Excellent Care For All.

2013/14

Quality Improvement Plan for Ontario Hospitals

(Short Form)

MIDDLESEX HOSPITAL ALLIANCE

Middlesex Hospital Alliance
April 1, 2013

Strathroy Middlesex General Hospital
395 Carrie Street
Strathroy ON N7G 3J4

Four Counties Health Services
1824 Concession Drive
Newbury ON N0L 1Z0

Middlesex Hospital Alliance
Quality Improvement Plan Overview

The Middlesex Hospital Alliance has embraced the legislative requirements of the Excellent Care For All Act, June 2010 to advance quality improvement plans at all levels throughout the two hospital sites. Both Four Counties Health Services and Strathroy Middlesex General Hospital have established corporate, hospital specific and departmental indicators. Quality improvements targets have been achieved through the formal provincial Quality Improvement Plan process, public reporting indicators, numerous internal LEAN initiatives and in collaboration with South West Local Health Integration Network (SWLHIN), regional hospital and community partners

2012-13 Achievements include:

- ED Admitted LOS 90P reduction of hours by greater than 30%, well below HSAA target of 12.0 hours
- Lean process improvement training of more than 20% of MHA employees
- Lean process review of 2012-13 QBP funded procedures- Hip and Knee Total Joint Replacements and Cataracts- to enhance patient processes, maintain excellent experience and outcomes
- Dissemination of HSFR and QBP funding understanding and impacts following thorough review of MOHLTC Clinical Guidelines, clinical review of case volumes, outcomes, costs and readmissions. SWLHIN Regional working group collaborating on quality outcomes, achievement of provincial Total Joint Replacement indicators.
- Exploration of Ontario Case Costing initiative and participation in SWLHIN working group to establish costing template
- Additional 3% improvement in hand hygiene compliance over 33% improvement in the previous year, before and after patient contact
- Achievement of ALC % of patient days HSAA target of less than or equal to 14.5 days
- Quality Committee of the Board creation of Big Dot Performance Report based on all five strategic quality objectives and numerous quality indicators
- Completion of Urgent Hip Fracture Repair within 48 hours of diagnostic x- ray greater than 90% of the time in collaboration with work of the SWLHIN Regional Orthopedic Committee
- Achievement of balanced or better Financial Total Margin
- Completion of OHA Staff and Physician Satisfaction Survey 2013 with target response rates achieved, excellent cross section of staff and physician areas represented and a high rate of positive responses.

The MHA Quality Improvement Plan 2013-14 builds upon the improvements achieved during the course of the previous year by selecting some of the same targets and initiatives to strive for greater improvements. The MHA has also selected additional quality improvements from required and recommended indicators, and local community based improvement interests as guided by the MHA Strategic Plan and the Southwest LHIN Report on Performance.

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Quality Improvement Targets and Initiatives

2013-14 Quality Improvement Plan Targets and Initiatives include:

- Hand Hygiene Compliance Before and After Patient Contact: Expectation for continued compliance and demonstrated sustainability of year over year improvement and achievements, through enhanced electronic audit process, greater audit frequency, volume and departmental display of achievements.
- C. Difficile: Sustain or reduce excellent low frequency of incidence through continued surveillance and implementation of antibiotic stewardship processes as required by the Required Organizational Practices and Qmentum Accreditation Review in this fiscal year. These efforts are successful through collaboration with care providers, pharmacy and therapeutics committee and members, infection control practitioner, physicians and include use of antibiotic stewardship care map resources.
- Ventilator Associated Pneumonia (VAP): Sustain or maintain low frequency of incidence through continued surveillance in a community hospital ICU setting.
- Central Line Associated Bloodstream Infection: (CLI): Sustain or maintain low frequency of incidence of CLI in community hospital ICU setting.
- **NEW!!!** Medication Reconciliation completion on greater than 90% of admitted patients to reduce medication errors transitioning to hospital , consistent with Required Organizational Practices and Qmentum Accreditation Process in the current fiscal year
- Surgical Safety Checklist (SSCL): Completion at a rate of greater than or equal to 97% of all three phases of the SSCL to address and eliminate as many possible risks before and during and following surgical intervention.
- **NEW!!!** Rate of in-hospital mortality occurring within five days of major surgery.
- Total Margin sustain zero or better balance of institutional financial health requiring rapid internal learning curve relative to new Quality Based Funding model and Hospital Service Accountability Agreement(HSAA) .
- ED Wait Times Admitted Patient Length of Stay: Build upon current improvement LEAN process initiatives addressing several key processes which impact upon the time to admission to inpatient unit. With continued dissemination of new process improvements, reinforcement of clinical expectations, the abilities of the team and celebration of performance achievements, this target will continue to demonstrate currently improving wait time results and maintain aggressive HSAA target.
- Urgent Hip Fracture time to surgical repair within 48 hours of diagnostic x-ray MHA, in collaboration within our two hospitals and the MHA participation with the SW LHIN regional urgent hip fracture orthopedic partner hospitals will meet the clinical best practice of time to surgery within 48 hours.
- CT Wait Times Sustain and reduce current performance in CT wait times
- Diabetes Education Program (DEP) Assess and reduce current wait time access to appointments with Diabetes Education clinical expertise.
- Patient Centered: Patient Satisfaction of Overall Quality of Care
- Patient Centered: Positive Patient Satisfaction responses to 'Would you recommend to family and friends?'
- Patient Centered: Percentage of patient complaints which are responded to within 2 business days
- Percentage of ALC Days Sustain and reduce current percentage of ALC days in collaboration with physician and community support partners and early identification of discharge plans.

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Performance-Based Executive Compensation

The MHA Executive compensation, including the percentage of salary at risk and targets that the executive team is accountable for achieving is linked to performance in the following way:

Performance- based Compensation as a Percentage of Annual Salary	CEO Compensation	Senior Management Compensation
Total variable pay linked to achieving QIP targets*	2%	2%

The performance allocation plan below is used to determine the magnitude of the allocation:

Quality Dimension	Objective	2012-13 Performance	2013-14 Target**	Weight	100%	66%	33%	0%
Safety	Improve Provider Hand Hygiene compliance before and after patient contact	93.6%	90%	25%	≥90%	≥ 87%	≥ 84%	<84%
Effective	Sustain Organization Total Margin Financial Health	≥0	≥0	25%	≥0	<0- (-0.50)	(- 0.51)- (-1.00)	<(-1.00)
Access	Urgent Hip Fracture Repair within 48 hrs of diagnostic x-ray ***	90.4	90%**	25%	≥90%	≥85%	≥80%	< 80%
Patient-Centered	Patient Complaints: percentage response within two business days of receipt	90.2%	85%**	15%	≥85%	≥80%	≥ 75 %	<75%
Integrated	Reduce ALC patient days	18.04	19.0**	10%	≤ 19.0	≤ 21.5	≤ 24.0	>24.0

*Full payout (2%) upon target achievement of 80% of the quality dimensions presented in the annual QIP ** Percentage calculated on total rate
*** Medically Stable Patients
Dated March 20, 2013

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519-245-1550

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*.

Cheryl Waters	Drew Peddie	Paul Long (Interim)
Board Chair	*Quality Committee Chair*	*Chief Executive Officer*

Connecting with the Future of Care

Four Counties Health Services
1824 Concession Drive
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(519) 693-4441

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*.

Cheryl Waters	Drew Peddie	Paul Long (Interim)
Board Chair	*Quality Committee Chair*	*Chief Executive Officer*

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