Quality Improvement Plan (QIP) 2014-15

Vision 2011-2015

"The excellence of the Institution’s personalized patient care and the quality of its workplace, teaching and research make Montfort the hospital of choice."

April 1, 2014

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, it 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 the ECFAA, and provided that they submit a version of their quality improvement plan to Health Quality Ontario (HQO) in the format described herein.
Overview of Our Organization’s Quality Improvement Plan (QIP)

The following are excerpts from letters sent to Montfort by two patients. They show how staff members live the Hospital’s values on a daily basis and their concern for quality care and patient safety:

“I am writing today to thank you and your team for setting up a clinic where an enterostomal therapy nurse meets the specific needs of colostomy patients. Last December 4, at the request of Dr. A, I met with Ms. B, an enterostomal therapy nurse. The experience was a perfect illustration of the excellent services delivered by Montfort. Not only was Ms. B competent, she was extremely compassionate and highly professional. Needless to say, having access to such a service at a clinic that respects patient privacy is deeply appreciated. I left Ms. B with new confidence, equipped with advice and practical tips that will stay with me and not only provide me with some comfort, but also a degree of safety. All that and in French to boot!”

“My mother was 90 years old. On the morning of August 9, she woke up completely confused and incontinent (in cardiac distress and after multiple strokes). She was no longer the same person. They admitted her to your hospital. During her stay, she would slip between a lucid and confused state of mind. She came close to death three times before she finally passed away. The care provided by everyone involved was outstanding. I could never name the many staff members who worked with her and who also comforted and supported me through this ordeal.

However, I remember Dr. C, who called me at home three mornings in a row to keep me updated. I will always remember Dr. D, an incomparable, extremely humane woman who explained the grieving process to me, supported me and held me in her arms. My mother was fortunate to receive such amazing, non-stop care provided with respect and dignity. I would also like to mention Ms. E, personal support worker, who paid constant attention to my mother, always with a smile and a kind word. There was also Ms. F in palliative care and Ms. G from religious care. Both of them were unbelievably supportive and helpful right to the end. The document, “Loin de mes yeux” was and still is extremely useful to me. Several medical students also showed their dedication and deep compassion. In short, your entire team was outstanding. After her passing, my mother was taken to your very lovely quiet room, where I was able to pray and spend some special time with her. This was where the coroner came to confirm her death, once again with comforting, appropriate words of sympathy.”

OVERVIEW

The Hôpital Montfort’s 2011-2015 Strategic Plan clearly establishes the results that we intend to achieve and includes a component specifically centred on continuous quality of care improvement and optimal clinical service performance based on values of compassion, respect, engagement and excellence.

The Board of Directors must ensure the safe delivery of care and service quality. It oversees the implementation of a quality framework that includes methods for evaluating the quality approach. In this regard, it instructs the Quality Committee (QC) to gather objective information in order to determine the extent to which quality of care, patient safety and risk management comply with regulatory requirements and the standards of Accreditation Canada.
The QC measures effectiveness and efficiency based on reliable, validated quality indicators and ensures that it supports the vision, mission and values of Hôpital Montfort. The QC is also responsible for developing and implementing the *Quality Improvement Plan* (QIP) and assessing QIP results through dashboards, action plans and/or progress reports. It then submits its recommendations to the Board of Directors.

Hôpital Montfort has adopted the quality definition and dimensions established by Accreditation Canada:

“Quality is the degree of excellence or the extent to which an organization meets client needs and exceeds their expectations.”

This definition is based on eight (8) dimensions that determine quality in specific areas:

<table>
<thead>
<tr>
<th>Quality Dimension</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population focus and integration of care</td>
<td>Working with communities to anticipate and meet needs</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Providing timely and equitable services</td>
</tr>
<tr>
<td>Patient safety</td>
<td>Keeping people safe</td>
</tr>
<tr>
<td>Worklife</td>
<td>Supporting wellness in the work environment</td>
</tr>
<tr>
<td>Client-centred services</td>
<td>Putting clients and families first</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Doing the right thing to achieve the best possible results</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Making the best use of resources</td>
</tr>
<tr>
<td>Continuity of services</td>
<td>Experiencing coordinated and seamless services</td>
</tr>
</tbody>
</table>

Montfort relies on the *Health Quality Ontario* (HQO) quality improvement framework consisting of six (6) phases, each of them iterative and designed to build on the knowledge gained from the previous phase.

Based on the lessons learned during the development and monitoring of the 2011-12 QIP, the Hospital created a *Quality Improvement Plan Standing Committee* (QIPSC). This Committee serves as an institutional, interdisciplinary forum and a link among quality teams in the different sectors and with Hospital management. The mandate of the QIPSC is to facilitate the planning, development, coordination, priority-setting, implementation, monitoring and evaluation of the hospital’s quality improvement initiatives in a coordinated approach aligned with the Hospital’s strategic policy on the integrated management of quality, risk and patient safety.

In 2013-14, an evaluation of the Hospital’s QIP by HQO offered some highly relevant suggestions for improving the soundness and implementation of the 2014-15 QIP. We took account of the need to “clarify deadlines for achieving objectives” and process measurement to ensure that “the change strategy is implemented as planned or to determine whether a correction is required mid-way.
“through the year” in order to provide enhanced, stricter monitoring of anticipated progress in relation to the targeted change ideas.

“The Hospital deserves praise for including many risk mitigation strategies and for linking them to the QIP indicators (…). Generally, the Montfort QIP is well done, and in some respects, exceeds expectations. The short form version is well written and clearly places the emphasis on integration and alignment, as well as the commitment to deliver patient-centred care. The QIP objectives for 2013-14 have been officially planned and prioritized. We would like to congratulate the hospital for its efforts and good work.” *

*(Translated excerpts from the Montfort 2013-14 QIP evaluation letter from HQO, September 16, 2013.)*

QUALITY IMPROVEMENT OBJECTIVES AND TARGETS: SOURCES AND CHOICE

In choosing its improvement objectives, Hôpital Montfort drew from the experience of our patients and their significant others related to the quality and safety of care received. Differences in perceptions of the delivery of care are discussed and analyzed with experts in the field to more effectively identify opportunities for improvement. The internal database sources therefore include the management of complaints, compliments, comments made via social media, adverse events, near misses, dangerous conditions and critical incidents. After identifying, analyzing and assessing the deeper causes, they are reported and discussed with various organizational authorities, including the Board of Directors, on a quarterly basis.

The 2014-15 QIP addresses the most important risk factors and trends identified during the review and links them to the focused interventions. Our patients and their significant others expect:

a. **An outstanding patient experience**, which is why the 2014-15 QIP targets:
   - Improved in-patient satisfaction rates; and,
   - Improved emergency department wait times for admitted patients.

b. The best possible care **free of preventable harm**, which is why the 2014-15 QIP targets, among other things:
   - Improved [downward] rates of hospital-acquired *C*-difficile infection; and
   - An improved hospital standardized mortality ratio.

Montfort has aligned its targets with those of the hospital’s strategic plan and the accountability agreement signed with the Champlain Local Health Integration Network (LHIN). The hospital has chosen more ambitious yet achievable targets that represent a challenge and make it possible to achieve better results. Targets were chosen according to the following algorithm, as recommended by HQO:

- The best theoretical result (ex., 100% or 0);
- At least equivalent to the best result obtained;
- Reduce or eliminate waste (ex., 50%);
- Median or average; or
- The equivalent of the improvement made elsewhere.
The seven (7) organizational indicators were selected in accordance with the Excellent Care for All Act, 2010 (ECFAA) and identified as in need of significant improvements wherein their current performance has failed to achieve their longer-term objective. At least four (4) change ideas will influence the expected performance, always in accordance with the priorities of the strategic plan. Executive compensation is linked to performance.

<table>
<thead>
<tr>
<th>Quality Factor</th>
<th>Objective</th>
<th>Change Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Safety</strong></td>
<td>Reduce the rate of hospital-acquired C-diifficile by 25% per 1000 patient days</td>
<td>• Continue to implement corporate strategies regarding hand washing (ref. pre-contact observations)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Deploy the antimicrobial management program in medical/surgical units</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Improve environmental cleaning and disinfecting techniques by clarifying expectations, roles and responsibilities and by measuring performance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Enhance knowledge regarding the diagnosis and treatment of <em>Clostridium difficile</em> as well as infection prevention and control measures</td>
</tr>
<tr>
<td><strong>Efficiency</strong></td>
<td>Reduce the hospital standardized mortality ratio by 10%</td>
<td>• Strengthen the review process in death cases by the Quality Based Procedures Assessment Committee (QBPAC)</td>
</tr>
<tr>
<td></td>
<td>Reduce the cost of short-term care and day surgery by 7.6% per case</td>
<td>• Embed morbidity and mortality rounds in family medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identify and implement best practices related to strategies for reducing the number of sepsis-related deaths</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Enhance rapid critical incident response team (CIRT) intervention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Implement best practices for quality-based medical procedures (QBP) relying on the QBP clinical handbooks of the Ontario Ministry of Health and Long-term Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Monitor the impact of cost-reduction initiatives on average cases as they relate to adverse event trends prejudicial to patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Promote the standardized use of supplies within the organization and the regionalization of supply contracts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reduce the frequency of overtime</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Optimize monitoring of activity centres with budget deficits related to the leader evaluation measurement model (LEM)</td>
</tr>
<tr>
<td><strong>Accessibility</strong></td>
<td>Reduce by 10% emergency room wait times to the 90th percentile for admitted patients.</td>
<td>• Reduce the time leading up to the physician initial assessment (PIA) by reviewing the medical staffing plan based on patient flow in emergency department</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Measure PIA performance by physicians and share the results with each physician individually (feedback)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consolidate initiatives centered on i-stat implementation in the emergency department</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Enhance application of the policy on discharge and departure time prior to 10:00 a.m.</td>
</tr>
<tr>
<td><strong>Patient-centred care approaches</strong></td>
<td>Increase satisfaction among hospitalized patients by 6%: <em>Would you recommend this hospital to your family and friends?</em></td>
<td>• Introduce bedside reports in the emergency department for all admitted patients to improve communications and better coordinate care with the patient, the patient’s significant others and the interdisciplinary team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Optimize employee and patient rounds in in-patient care units while beefing up the core principles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Create and maintain a satisfaction survey (in real time) for hospital patients concerning support services (ex., nutrition, housekeeping, etc.).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Establish an automated call system for post-discharge telephone follow-up</td>
</tr>
<tr>
<td><strong>Increase by 2% the commitment of our people:</strong></td>
<td></td>
<td>• Promote a culture of positive work attendance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recognition for teaching physicians and researchers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Promote a culture of recognition and encouragement</td>
</tr>
</tbody>
</table>
### Quality Factor

<table>
<thead>
<tr>
<th>Objective</th>
<th>Change Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you look forward to coming to work?</td>
<td>• Implement a program of manager support and development</td>
</tr>
<tr>
<td>Integrated care</td>
<td>• Create Health Links for Sector 4 of the Champlain LHIN to better coordinate service and care for patients with complex needs</td>
</tr>
<tr>
<td>Reduce by 16% the percentage of alternate level of care days</td>
<td>• Meet at least 1 community partner (200 in HLS4) per month to enrich our work relationship</td>
</tr>
<tr>
<td></td>
<td>• Build on our success and pursue our approach “At home first”</td>
</tr>
<tr>
<td></td>
<td>• Continue to hold Flash Meetings on all care units</td>
</tr>
</tbody>
</table>

### Alignment and Integration with Other Planning Processes:

In March 2013, the Hôpital Montfort Board of Directors, at the recommendation of the Quality Committee (QC), adopted an Integrated Management of Quality Framework (IQM) in order to achieve the objectives set. This framework helps integrate the various types of quality under a partnership with staff members, patients and their significant others. It was designed to suit the specific context at Hôpital Montfort and covers all of the factors accepted in the IQM field. The five main components of the framework are:

- The continuous quality improvement approach;
- The types of quality;
- The various gaps;
- Quality indicators; and
- The pillars of success.

Measuring the satisfaction gap between the quality expected and the quality perceived would be impossible without the viewpoints of patients and their significant others.
Each staff member has an important role to play in achieving QIP goals. The PDSA methodology (Plan, Do, Study, Act) is central to integrated quality management and is a scientifically recognized model used world-wide.

- What are we aiming to accomplish?
- How do we know that a change will constitute an improvement?
- Which changes can we bring that will result in the improvements we seek?
The QIP is consistent with the Hôpital Montfort’s 2011-2015 Strategic Plan and the operation planning cycle. To achieve our vision -- “The excellence of the Institution’s personalized patient care and the quality of its workplace, teaching and research make Montfort the hospital of choice,” -- our 2011-2015 Strategic Plan focuses on five strategic areas:

- Continuous quality improvement and optimal performance of clinical services
- Improved organizational performance
- Promotion of a healthy workplace
- Strengthened relationships with partners and communities
- Development of an academic identity

We have identified strategic and intermediate outcomes for each of the five (5) areas. The implementation plan provides for initiatives that support achievement of the strategic plan.

We have also developed a performance measurement framework for strategic plan performance that includes achievement of QIP targets as a measure for assessing two (2) strategic plan outcomes:

- The continuous quality and safety improvement system attains the performance expected;
- The emergence of a culture profoundly focused on performance, quality and accountability.
Our integrated operational planning cycle, based on strategic planning, includes various plans, such as:

- Operating Plan – to support initiatives identified in other plans – and the Hospital Services Accountability Agreements with the Champlain Local Health Integration Network (LHIN) and agreements with Action Cancer Ontario and all of the other agreements to which we are financially committed or have quality indicators to meet;
- Human Resources Plan;
- Medical Resources Plan;
- Information Systems Plan;
- Communications Plan;
- Capital and Equipment Acquisition Plan;
- Continuous Professional Development Plan.

The QIP forms part of the continuum of quality and the Accreditation Canada cycle. QIP improvement initiatives contribute to compliance with accreditation standards and required organizational practices (ROP) to ensure quality of care and patient safety.

**INTEGRATION AND CONTINUITY OF CARE**

In its 2011-2015 Strategic Plan, Hôpital Montfort clearly identified a strategic thrust centred on strengthening ties with partners and communities in an effort to enhance the effectiveness of the continuum of health services in the Champlain Region and within the Franco-Ontarian community. The following initiatives will begin or continue in 2014-2015:

- The addition of new healthcare services following the identification of the long-term needs amongst the population served by Montfort. In this regard, we have completed an analysis of population needs and will move forward with the development of a master plan for the hospital;
- The creation of a working group to continue to identify barriers to the use of the hospital’s services by the Francophone community and the application of communications strategies with primary care physicians to increase the clientele;
- The participation of citizens with the creation of a Council of Users and the patient-partner approach to decision making; and,
- The creation of Health Links (HLA-4) to work with partner health care providers on improvement initiatives targeting patients in greatest need, as identified by the Champlain LHIN.
Montfort is aligning several of its initiatives with the provincial priorities set out in the 2012 Action Plan and others identified in the 2013-2016 Integrated Health Service Plan of the Champlain LHIN, including the following:

- Participation in the “Home First” program to reduce the number of Alternate Level of Care patients;
- The start of discussions with mental health partners and the Champlain LHIN to implement the functional mental health program in its entirety;
- Participation in the steering committee to evaluate needs and the capacity of the Champlain LHIN in the areas of mental health and addiction;
- Development of a structure to anchor the “adaptive hospital for seniors” strategy and report to the LHIN on related activities.

Montfort initiates and participates in partnerships helpful to improving the continuum of care and increasing its effectiveness. The following partnerships are currently in effect:

- The Eastern Ontario Regional Laboratory Association (EORLA);
- Participation in the Champlain Maternal Newborn Regional Program;
- Forwarding of required data to the Diabetes Regional Coordination Centres;
- Participation on the Champlain emergency services / ALC steering committee and the Eastern Ontario Geriatric Program;
- Contribution to regional palliative care plans, the Champlain Orthopedic Program Planning Initiative (COPPI) and the regional telemedicine program;
- Contribution to regional cyberhealth initiatives, including the Champlain Association of Meditech Partners (CHAMP), which helps improve patient health by upgrading our technological platform to Meditech 6 as of February 1, 2014;
- Collaboration with the Champlain LHIN to develop Phase I of the Orleans Family Health Hub, an innovative approach to the integration of primary care services.

Montfort plans to actively collaborate with its partners on developing a health link in its geographic sector and supporting the health links in adjacent areas.

**HEALTH SYSTEM FUNDING REFORM**

Montfort prepared its 2014-2015 operating plan with consideration for the new hospital funding formula adopted by the Ministry of Health and Long-term Care (MOHLTC). The overall basic allocation was the same amount as in 2013-14 minus the amounts for the new procedures related to quality-based procedures (QBP). QBPs are groups of services for specific types of patients who require similar care. They present opportunities for healthcare providers to share best practices that will allow the system to achieve better quality and system efficiencies.
Working groups geared to compliance with best practices have been established for the following QBPs:

- Total hip replacement
- Total knee replacement
- Cataract surgery
- Total hip replacement rehabilitation
- Total knee replacement rehabilitation
- Chronic obstructive pulmonary diseases (COPD)
- Congestive Heart Failure (CHF)
- Stroke
- Endoscopy – Gastroscopy/Colonoscopy and
- Any other new QBP for 2014-15

CHALLENGES AND RISKS

Hôpital Montfort continues to recruit qualified, bilingual human resources. Employee staffing, integration and continuous professional development as well as new resources, combined with an ever-changing environment (i.e., introduction and/or upgrading of computer technologies, new standardized protocols related to the QBPs increase the complexity of assuring quality and continuity of care while handling the new service volumes targeted).

Risk Mitigation Methods:

- Concerted action has been taken, including innovative recruitment strategies to meet the demands of our staffing plan, continuous professional development, human resources planning and employee recognition;
- An action plan to reduce the number of departures by registered nurses with less than one year of service;
- A leadership development program to foster team motivation;
- Strategies to strengthen clinical/administrative activities and prioritize projects in order to foster team stability;
- Strategies to continue to enhance the commitment of staff members; and,
- Initiatives to reduce on-the-job injury severity rates.

Furthermore, the aging demographic bubble, combined with a rise in chronic disease, will stimulate demand from patients awaiting alternate level of care services. This situation causes health system bottlenecks that contribute to longer emergency room wait times, surgery delays and reduced access to care. There is a risk of insufficient human resources and the non-availability of integrated services adapted to community needs.

Risk Mitigation Methods:

- Continue applying and deploying the LEAN methodology to enforce it throughout the organization and thus improve access / patient flow (i.e., surgery project for 2014-2015);
- Strengthen our collaboration with partners in seeking solutions for referring patients to the services and community care environment best suited to their needs, while reducing the number of patients awaiting alternate levels of care regionally;
- Improve patient security by complying with best practices and limiting the frequency of hospital-acquired and post-operative infections;
- Enhance our participation by offering the support and expertise required to create a Health Link in sector 4; and,
- Continue applying the principles underlying the implementation of best practices for our patients in order to prevent unnecessary return visits to the emergency department, readmissions and avoidable harm.

INFORMATION MANAGEMENT SYSTEMS

Hôpital Montfort uses its information management systems (i.e., electronic medical files, Statistics Canada census data, reports from well-known sources like the Canadian Institute for Health Information (CIHI) to better understand the needs of the communities served. In 2013-2014, an analysis of the databases was used to assist a study on the population-related needs of Hôpital Montfort’s patients. Enhancements and additional patient care services offered at the hospital to meet growing needs will be the focus of this year’s business plan, operating plan (service volumes) and master plan (space requirements). In 2014-2015, we also used this data to guide our choice of quality objectives and to improve the quality of care. Accordingly, the 2014-2015 QIP gives priority to outstanding patient experience and the prevention of avoidable harm for patient safety.

CLINICAL AND MANAGERIAL STAFF ENGAGEMENT

The choice of quality improvement objectives is guided by data and experience (i.e., complaints, compliments and incidents) logged by staff, as expressed and experienced by patients and their significant others serviced. Leaders therefore have a definite interest in verifying this choice by consulting as many staff members as possible by such means as discussions with quality teams and committees, forums and working groups. For each basic indicator, a sponsor and agent is selected to ensure that the best change ideas are discussed with experts on an ongoing basis. These change ideas are clarified through consultations with various clinical and medical committees and, following their approval, their implementation by teams backed with training and results measurement methods. A communication plan is developed, and includes oral and written presentations on the intentions, evidence-based data, desired impact and benefits to our patients. A corporate QIP dashboard is reworked annually and updated monthly to provide information and allow follow-up on progress made toward achieving the targets.
THE LINK TO PERFORMANCE-BASED COMPENSATION OF OUR EXECUTIVES

The compensation of executives is linked to the performance of the Quality Improvement Plan (QIP). 5% of the salary of the Chief Executive Officer (CEO) and 3% of the salary of the Chief of Staff and persons reporting directly to the CEO are linked to achieving targets as set out in our QIP.

The persons covered by this policy are:

- Chief Executive Officer: Dr. Bernard Leduc
- Chief of Staff: Dr. Guy Moreau
- Vice-president, Academic Affairs: Dr. André Bilodeau
- Vice-president, Finance: Danny Purcell
- Vice-president, Planning and Support Services: Kathy O’Neill
- Vice-president, Quality and Organizational Performance: Philippe Marleau
- Vice-president, Human Resources: Caroline Roy-Egner
- Vice-president, Clinical Services: Lucille Perreault

The performance-based compensation approach in effect at Hôpital Montfort will be aligned to the compensation system for executives in effect in the province. Subject to the provisions of new legislation, this approach could be amended to ensure compliance.

Accountability Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan (QIP) and attest that our organization fulfills the requirements of the Excellent Care for All Act (ECFAA).

(Original signed by) Alain-Michel Sékula
Board Chair

(Original signed by) Brigitte Goulard
Quality Committee Chair

(Original signed by) Dr. Bernard Leduc
Chief Executive Officer