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Change Happen.



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



4/1/2014

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

Hôtel-Dieu Grace Healthcare is pleased to present its 2014 Quality Improvement Plan.

Submission of our Quality Improvement Plan for 2014 must be contextualized given the realignment of services between the Windsor Hospitals in 2013. Effective October 1, 2013 Hotel-Dieu Grace Hospital became Hotel-Dieu Grace Healthcare and assumed governance and management responsibility for post-acute services operating at 1453 Prince Road in Windsor; formerly operated by Windsor Regional Hospital. As a result of this realignment Hotel-Dieu Grace is no longer an acute care hospital. We in turn transferred our site on Ouellette Avenue to Windsor Regional as they assumed governance and management responsibility for all acute in Windsor. Both organizations have spent the past six months transitioning to their new sites.

Hôtel-Dieu Grace Healthcare plays a unique role in Windsor-Essex as the regional provider of post-acute care services. This includes complex care, regional rehabilitation, specialized mental health and addictions, children's mental health as well as other outpatient and community based services.

We provide to our community a unique blended model including:

- Specialized Inpatient Bed
- Specialized Residential Beds
- Outpatient and Community Services

Our QIP for 2014 focuses on five elements:

1. Improving access to care
2. Improving patient safety
3. Improving effectiveness of care
4. Improving the patient experience
5. Improving the integration of care and incorporating the core recommended indicators pertinent to our role.

Our quality improvement plan will be supported by a performance monitoring and management strategy made up of the following elements:

1. Metrics will be incorporated into the corporate executive scorecard that is monitored monthly by the appropriate senior leader in the organization. Action plans are developed and monitored to address performance outside the acceptable range.
2. The board quality committee will receive regular reports from management and will subsequently report to the board on performance against the quality improvement plan. This committee also has responsibility for overseeing the ongoing performance

of management plans to address areas outside the performance target. The committee meets regularly and QIP performance is a standing agenda item.

3. The healthcare centre has implemented weekly huddles, involving clinical, non-clinical leadership and frontline staff. These meetings are fundamentally important in not only monitoring performance but fostering a quality and safety culture.

The HDGH QIP is based on our strategic focus and commitment to quality and patient centered care which will build on continued quality improvement work. Our quality improvement plan identifies 8 priority indicators that we will focus on in 2014/15 to provide improved and safer care for patients. Over the next year, HDGH will focus on priority initiatives to:

- Monitor and review all readmissions to Specialized Mental Health
- Improve access to high intensity rehabilitation programs for moderate to severe stroke patients
- Maintain a balanced budget and achieve our fiscal targets
- Improve the overall patient satisfaction and patient experience through establishment of a Patient Centered Advisory Committee and a team focused patient experience work plan.
- Establish a process improvement team to review infection control procedures and enhance our education and training campaign
- Review and improve the hand hygiene audit process with supporting audit tools and process review
- Enhance and implement a falls prevention strategy
- Implement the ISMP standards to support an overall medication reconciliation plan for all inpatients

Integration & Continuity of Care

The realignment and integration of services will provide a formal structure to support the continuum of care for our community and our patients. We will continue to build on strategic partnerships and be a key partner and leader in our community. HDGH views integration and continuity of care as critical to improving initiatives around chronic disease management. HDGH will be working closely with community partners with a focus on the patient experience and integration of services to support the patient journey. We will be reviewing and placing strategies in place to address our long-stay ALC patients and creating action plans to transition them to the most appropriate destinations and identifying common barriers to discharge. We will continue to work closely with our acute care and community based partners to enhance daily communication and enhance our transfer protocols and strive for seamless, safe and effective transitions from acute care to HDGH, and from HDGH back to our community. To continue to improve the continuity of integrated care for our patients, HDGH will:

- Work closely with the acute care center and coordination of intake services to support the right patient in the right bed at the right time

- Establish a Discharge Coordinator role to specifically address any gaps in communication and coordination of our patients continuing care post discharge from sub-acute services in conjunction with our community partners.
- Continue to monitor clinical program performance for utilization of appropriate Review admission criteria sets and processes for inpatient intake
- Focus on intake and discharge coordination and transparent communication across the care continuum.

Challenges, Risks & Mitigation Strategies

As described in the overview we have taken on a new role and created a new freestanding corporation at the Prince Road site (formerly part of Windsor Regional Hospital) effective October 1, 2013 that will be a faith based organization. This is a significant transition for this site. Since October 1, 2013 we have been putting in place the necessary administrative structures, processes and systems. The major challenges going forward relate to (a) having governance, management, and operational responsibility for a new site and post-acute services rather than acute care services, (b) developing a deeper programmatic understanding and appreciation for the clinical, socio-economic, and demographic profile of those we serve, (c) building relationships with professional staff, hospital staff, union leadership, stakeholders, families and patients, (d) increasing our understanding of the risks relating to infrastructure, medical-legal, performance, etc., (e) understanding and influencing culture, and (f) developing a strategic and operational plan.

To mitigate and manage these challenges we have and will continue to focus on five inter-related themes: strategy, leadership formation, operating model, staff connections, and our Catholic identity

Information Management Systems

Our organization continues to leverage various software and technologies across the care continuum to support patient information systems. We currently use electronic processes and systems for diagnostic services (lab, DI, pharmacy) to support electronic order entry and results.. We also share a common electronic medical record repository across four of the five hospitals in the ESCLHIN (Solcom-EDCO) which provides our clinicians and community partners with real time patient record information. Some of our outpatient programs are at various stages of electronic documentation including the Cardiac Wellness program, community mental health clinics and Regional Children's center. We are currently reviewing opportunities for a Regional HIS and integrated Electronic Clinical Documentation solution. We are also engaged as a pilot site for the e-health strategy for integration of patient reports to physician EMR's within the community and participate in the Integrated Assessment Record (IAR) initiative for our Mental Health population and Geriatric Assessment Program. We have implemented, through Oculys, the HDGH iMap system which is real time mobile patient flow software and exploring further opportunities with this tool to support our strategies related to intake and discharge planning information flow.

Engagement of Clinical Staff & Broader Leadership

The Quality Improvement Plan (QIP) is one component of our overall organizational planning process. In creating this plan this year, for our first full year leading the organization post system alignment, there was significant consultation with internal leadership staff (clinical and operational staff) through weekly meetings and program specific team meetings. Each leader consulted broadly with front line clinical staff on the development of appropriate indicators and there was robust discussion on the opportunities for improvement. Additionally, our physician team was consulted through the leadership of our Department Heads and our Professional Advisory Committee

Accountability Management

The QIP is integral to the operations of HDGH. Prior to setting the targets, management worked with all levels within the organization to determine the appropriate priorities and target performance improvements. This results in an organization that is committed to achieving quality improvements. Throughout the year, performance on all targets will be monitored through several channels to ensure that the plan is on target and corrective action is instituted as required. Given our past performance utilizing this methodology, we are confident that we have the appropriate processes to ensure accountability.

Health System Funding Reform

The QIP aligns with our Hospital Service Accountability Agreement and future directions related to Health System Funding Reform, Quality Based Procedures and improved length of stay for key rehab groupings for stroke patients. We will be aligning inpatient programs, services and clinical units in rehabilitation and complex medical services to reflect best practices and respond to the emerging system needs from the Ontario Stroke Network and the ESCLHIN. This will include a focus on rehabilitation care pathways, reconditioning services, ambulatory and outpatient care and supports for healthy aging and wellbeing at home. As we move out of realignment of services and focus on our new sub acute patient services, a major strategic focus will be on reviewing our HBAM variances and optimizing weighted cases and clinical outcomes. We are also looking at innovative partnerships with our primary care and community service agencies to facilitate ongoing care for our patients.

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


Carol Derbyshire
Board Chair


Ken Deane
Chief Executive Officer

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.