we pay attention to, will get the attention of the entire organization. Ten (10) quality improvement indicators were selected for the performance based compensation and given a weighting. The indictors include:

- Hospital Standardized Mortality Ratio;
- 7 Day All Cause Readmission for Our 7 Focus QBP's;
- Inpatient Discharge by 1100;
- Medication Reconciliation at Discharge;
- Emergency Department Wait Time for an Inpatient Bed;
- Hospital Acquired Infection Rate;
- Overall Hand Hygiene Compliance (4 moments);
- Patient Falls with Injury for Admitted Patients;
- Alternative Level of Care (ALC) Rate;
- Patient Experience –Did you receive enough information when you left the hospital?

The performance indicators are incorporated into the Board, Corporate, Program and Service Scorecards and updated weekly and/or monthly with ongoing monitoring.

In the first year of the QIP (2011), performance based compensation resulted in the non-union staff achieving 60% of the bonus. This increased to 70% in 2012, even though several targets stretched beyond regional and provincial targets. In 2013,

the compensation resulted in achieving 63% of the bonus, again with ambitious targets. In 2014, following the October 2013 realignment, the compensation resulted in achieving 48% of the bonus. In 2015, the compensation resulted in 43.5%, and in 2016, 60%. In 2017, 4 years post realignment, the performance based compensation resulted in 83% of the bonus. Last year (2018), the performance based compensation resulted in achieving 56.4% of the bonus.

The 2019/2020 QIP is once again linked to performance based compensation for all non-union staff, consistent with the Excellent Care for All Act. This link to performance establishes how leadership will be held accountable for achieving targets set in the QIP. The performance based compensation allows all non-union staff to have an opportunity to earn up to a 2% bonus and the CNE, COS and CEO up to a 5% bonus.

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 Dan Wilson _____ (signature)
Board Quality Committee Chair Anthony Paniccia _____ (signature)
Chief Executive Officer David Musyj _____ (signature)
Other leadership as appropriate Karen McCullough _____ (signature)