

Excellent Care  
For All.



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

MIDDLESEX  
HOSPITAL  
ALLIANCE

## Middlesex Hospital Alliance

March 28, 2018

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Middlesex

Hospital

Alliance

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Middlesex Hospital Alliance (MHA) is comprised of Strathroy Middlesex General Hospital (SMGH) and Four Counties Health Services (FCHS). The two community hospitals are located in the Southwest Local Health Integration Network (SW LHIN). The MHA is governed by a dedicated Board of Directors. One of the key governance responsibilities of the Board is to proactively plan for the future through the development of a strategic plan. Our new strategic plan for 2015-2019 is our 'road map' for the next few years and positions us for the future to meet the challenges and pursue the opportunities that lie ahead. Through this new plan, we are committed to providing high quality services to meet the evolving needs of our catchment area.

The MHA Strategic Plan is shaped by our Vision - Exceptional Care by Exceptional People and our Mission – To provide the healthcare we would expect for our own families. We have developed five strategic pillars – Quality Care, People, Relationships, Resources and Innovation, each with goals and objectives to help us to achieve our Vision and Mission.

The MHA developed our Clinical Services Plan in 2016 which included active engagement from members of the surrounding community and MHA medical staff, employees and volunteers. The Clinical Services Plan identified specific areas of growth, service and continued needs of the community based on the following areas of focus: surgery, medicine, obstetrics and emergency and ambulatory care. Throughout the development of the plan MHA was focused on ensuring strategies developed align with the needs of the community, the strategic fit of the organization, a positive patient experience, fiscal accountability, quality of care and service for patients and families. The Clinical Services Plan has successfully defined the scope of care for the future and enabled MHA to be proactive in identifying and pursuing new opportunities. The implementation of the Clinical Services Plan is well underway. Future care planning will be based not only on the needs of the population but also will align with the SW LHIN's Clinical Services Planning Strategy and rollout of Quality Based Procedures (QBP).

The MHA Board and Quality Committee have been actively engaged, strongly supporting the improvement plan efforts of leadership and health care providers. The committee monitors the progress quarterly, provides guidance, and requests detailed information of change ideas, challenges and plans moving forward to address priority indicator opportunities for improvement.



## Quality Improvement Achievements (in 2017/18)

We are very proud of the achievements the MHA achieved over the past year.

- MHA received Accreditation with Exemplary Standing from Accreditation Canada in October 2017. This is the second time, consecutively that we have been awarded this designation.
- MHA has received pre-designate status as an RAO Best Practice Spotlight Organization with the goal to implement 5 Best Practice Guidelines within the next three years. These include best practices in Dementia, Depression and Delirium (3 D), falls and smoking cessation.
- Senior Sensitivity Training has been provided to over 250 MHA staff through a train the trainer model. This training is part of the MHA Senior Friendly Hospital initiative.
- The Meal Buddy Program, another MHA Senior Friendly Hospital Initiative, has been successfully implemented at SMGH and proven to promote socialization for seniors during mealtime and encourage improved nutritional intake.
- Patient and Community Engagement and Experience Based Design initiatives are occurring in Clinical Services Planning specific areas including; the Diabetes Education Program, the Emergency Department and Surgical Preadmission. The Surgical Waiting Room was improved based on feedback and suggestions from patients and families.
- MHA is part of the SW LHIN Home and Community Care refresh to create a standardized process to successfully support patients through their acute care journey and on to the next phase of their care needs.
- Education and training was provided for all MHA Registered Practical Nurses (RPNs) at a local college to ensure they are able to practice within their full scope. This education consisted of training in initiating IV therapy, reconstitution and administration of IV medications, administration of Blood Products and care of Nasal Gastric Tubes.
- MHA continues to be an active Regional partner with the HUGO Optimization project to develop enhancements to electronic processes and documentation with the goal of creating a full Electronic Health Record.

Significant initiatives implemented this year include:

- Nursing Electronic Clinical Documentation of Emergency Department Triage assessment at both sites.
- One of the first sites in Canada with Cerner- Vitals Link in the Perioperative Program for pre and post op patients with monitoring device connectivity via Wi-Fi. This prevents double documentation by ensuring all vitals signs information is sent in real time to the selected patient's electronic health record.
- Electronic screening tools including: Falls Risk Assessment, Pressure Ulcer Risk Assessment, Risk of Readmission Tool, and Delirium, Depression and Dementia Assessment Screening Tools.
- Medication Reconciliation at discharge has shown over 15% improvement in the most recent quarter in 2017-18 compared to last year.
- Medication Reconciliation at admission continues to improve in increments to within 2% of the 90% target, following a refresh of Best Possible Medication History and improved Medication Reconciliation flow processes.

- Patient Experience NRC catalyst email survey was initiated in early 2017-18 with results shared with the Quality Committee of the Board and the Board of Directors, MHA Leadership and Senior Leadership.
- MHA continues to be Smoke Free by providing information and smoking cessation support to patients, staff and community.
- MHA partnered with Ottawa to implement The Ottawa Model for Smoking Cessation (OMSC). We are in the Pre-implementation Phase, with the program launch scheduled for the spring of 2018.
- We became an RNAO Tobacco Intervention Site effective October 2017 and are one of six who were added provincially in 2017.
- Real Time Patient Experience survey was initiated in August 2017 to receive feedback on the new patient and family centered practices as indicated by Accreditation Canada.
- MHA has achieved a balanced total margin and done so without decreasing or cutting services or programs.
- Trillium Gift of Life Network (TGLN) participation in primarily tissue donations with noted improvement in the number of notifications to TGLN.
- Fall Prevention Plan development and implementation focused on improved communication, patient identification, patient and family involvement and falls prevention strategies. This has had a positive impact on both the number and severity of falls.
- SMGH is actively involved with the County Crisis Response Services in collaboration with the Canadian Mental Health Association, London Middlesex Emergency Medical Services (EMS), Middlesex OPP and Strathroy-Caradoc Police and Canadian Mental Health Association.
- FCHS Memory Clinic provides screening for all types of dementia using a holistic approach. This program and service continues to enhance the lives of patients and caregivers through the ongoing initiative of a 'Memory Café' created in partnership with the Alzheimer Society of London Middlesex.
- FCHS provides an innovative and collaborative onsite respirology clinic leveraging Ontario Telemedicine Network (OTN), Digital Stethoscopes, Nurse Practitioners, Respiratory Therapy and a Respirologist located in ESCLHIN for continued assessment and follow-up of local patients.
- Numerous facilities projects have been completed at the SMGH site including; Cooling Tower Replacement, Roof Replacement, Wandering Patient System. At the FCHS site there has been; Air Handling Unit replaced and the Roof Top Unit replaced. Across MHA we have seen the Main Electrical Switchgear and Generator Replaced and a full LED Lighting Upgrade.
- Dissemination of new HSFR and QBP review of MOHLTC Clinical Guidelines, clinical review of case volumes, outcomes, and readmissions.
- Conversion of QBP knee scope cases to total joint cases to improve wait times for total joints.
- Automated medication dispensing units in additional clinical departments across both sites at MHA to continue to support patient safety and our goal of a fully automated closed loop pharmaceutical system.
- Continued growth of the Health Village concept at FCHS with the addition of a monthly cardiology clinic at FCHS.

- Implementation and roll out of the Strategic and Clinical Service Plan with the addition of an Obstetrician/Gynecologist and an Orthopedic Surgeon with a specialty in foot and ankle surgery.

The MHA is well positioned to succeed in quality improvement changes and processes with its current status. The Quality Committee of the Board is a highly engaged group providing insightful guidance and support. Lean process improvement practices are evident in all areas of the hospital providing a common and inclusive platform sustained through day to day operations, departmental goals and addressing barriers and challenges.

The MHA continues to invest in hospital resources and program growth as demonstrated by the addition of an OB/Gyne and Orthopedic Surgeon as well as interdisciplinary staff to enhance patient assessment, treatment and discharge. The Obstetrics and Gynecology and Orthopedic Programs have expanded services in direct alignment with the Clinical Strategic Services Plan.

The objectives of the 2018-19 MHA Quality Improvement Plan includes the identification of targets and initiatives for the provincial mandatory and priority indicators of:

- Number of workplace violence incidents reported by hospital workers within a 12-month period, as defined by the definitions of 'workers' and 'workplace violence' under OHSA 2016. An evaluation of workplace violence incidence, the validity of incidence as it related to current culture/comfort of reporting and actual report completion and tracking is required in the initial work plan for this indicator.
- Medication Reconciliation: To complete a Best Possible Medication History and Medication Reconciliation for greater than 90% of all discharged patients. The medications are assessed to determine whether they need to be continued, adjusted or discontinued with respect the patient health status, to reduce medication errors in the transition from hospital. This is consistent with Required Organizational Practices with Qmentum and HQO Best Practices. The MHA has chosen to maintain medication reconciliation on admission as an optional quality improvement indicator through 2018-19.
- Readmission following hospitalization for Chronic Obstructive Lung Disease: A COPD Clinical pathway has been developed to enhance the consistency of key patient care elements based on best practices and QBP clinical guidelines. The pathway was refreshed to include complex patient, risk for readmission, referral to H&CC and smoking cessation support, assess qualification and access to SWH&CC Ontario Telehomecare Program and early scheduled follow-up appointments. The revised clinical pathway will be launched in this fiscal quarter. This indicator will be monitored at both hospitals; however the Four Counties site demonstrates low volumes which are insufficient for public reporting.
- ED Wait Times for complex admitted and non-admitted patients: The ED Length of Stay for 90 percent of patients is currently performed well, with values consistently below the provincial target of eight hours. The continued effort to sustain this performance builds upon the implementation of several hospital wide LEAN process improvements and SW LHIN ED- Knowledge Transfer Project objectives and implementation of associated actions plans. Though this indicator will be monitored at both hospitals, the Four Counties site is not a Wait Time Information Strategy (WTIS) reporting hospital and not required to publicly report wait times. Of note, ED length of stay wait times for admitted patients at Four Counties are routinely very low, related to patient volumes and bed availability.
- Improve Patient Experience of 'Would you recommend to your family and friends?' The MHA hospital has finalized its contract with NRC Canada early this fiscal year. The new survey process includes use of email for survey respondents, increased frequency of survey participant submission and improved turnaround time to receive results. Survey responses have increased gradually since Q4 2016-17 with increasingly positive responses.

- Effective Care Transitions performance is reflected in the question, “Did you receive enough information from hospital staff about what to do if you were worried about their condition or treatment after you left the hospital? Similar to Patient satisfaction survey results, the volumes of responses is increasing gradually and are primarily positive responses.
- Reduce the number of Alternate level of Care patient days in acute care beds to ensure access to the right care environment and strive to achieve the HSAA target. This integration quality dimension requires the daily collaborative efforts of all care providers, patients and family involvement, community supports and physicians. Daily assessment of ALC volumes in huddles and early identification of complex patient risk and discharge planning are vital to this achievement.

The 2018-19 hospital wide focus on improvement continues to revolve around access, timeliness and the patient experience. The MHA continues to implement recommendations from the Clinical Service Plan in direct alignment with the MHA Strategic Plan.

### **Access to the Right Level of Care- Addressing the ALC issues**

MHA continues to identify strategies to reduce our ALC rate and as a result the following strategies have been implemented:

1. Strategic planning of ALC patients to optimize patient flow through daily patient care huddles to identify opportunities for care coordination and avoidance of an ALC designation.
2. Daily monitoring of ALC patient volumes with target consistent with HSAA target.
3. The establishment of weekly Complex Discharge Rounds. These began January 2017 and include the multidisciplinary team at both SMGH and FCHS. These rounds are a forum to discuss patients with complex discharge needs and those designated as ALC. The purpose is to avoid ALC designation, decrease length of stay and ensure complete discharge planning for patients with complex needs. Positive feedback has been received from participants (MHA and LHIN H&CC) attending these rounds and there has been noticeable improvement in patient flow as a result.
4. Monthly meetings with H&CC leadership and MHA leadership to discuss opportunities and strategies for further improvement.
5. A consistent H&CC Care Coordinator at FCHS. We now have one Care Coordinator who is the single contact for the patients on the acute inpatient unit, the Family Health Team and the Adult Day Program.
6. Emergency Department admission avoidance strategies.

### **Engagement of clinicians, leadership and staff:**

The MHA engages its clinical staff and broader leadership at many levels. The MHA developed a standardized huddle board for each unit and department, which highlights the MHA Vision, Mission, Strategic Pillars and Values. Huddles are held throughout the organization identifying improvement opportunities, the plan to achieve these and how success will be measured. Unit specific goals are being developed which support MHA strategic goals and quality improvement plans. Each department or service is responsible for developing the work plan and performance targets for their areas. These are presented for consideration and recommendations to the senior leadership, the Board Quality committee and the MHA Board.

The MHA leadership strives to include its frontline staff and physician at every opportunity. Regular coffee with the CEO, monthly staff meetings following monthly Board meetings, regular discussion and information exchange with medical



staff, meet and greet with all new staff orientees and recently cost saving suggestions from any and all staff members are just a few examples of staff and physician engagement.

The MHA Senior leadership and clinical managers are present and engage patients and staff in all patient care and support areas on daily walkabouts and huddles. The MHA has a Quality Utilization Management Committee, which has been in existence for several years. This committee includes MHA leadership and physician leadership and staff representatives with the mandate to assess and improve the quality of care and service for our patient while ensuring the most appropriate use of resources to achieve excellence in patient care. Physicians and Surgeons are also included in LEAN initiatives such as Total Joint Replacement, and Cataract occurring throughout the facility.

### Population Health and Equity Considerations

Unique populations of the MHA rural and aboriginal and senior communities include higher rates of Chronic Obstructive Pulmonary Disease (COPD) and Diabetes. The MHA hospitals have worked to address these particular populations through:

- A robust Diabetes Education Program
- Integration with Aboriginal community groups and leaders for Diabetes management and education
- Support with the OTN respirology clinic and follow-up through Nurse Practitioner and Respirologist Support
- Selection of COPD Readmission as a priority QIP indicator
- Robust Hospital Wide Smoking Cessation Program and engagement with Ottawa Model for Smoking Cessation
- Report of high frequency users of the FCHS Emergency Department to West Elgin CHC and FCHS Family Health Team
- Two part time Respiratory Therapists to support inpatient care, the respirology clinic and staff education
- Senior Friendly initiatives of ongoing Senior Sensitivity Training with over 75% of regular staff attending to date, the Meal Buddy Program, and RNAO Best Practice Guidelines of Dementia, Delirium, Depression
- Ongoing collaborative work to explore and implement opportunities for expanded Ambulatory Care Services at FCHS, examples include:
  - Addition of a second Cardiology clinic
  - Existing clinics being sustained (Memory Clinic, Respirology, Dermatology, Tele-psychiatry, and Cardiology)
  - Upcoming new clinics include Orthopedics and Gynecology

In an effort to include equity into our quality improvement initiatives MHA has provided Aboriginal training for management staff. The Diabetes Education Program has strong relationships with the aboriginal community by providing individual and group training sessions, regular visits to the several reserves our hospitals serve and working collaboratively with aboriginal leaders. This has enabled MHA to provide local outdoor educational events with respect and inclusion of many aboriginal traditions.

MHA currently offers language translation and hearing impaired services to all patients who require this. There have also been many examples of significant support for homeless patients who have received collaborative discharge planning and achieved a successful and safe discharge.

## Resident/Patient/ Client Engagement

The MHA and Board Quality committee have been engaged in developing patient engagement strategies following opportunities for education and Board discussion. An understanding of the patient engagement initiatives and ECFAA requirements have been realized through presentations developed from Health Quality Ontario and OHA resources. The Diabetes Education Program has demonstrated patient engagement and sustainability over many years in addressing diabetes chronic disease management with the aboriginal population in the MHA catchment area.

The MHA hospital has supported leadership and staff in attending educational opportunities and circulating resources regarding patient engagement and experience based design. In addition, all the MHA employees have received educational training through the 'Treating with C.A.R.E.' (Connect, Appreciate, Respond, and Empower). The patient experience is being explored as a valuable facet of the emotional patient care journey. As a starting point, a review of recent patient compliments and complaints revealed how the frequency and depth of patient emotions impacted their experience and satisfaction as well as the value of caring and kindness. Surgical Preadmission patients are currently being surveyed for the feelings they are experiencing as they move through components of their preoperative visit.

The MHA engages patients and their families regularly during a patient stay or ambulatory visit through regular updates of patient status and progress, and discussion with health care providers including; physicians, nurses, social worker, H&CC case workers and rehabilitation staff. The MHA has initiated Bedside Shift Report and the Bedside Safety Checklist in the inpatient areas which includes patients and families. Patients and family are included in understanding the patient condition and establishing goals for the patient stay. There is a discussion regarding what the hospital will provide and what the patient and family can do to support reaching the patient goals. There is also a feedback board provided in the surgical waiting room for patients and families to provide comments and suggestions for improvement.

The MHA is engaged not only with patients in hospital and hospital committees, but also in the local community, supporting their community promotion and development of initiatives and local services. The community is highly integrated throughout the hospital with a wide variety of volunteer services in patient and service areas, hospital foundations, hospital auxiliaries, hospital boards and coffee kiosk. This integration with the community fosters pride and ownership of the hospitals.

The MHA is working towards establishing a Patient and Family Advisory Committee (PFAC) to more fully utilize the voice of the patient and family in process improvement and service delivery. Patient and family feedback is currently sought after and utilized but this would enable a more proactive approach to care provision.

## Collaboration and Integration

The MHA works closely with system partners to develop and execute quality improvements resulting in positive outcomes for patient.

The MHA participates closely with the SW LHIN on several initiatives. Some of these initiatives include participation with Integrated Decision Support (IDS), the South West Senior Friendly Hospitals Task Group, the SWLHIN Regional Stroke Steering Committee and SW LHIN Orthopedic Steering Committee, new Musculoskeletal Committee, Non Urgent Patient Transportation Committee and Mental Health and CCO Planning. Other participation includes the SW Regional Colonoscopy Screening working group, the Southwest Regional Wound Care Committee and HUGO Optimization.

Additional clinical practice initiatives to ensure implementation of best practices standards, costing efficiencies and outcomes are noted in the areas of:

- Vision Care
- Surgical Oncology Access to Care



- Breast Assessment Program
- SW Regional Wound Care
- Quality Management Partnership for Colonoscopy, Mammography, Pathology
- Implementation of RNAO Best Practice Guidelines
- Development & implementation of the FCHS NP/Physician Collaborative Practice Framework
- Collaborative partnership with SWLHIN Home and Community Care to develop and implement Coordinated Care Plans with patients with frequent readmission rates and return to ED visit rates
- Ongoing sustained relationships with CMHA, EMS, Police Services and Schedule 1 Facilities to achieve continuing improvement in the access to care for patients with Mental Health concerns
- Partnership with Trillium Gift of Life Network to improve notification rates

Home and Community Care (H&CC) launched its Home First Program at MHA early 2014. Program initiatives such as patient assessment for intensive homecare services or augmentation of services in the home are continuing. MHA and H&CC work in collaboration in the development and participation of Alternate Level of Care plans for all patients. The hospital and H&CC continue to facilitate supported transitions for many patients. These transitions may take them back to their homes ensuring early patient risk identification strategies are in place as well as the establishment of mitigation strategies.

The MHA has established and sustained daily bullet rounds on the inpatient units which are attended by nurses, allied health and H&CC case managers. Another collaborative enhancement to reducing Alternate Level of Care days and accessibility is the MHA access to complex continuing care and rehabilitation beds in surrounding regional community hospitals. The FCHS collaborated with the SW LHIN H&CC to review the provision of 3 part-time case managers for each of Family Health Team, Adult Day Program and Inpatient unit. FCHS and SWH&CC collaborated to develop one full-time position which combines all three positions, providing improved accessibility and consistency to H&CC services throughout the organization.

The Regional Chief Nursing Executives and SW H&CC have collaborated to enable the creation of SW LHIN wide policies and procedures. In collaboration with the SW Regional Wound Care Program and the leadership of the CNE group, numerous wound care initiatives and education sessions have been developed and provided to wound care champions and end users. In an effort to ensure appropriate access and flow the CNE group endorsed the Holiday Surge Daily Bed Huddle process. This is a daily virtual bed huddle with all SW facilities which was held through the 2017-18 Holiday period to proactively manage bed flow and accessibility issues.

Integrated care delivery is provided internally at MHA with our multidisciplinary team consisting of nurses, NPs, Social Worker, Respiratory Therapy, Physiotherapy and Pharmacists, all of whom contribute to a better patient experience.

### **Opioid Prescription for the treatment of pain and opioid use disorder**

Opioid administration at MHA is secured through several methods include electronic physician orders, secure badge entry to medication rooms, Automatic Dispensing Units (ADU), narcotic administration records and reconciliation and medication scanning of order, staff, patient and drug. The medication scanning process tracks the opioid from removal from the medication room and ADU until patient administration. All narcotics are signed for on the patient's Medication Administration Record (eMAR) and any wastage is also witnessed and signed for by another nurse. MHA physicians utilize the Medication Power Plans for opioid selection to mitigate the potential for abuse and diversion. Pharmacy also

performs random audits and submits occurrence reports, which are reviewed and followed up by the Patient Care Manager or contacts appropriate staff if there are unresolved discrepancies.

The pharmacists work regularly with physicians and residents to optimize opioid use and provide solutions for optimal pain management. In the event abuse is suspected referrals to MHA Social Worker and psychiatry services are also available.

Community Addiction Services of Thames Valley in partnership with Mental Health and Addiction Crisis Center provides services for Middlesex residents through a help line, as well as a satellite office located in Strathroy through self referral appointment. This substance abuse service offers assessment and treatment plans and referral to other organizations as required.

### **Workplace Violence Prevention**

In an effort to monitor, reduce and prevent workplace violence MHA has established a workplace violence task team. This team is comprised of the Social Worker, Safety Officer, Patient Care Managers and front line staff representatives from both the SMGH and FCHS sites.

As a result of the establishment of this team several violence reduction strategies specific to patients have been implemented including visual stop signs which have been placed on doorways to prevent patients from entering an area or wandering off the unit. Signs indicating potential behavioural issues are placed outside the room of a patient who has behavioural issues to alert staff and physicians and ensure safety for anyone who may need to enter the room. A patient flagging process in the electronic patient record is also utilized to provide staff with the ability to document patient behaviours and alert other support staff of the potential risk.

Utilization of the Behavioural Supports Ontario (BSO) team from London has been instrumental with a few exit seeking and aggressive patients. As a result of BSO's involvement a dramatic improvement has been noted with specific patients. BSO has successfully modeled behaviours for our staff and provided them with strategies to appropriately manage our patients with challenging behaviours. As a result MHA is considering providing Gentle Persuasive Approach (GPA) training for our staff in a train the trainer model.

In preparing for the formalized mandatory Workplace Violence Prevention indicator this year, the MHA completed the following:

- 2017 Workplace Violence perception survey (108 respondents) providing feedback on perceptions of safety, existing control measures, ability to handle and willingness to report violent situations. Results confirm provincial trends that workplace violence events are underreported
- Results of the 2017 Workplace Violence survey reported that 89% of respondents felt safe at work. This is an increase of 4% from the 2015 survey
- The survey showed that the majority of staff are aware of the various reporting mechanisms available to them and how they are followed up on
- When asked about timely follow up 78% of respondents felt that their Leader investigated incidents without undue delay and 73% of respondents felt suitable corrective action was taken without undue delay
- Respondents to the Workplace Violence survey included both clinical and non-clinical staff and physicians

- We are currently developing a patient flagging policy and procedure which will outline the pre-screening of in-patients and out-patients for the risk potential to violent behaviors and how high risk individuals can be flagged to warn others of this potential risk
- Workplace Violence Awareness training provided to staff
- Department specific Risk Assessments underway which focus on the aspect of workplace violence
- Scheduling of Crisis Intervention training classes with staff identified as working in high risk departments for workplace violence
- Seeking out peer healthcare facilities reporting processes in an effort to find streamlined documentation options which will promote violence reporting and make the reporting process easier
- Workplace Violence presentations added to orientation curriculum in addition to the existing required e learning and policy review

Other strategies include Workplace Violence Prevention Program and Workplace Harassment training which is being planned for all areas of MHA, as well as the use of zero tolerance signage.

### Accountability Management

Under the ECFAA legislation, hospital organizations are required to link Senior Executive compensation to the achievement of performance improvement targets. The Senior Executive of the MHA is held accountable for achieving targets which are laid out in the MHA's Quality Improvement Plan (QIP). The percentage of salary at risk for each individual executive has been historically set at 2% of the base salary. This compensation formula applies to the following individuals: President & CEO, VP Clinical Services & CNO, VP Finance/CFO and VP Strategic Partnerships.

### Performance Based Compensation (As part of Accountability Management)

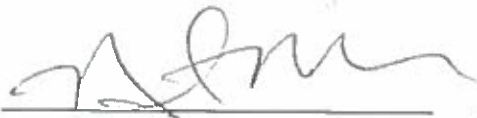
The Excellent Care for All Act (ECFAA) makes it a legislated requirement of hospital corporations to tie executive level compensation to the achievement of a corporation's quality goals. The purpose of the performance-based compensation, according to the legislation, is to drive accountability for the delivery of key quality initiatives that improve patient care. At MHA, the Board takes this requirement and responsibility seriously. As such, MHA is now including the Chief of Staff in Performance Based Compensation. Therefore the Chief Executive Officer, VP Clinical Services & Chief Nursing Officer, Chief of Staff, the Vice-President of Finance and VP Strategic partnerships are subject to performance-based compensation with the achievement of provincial priority improvement targets resulting in 100% payout. Partial achievement of targets will result in partial payout. The Board of Directors has the discretion to modify the amount of the performance-based compensation (subject to the 3% maximum) following assessment of the MHA's performance related to the QIP, in the event that there has been significant achievement of the objectives specified but the targets set out in the QIP have not been achieved.

The COS, the CEO and the direct executive reports of the CEO (per above) are linked to the achievement of performance improvement targets that are identified in the QIP. The percentage of salary that is linked to the achievement of the QIP targets is as follows:

- COS – 3%
- VP Finance/CFO – 3%
- VP Strategic partnership – 3%
- VP Clinical/CNE – 3%
- CEO – 3%

## Accountability Sign-off

I have reviewed and approved our organization's 2018-19 Quality Improvement Plan and attest that the Middlesex Hospital Alliance of Strathroy Middlesex General and Four Counties Health Services fulfills the requirements of the *Excellent Care for All Act*.



*Neil MacLean*  
Board Chair



*Sandy Whittall*  
Quality Committee Chair



*Todd Stepanuik*  
President and CEO