Quality Improvement Plan (QIP) 2015-16

Narrative/Overview

St. Michael’s

Inspired Care. Inspiring Science.

April 1, 2015
About this Document

The 2010 Excellent Care for All Act requires all Ontario hospitals to prepare and submit annual Quality Improvement Plans to the Ontario Provincial Government. This document describes St. Michael’s plan for 2015-16 and was submitted to Health Quality Ontario (HQO) April 1, 2015. It was accompanied by a detailed spreadsheet of our improvement targets and initiatives and an update on our progress from 2014-15, available at www.stmichaelhospital.com/qip.

As an organization striving to put the patient at the centre of everything we do, St. Michael’s is exploring new ways to update and engage patients in our quality improvement activities. It’s crucial that our definitions and goals for quality are consistent with our patients’ own definitions and goals. To that end, St. Michael’s has prepared a version of this document specifically for our patients and their families. It highlights the same themes and change ideas in a brief, easy-to-read format. View the patient-friendly version of this QIP at www.stmichaelhospital.com/qip.

Overview

Continuous quality improvement – the ongoing pursuit of doing things better – is a commitment that leadership, physicians and staff across St. Michael’s Hospital make for our patients each and every day. As a leader in delivering high-quality health care in Ontario, supported by teams and individuals with sophisticated expertise in quality improvement at every level across the hospital, we are well-positioned to execute this ambitious and exciting quality improvement plan (QIP) for 2015-16.

St. Michael’s quality goal is to provide the best possible experience for all patients, at all times. At St. Michael’s, “quality” is a term that holds all dimensions of the patient experience: our patients’ safety, outcomes and access to care, and our care’s patient centredness, equity and efficiency. We believe that when our patients are safe, have great outcomes, don’t have to wait, have care organized around their priorities and are treated equitably and efficiently, we are delivering high-quality care.

Informing the QIP: Existing Quality Planning Processes

The work to reach St. Michael’s quality goal is manifold. Grassroots as well as corporately-directed, exciting and robust quality improvement projects are happening at every level of the organization. While the QIP is the blueprint to hold and guide our quality priorities and focus our work, the strategies, approaches and enablers to quality improvement at St. Michael’s are driven by several additional corporate initiatives.

2015 marks the beginning of a new strategic plan for the hospital, an ambitious platform for change that puts the patient at the centre of everything we do. The plan’s vision for quality includes a strong focus on ensuring the organization’s sustainability in light of ongoing fiscal challenges in acute care. We must find new ways to continue to improve the patient experience.
with no new money. The plan also includes an enhanced focus on patient-centredness – engaging our patients and empowering them in their own care – as well as education goals to grow our organizational capacity for continuous improvement and innovation.

Related to the new strategic plan’s focus on efficiency, operational reviews are underway and will be conducted throughout every part of the hospital over the next three years. These reviews will identify and recommend systemic and transformational change opportunities, and embody the hospital’s approach to creating value: improving efficiency through standardization. We believe that improvements to quality of care can and should be performed through a value lens.

This strengthened focus on and commitment to efficiency has impacted how St. Michael’s selected and plans to improve this year’s QIP metrics, particularly related to the overall theme of discharge planning and the total margin metric.

The St. Michael’s Quality Strategic Framework was launched in 2013 to focus and guide the hospital’s approach to quality improvement. The framework laid the foundation of our corporate focus on improving the patient experience, and engaged the whole organization to identify a strategy, principles, goals and enablers for quality at St. Michael’s. A key focus for the framework is a roadmap to creating a culture of continuous quality improvement, through strengthened capacity building, infrastructure and engagement across the organization.

Success in our 2015-18 Strategic Plan calls for capacity building related to quality improvement. In addition, the Quality Strategic Framework’s focus is on strengthening St. Michael’s leadership’s quality improvement capability. A fellowship program initiated to support QIP team leads in developing and executing their change ideas is described later in this document, and is a direct result of these strategies.

Following up St. Michael’s “exemplary” standing in 2012, the hospital is preparing for our next Accreditation Canada on-site survey in 2016. This ongoing work to align the hospital with Accreditation Canada’s standards and requirements has informed our QIP change ideas, with particular overlap in the themes of medication reconciliation and preventing falls. Rather than an isolated activity, St. Michael’s sees accreditation as an opportunity to continually monitor and showcase the hospital’s ongoing and rigorous quality and safety standards and activities; as illustrated by our 2016 accreditation slogan, we strive for “excellence every day.”

All of these activities are supported by a robust and integrated Quality and Performance corporate program that supports the organization through a consulting model, providing education and planning as well as data support.

**QIP 2015-16 Themes and Objectives**

The St. Michael’s 2015-16 QIP will build on the successes and learnings of the 2014-15 QIP. Last year, we identified three key themes to focus our work: safety, discharge planning and patient experience.
These themes each impact multiple metrics (e.g. discharge planning impacts Emergency Department length of stay and discharge satisfaction) or, in the case of patient experience, are interwoven throughout our QIP work. A brief overview of objectives and rationale for each of the three themes is listed below.

**Theme One: Safety**

*Hand hygiene.* It’s vital that we continue to make progress on this metric; improved performance will help the hospital ensure that our patients are protected from hospital-acquired infection, and demonstrate to our patients our commitment to their safety. “Moment 1,” or washing hands prior to contact with a patient or entering the patient environment, has the greatest impact on patient safety and will continue to be our priority. St. Michael’s stretch target for this year is to have 65 per cent of our staff washing hands at Moment 1. The literature shows that hand hygiene culture change is a long journey, and 65 per cent is an ambitious goal that may take several years to reach. However it’s important that we continue to strive towards this target. Our ICUs have been identified as our biggest opportunity for improvement and therefore we will focus targeted improvement work in those areas. This metric’s change ideas include staff education and training, increased audits and on-the-spot feedback, and improvements to workflow.

*Medication reconciliation at admission.* Medication reconciliation is a formal process in which the hospital works with patients, families and care providers in the community to make sure all parties have the patient’s correct medication information. Health Quality Ontario and Accreditation Canada have both identified medication reconciliation as an important area of focus. Our goal in 2015-16 is to provide and document medication reconciliation on admission 80 per cent of the time in our Mental Health and Addictions Program. Past focused improvement efforts in other clinical units have seen significant advances, and this year’s focus on Mental Health and Addictions will align with Accreditation Canada’s requirements. Along with our focus in Mental Health we will also pilot, evaluate and continually improve our electronic medication reconciliation tool in the Cardiovascular service with the goal of being in a position to implement hospital wide the following year.

*Preventing falls.* To a patient, a bad fall in hospital can mean the difference between going home to recover, or weeks more of institutionalization. The work involved in preventing falls is complex and multi-disciplinary; medications, physical environment, co-morbidities etc. all play a role. St. Michael’s goal this year is to reduce the number of falls at St. Michael’s to a rate of 4.09 falls per 1,000 patient days. Based on our learnings from last year’s robust evaluation of the hospital’s corporate Falls Prevention Program, we will update our electronic screening tool and improve our process for reviewing and debriefing after a patient falls, to make sure lessons learned are documented and put into action.
Theme Two: Discharge Planning

Discharge patient satisfaction. Given that our ultimate goal is to improve the patient experience, patient satisfaction surveys are an important, direct line to hear our patients’ voices and measure their experiences in their interactions with us. Our goal is to increase discharge satisfaction among patients from 68 to 70 per cent. To get there, St. Michael’s will implement an improved and patient-centred discharge planning toolkit hospital wide. The toolkit includes a patient whiteboard to update patients on their expected date of discharge and a discharge summary tool designed by patients and for patients to assist them in understanding next steps in their care plan and how to support their needs at home. Our patients will be our partners in this work, co-developing components of the toolkit and providing real-time feedback to our unit improvement teams.

Emergency Department length of stay for admitted patients. We believe that in order to have a positive patient experience, our patients should be able to get the care they need with as short a wait as possible. Waiting to be admitted benefits no one, and both results from and creates bottlenecks that undermine the hospital’s efficiency and quality of care. Improvement efforts will focus on reducing the 90th percentile length of stay for admitted patients in the Emergency Department to 21 hours – an ambitious goal. Although we may not reach our ED length of stay target this year, initiatives to improve our performance promise to improve flow and throughput across the hospital. For example, a new initiative to better identify and continually update patients’ expected dates of discharge will improve hospital-wide planning and as a result, improve bed empty time across the hospital. Change ideas to improve flow out of the ED and onto the units include a campaign to discharge patients earlier in the day (before 11 a.m.). Earlier discharge helps units free up beds to relieve the Emergency Department at their peak times later in the day. An additional emphasis this year will be understanding the challenges in care planning for patients that are “off service,” (i.e. in a bed on an inpatient unit that is not the home unit for their medical service), and developing tools and processes to support improved communication and coordination for the care teams when patients are bed spaced.

Discharge summary completion. We want our patients to leave St. Michael’s feeling confident that their care in the community will be aligned with and build upon their hospital care. Timely and complete discharge summaries provide communication and important coordination between the hospital and primary care providers. The target is to build on improvements from 2014-15 and complete and send discharge summaries within 48 hours of a patient’s discharge, 85 per cent of the time. The change ideas will focus on enabling physicians and staff to complete our new electronic discharge tool as soon as possible after discharge. Additional work to standardize and improve the quality of discharge summaries continues to be part of the TC LHIN Standardized Discharge Summary Project, the evaluation of which will provide valuable feedback for areas of focus moving forward.

30-day readmission rates. It’s our job to help patients find the help they need to recover in the community, and stay well enough to avoid repeated hospital visits. Frequent readmission points to poor connections to resources in the community and poor outcomes for patients after
hospital care. The hospital’s QIP goal is to maintain the aggregate readmission rate of 18.8 per cent for seven specific groups of patients (stroke, chronic obstructive pulmonary disease, pneumonia, congestive health failures, diabetes, cardiac, gastrointestinal). Change ideas include the development of tools targeted at the care management of patients with chronic obstructive pulmonary disease and pneumonia.

Theme Three: Patient Experience

Patient expectations are growing. Like never before, patients expect more from their healthcare providers. They want to be engaged, informed and active in their care. Patients and their families want tools to help navigate health services that are accessible, leading-edge and appropriate. Patients are being empowered as co-producers of health; an important partner in the design and delivery of care. They don’t just want their voices heard – they want to be at the decision table. See “Patient/Resident/Client Engagement” below for more details on how St. Michael’s is partnering with our patients to design new care processes and inform our internal improvement work.

St. Michael’s quality goal is to provide the best possible patient experience for all patients, at all times. In past years, we’ve measured the patient experience through NRC Picker satisfaction scores. Year over year, St. Michael’s patient satisfaction scores remain high at about 95 per cent, which is above the provincial average. In 2015-16, rather than focus quality improvement efforts and resources on those scores in particular, we will focus specifically on improving patient satisfaction with the discharge process (see the discharge planning theme above). In addition, we will apply a patient experience lens to all QIP work, through improvement to the relevant dimensions mentioned above (safety, outcomes, access, patient centredness, equity, efficiency). NRC Picker satisfaction data will continue to be used to inform change ideas for the remaining nine metrics.

Integration & Continuity of Care

Integration and continuity of care are two of St. Michael’s key strengths. Improvements to these aspects of care are important to both our focus on patient experience as well as system efficiency. The St. Michael’s 2015-18 Strategic Plan highlights integration and strategic system partnerships across sectors as an important focus for the future.

Improving our QIP metrics for medication reconciliation, discharge satisfaction, and indirectly Emergency Department length of stay, all depend on targeted and effective partnerships in the community. For example, St. Michael’s large, multi-site Family Health Team will play an important role in executing the QIP change idea for medication reconciliation. Acute care and Family Health Team clinicians and staff are working together to develop the most effective processes to avoid gaps in medication reconciliation for our patients. This partnership to prevent medication error helps ensure that patients all five Family Health Team sites can
continue their recovery without complication, and with the full, coordinated support of their acute and primary health care teams.

To improve discharge satisfaction and continuity of care, we’re making sure patients who are discharged from General Internal Medicine, the hospital’s largest program, have their 7-day follow-up appointments at the Family Health Team booked pre-discharge. The Family Health Team is facilitating this improvement with a single booking phone number for all sites, for physicians and staff as well as patients. Affected patients can leave the hospital knowing what the next step in their care journey will be, and feeling confident that their care in the community will be aligned with and build upon their hospital care. Both of these partnerships with the Family Health Team have the potential to benefit hundreds of patients this year.

St. Michael’s Trauma/Neurosurgery and General Internal Medicine programs have both invited representatives from the health care institutions we refer to, including Bridgepoint Health and Community Care Access Centres, to attend regular rounds at the hospital. Representatives attend either in person or by telemedicine. Participants report that these partnerships have greatly improved the speed and quality of our patients’ transitions on to community or home care, and patients’ continuity of care.

St. Michael’s Hospital and the Toronto Grace Health Centre are working collaboratively to enhance patient care processes at both organizations for disadvantaged patients with medically complex and/or mental health needs. A Joint Liaison Committee oversees initiatives to improve discharge planning and transitions in care while reducing ALC. In 2013-14 a total of 22 patients were transferred from St. Michael’s to the Post Acute Care Rehabilitation (PACR) unit at Toronto Grace. It is projected that in 2014-15 the number of patient transfers from St. Michael’s to the PACR will have doubled to 44. In the coming year activities will focus on increasing patient transfers to PACR and the number of direct patient transfers to Toronto Grace from the St. Michael’s Emergency Department; maintain seven-day readmissions from Toronto Grace to St. Michael’s; and contribute to reducing ALC at St. Michael’s.

As part of St. Michael’s Quality Based Procedures improvement work for stroke and hips, the hospital and Bridgepoint Health have developed a process for discharging and transferring patients to rehabilitation on Saturdays. This is truly patient-centred work – our patients can transition to the next stage of care when they are ready; their quality of care doesn’t depend on the day of the week.

We will continue to be an active and engaged leader in the Health Links initiative. Our focus this year will be on improving transitions between primary care and specialty, hospital-based care and improving outcomes for disadvantaged patients, focusing on mental health and addictions.

In the past year we have collaborated with our Mid East Toronto Health Link (METHL) to improve communication processes between the hospital and community by providing community primary care providers with automatic and timely discharge summaries for their patients. The results have been very positive. We are also working with METHL to establish Coordinated Care Plans (CCP) for high needs patients. This involves the development of criteria
to identify complex patients (1%-5% patient populations) and an alert notification to METHL and community partners when participating patients present to the hospital for care. Currently, Mental Health and Addictions, the Emergency Department and General Internal Medicine are participating in CCP processes and this will continue to be a focus in 2015. The opening of our new primary care location and mental health team in Regent Park will greatly enhance St. Michael’s contribution to the work of METHL. Other initiatives that will enhance our partnership with METHL include our work with the TC LHIN to establish Enhanced Community Programs Space at the Sherbourne Health Centre and our plans to relocate the Integrated UHN/St. Michael’s Withdrawal Management program to Sherbourne Health.

Challenges, Risks & Mitigation Strategies

Risks and challenges are inherent to health-care delivery, the mitigation of which is central to quality improvement. Anticipated and ongoing risks and challenges that will impact the execution of the 2015-16 QIP include:

Funding pressures. The cost of delivering health care is increasing, but our funding remains the same. As described throughout this document, St. Michael’s is prioritizing activities to improve the strategic use of resources. Results from operational reviews, corporate prioritization of initiatives to improve efficiency, and mutually beneficial collaborations with health system partners will all play an important role in QIP activities this year.

Competing front-line demands. In high-performing health care organizations such as St. Michael’s, every leader, physician and staff member has two jobs: doing their daily work and improving it. For front-line staff in particular, balancing the need for constant improvement with the associated workload is a constant challenge. Striking the wrong balance can lead to overburdening of providers and to unsuccessful quality improvement initiatives. Our focus on efficiency and value includes conserving and protecting time and energy; like money, these resources are finite. If additional workload is introduced, we must find ways to reduce workload in other areas.

To help address this challenge, the hospital’s Quality and Education programs have co-launched a fellowship for QIP team leads. The fellowship will help this group apply QI theory and methodology to their own local QIP change ideas, to ensure that our teams’ activities maximize value and minimize use of resources, including the time and energy of the front-line staff. The fellowship is not just about teaching PDSAs but thinking about quality as a business strategy, applying principles and tools and planning and structuring a workday to embed and lead quality in the day to day.

Increased patient expectations. Like never before, patients are expecting more from their health-care providers. They want to be engaged, informed and active in their care. The 2015-18 Strategic Plan calls for the empowerment of patients as co-designers of their health care. The St. Michael’s journey to patient centeredness has already begun with the development of a patient centeredness framework and strategy to support patient and family advisory activities,
both of which will be applied to our QIP activities wherever possible. See “Patient/Resident/Client Engagement” below for more details.

A massive redevelopment initiative. The next several years will bring significant physical changes to our organization as our footprint grows with the St. Michael’s 3.0 redevelopment initiative. This journey is an opportunity to transform the way we work and provide the platform for new, innovative models of care that will enhance the patient experience. However, the construction phase, beginning in 2015, will come with significant growing pains. A thoughtful and robust corporate plan is in place to respond to and mitigate wherever possible the resulting challenges to patient care, satisfaction and flow. All QIP activities will be planned and prioritized in alignment with construction planning.

Information Management

Data, information and knowledge are critical enablers for an academic health sciences centre. The more we learn, the more we know, and the better we can perform.

Access to the right data in a timely manner is crucial to expanding our quality improvement, performance and research agendas. St. Michael’s Decision Support team can collect and mine extensive data on our patients and performance, and perform sophisticated analyses of this data. The results support and enable quality improvement, particularly related to efficiency and the patient experience.

This knowledge will guide our work to implement QIP change ideas and monitor our progress. For example, each QIP team receives data on a weekly or bi-weekly basis to check in on local initiatives. The data is also rolled up on a monthly basis, to share with program leadership and physicians. Tailored performance boards are under development for display in areas where front-line staff gather, so that they can easily understand and track their own progress for each of the QIP themes.

In an exciting development in information management, St. Michael’s helped develop and has now implemented a TC LHIN-wide initiative to collect health equity indicators. We took an innovative approach to this data collection process and have designed an electronic and interactive tablet-based tool for our patients to use to fill out our survey. This means that all admitted patients and some ambulatory patients are given the option to provide information about their race/ethnicity, age, preferred language, length of residency in Canada, housing status, religion, disability status, gender identity, sexual orientation and income. Patients can record the information securely, privately and at a pace that is comfortable for them. In the future, this information will support hospital service planning and research to make sure that everyone has the same access to quality health care, regardless of who they are, how much money they make or where they come from. Consideration of these factors is important because they may affect the kinds of supports patients need to care for themselves outside of the hospital.
In 2014-15, the hospital was successful in improving the timeliness and accuracy of our electronic discharge summaries. The new, standardized electronic discharge summary provides timely, consistent and relevant information to both the patient and care providers in the community, empowering the patient with their own health information as well as advancing their continuity of care. St. Michael’s is currently leading a TC LHIN project to standardize discharge summaries across the LHIN.

The St. Michael’s Information Management strategic plan, iCARE, has four strategic directives: cultivating predictive analytics, leading in collaboration, advancing the electronic patient record and enhancing the patient experience. Advancing the electronic patient record continues to be a key quality as well as information management goal. The next phase of work will focus on key areas of the hospital that still operate in paper-based, manual processes with limited electronic supports. This includes Critical Care, Perioperative Services, Emergency, Ambulatory Care and Oncology. By 2018 we aspire to have reached Stage 7, the highest level set by the Healthcare Information and Management Systems Society.

As a leading academic organization we strive to demonstrate each day how new knowledge and discovery can be applied to the bedside. To advance our work in this area, hospital operations is partnering with our research division to establish a state-of-the-art infrastructure in advanced analytics and big data. Our analytics work will create a foundation that will allow our clinicians more streamlined access to robust data sets and tools to help identify where improvement opportunities may lie, while at the same time generating ideas for scholarly research.

**Engagement of Clinicians & Leadership**

The process for developing the 2015-16 QIP involved a rigorous consultation process with meaningful input from the Board and its Quality Committee, the senior leadership team, the Quality Improvement Council, the Access and Flow Advisory Council, the Quality Committee of the Medical Advisory Committee, the Infection Prevention and Control Committee, Inter-Professional Practice and several initiative-specific working groups and committees. The process was led by a QIP planning group which contains a cross-section of leaders, both administrative and clinical, from across the organization. As always, the development of the QIP was facilitated by the corporate Quality and Performance team. These groups worked together to ensure that we are organizationally aligned, committed and appropriately resourced to achieve QIP success.

Each QIP metric is supported by its own front-line QIP team. Each team is led by a clinical leader and has easy access to support from departments such as IT, Decision Support and Quality and Performance. Physician leads support each of the major QIP improvement teams. Additionally, for each metric, the QIP teams have used the QI theory and tools to develop their own change ideas, with a specific focus on identifying drivers for change. The hospital is supporting this academic approach through capacity building for our clinicians and leadership; the hospital’s Quality and Education programs are co-launching a fellowship for QIP team leads to help them...
apply QI theory and methodology to their QIP change ideas, and ensure that our QIP activities are in line with quality improvement best practices.

These engagement activities have resulted in change ideas that are tailored to address local needs and challenges, including competing demands for front-line staff, balanced with standardized quality improvement theory and tools.

A corporate communications plan is also in place to build excitement and engagement around quality improvement in general at St. Michael’s – see “Other” below for more details.

**Patient/Resident/Client Engagement**

To achieve patient centredness in quality at St. Michael’s, we must ensure that all quality improvement efforts help advance our patients’ own goals and priorities for their own health and health care. Our patients and their families have helped shape QIP planning in several different ways. Patient satisfaction data has been carefully analyzed to identify areas where our patients are telling us we can do better. As a result of this analysis, we are putting a real emphasis on the discharge planning processes. A key goal is to ensure that our patients feel informed and prepared for their next care transition.

Patients and families have participated in the development of the discharge planning change ideas, and in the plan-do-study-act (PDSA) cycles for improvement. Patient whiteboards and discharge planning packages, for which patients are the main audience, will continue to be co-designed and evaluated by patients and their families as we implement refinements this year. Additionally, our falls improvement team will engage patients to help guide the development of specific prevention strategies in their pilot initiative.

Engaging our patients and empowering them in their own care is at the centre of our new corporate strategic plan. Patients have partnered with us through various channels for a number of years. For example, there are four Inner City Health Community Advisory Panels on Aboriginal Health, Women & Children at Risk, Homeless & Under-Housed and Mental Health & Addictions. Made up of patients, family members, community agency representatives and hospital staff and physicians, the CAPs meet regularly to improve the overall quality of care for these populations and by extension all patients of St. Michael’s Hospital. Our CAPs have contributed to more than 60 innovations in patient care, research and education that have had a huge impact on how we do our work at St. Michael's. CAPs are a best practice model for health organizations around the world to improve hospital services through community engagement - particularly for those who are most vulnerable. The chair of each CAP reports to the hospital Board.

This past year, we have developed a detailed plan to propel our patient centredness work. Several programs and services are already engaging patients through patient advisory panels, and our goal is to ensure all our programs and services create and use these kinds of advisory bodies. We have developed supportive material and mechanisms to guide new and existing
patient engagement activities as clinical teams reach out to patients and seek out their participation as needed. Set to launch in the first part of 2015/16, hospital-wide Patient and Family Advisory Councils will be a forum for the patient voice to inform our clinical program planning. They will also provide opportunities for patients to participate directly with our corporate teams including Quality and Performance and Information Management.

We collect patient and family input through a variety of mechanisms including online channels, the Patient Relations process, our physicians’ and front-line staff’s day-to-day interactions and our patient incident processes. We value the richness of this feedback data yet at times it is difficult to “tell the patient story” and to identify trends and opportunities for improvement. Our plan is to try a new process that will offer more real-time feedback in select areas, and to concurrently develop a revised system for capturing our patient complaints and compliments through a new online tool. The tool will offer more sophisticated data analysis and feedback for the clinical teams.

**Accountability Management**

The executive teams review performance quarterly and respond with action plans as appropriate. This is a meaningful process with an executive team that is highly engaged and committed to QIP success.

As described previously, Quality and Performance develops data reports on QIP themes on a monthly basis, to share with program leadership and physicians. The Quality and Performance team has consulted with these groups to determine the best and most actionable format and frequency for this data.

In the coming year, we have also developed a plan to bring the improvement data to life for our front line teams. Unit-based huddle boards, designed to make our improvement work understandable and actionable, will be introduced across the hospital to help our patients, staff and physicians understand and track our progress.

**Performance Based Compensation [As part of Accountability Management]**

In accordance with the requirements of the Excellent Care for All Act 2010, executive accountability for the overall performance of the organization is embedded in the management philosophy and practice at St. Michael's. Our executives’ compensation for 2015-16 is linked to performance in a graduated manner based on the following five QIP indicators:

- Hand hygiene
- Emergency Department length of stay for admitted patients
- Discharge summary completion
- Medication reconciliation
- Total margin
The Chief Executive Officer: Five per cent of annual salary.

Executive Vice President and Chief Administrative Officer: Two per cent of annual salary.

Executive Vice President and Chief Nursing Officer: Two per cent of annual salary.

Executive Vice President and Chief Medical Officer: Two per cent of annual salary.

Vice President Education: Two per cent of annual salary.

Vice President Research: Two per cent of annual salary.

Each of the five metrics is weighed at 20 per cent for the determination of the amount of compensation awarded. The amount awarded per metric will be based on the Board of Directors’ evaluation, set out in the table below:

<table>
<thead>
<tr>
<th>Progress against QIP targets for all five indicators</th>
<th>Percent of available incentive</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Worse than previous year’s performance and no special considerations</td>
<td>Zero</td>
<td></td>
</tr>
<tr>
<td>Worse than previous year’s performance with special considerations</td>
<td>Up to 10</td>
<td>E.g. H1N1</td>
</tr>
<tr>
<td>Maintained previous year’s performance and special considerations</td>
<td>Up to 20</td>
<td>E.g. Baseline affected by unusual circumstances</td>
</tr>
<tr>
<td>Better than previous year’s performance but did not meet target</td>
<td>Up to 50</td>
<td></td>
</tr>
<tr>
<td>Achieved target</td>
<td>100</td>
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Health System Funding Reform (HSFR)

Consistent with our Hospital Service Accountability Agreement, St. Michael’s target for 2015-16 is a zero per cent total margin. Several initiatives are underway to achieve this goal.

We will continue active, quality-based procedure (QBP) initiatives in chemotherapy, congestive heart failure, chronic obstructive pulmonary disease, endoscopy, stroke, non-cardiac vascular care and hip fractures. This year’s QIP total margin change ideas focus on continuing and sustaining the improvements we’ve made in standardizing and improving efficiency of care and length of stay for congestive heart failure and stroke in particular, plus a new focus on standardization in cardiac care.
As described above, this year marks the beginning of a new strategic plan for the hospital, which includes a strong focus on ensuring the organization’s sustainability in light of ongoing fiscal challenges in acute care. To that end, operational reviews are underway and will be conducted throughout every part of the hospital over the next three years. These reviews will identify and recommend systemic and transformational change opportunities.

As a member of the Early Adopter Collaborative for Choosing Wisely Canada, we are investigating small and large-scale opportunities to eliminate unnecessary tests and procedures. The goal of Choosing Wisely Canada is to reduce patients’ risk of harm as well as improve system efficiency.

Our improvement plans this year, particularly related to the overall theme of discharge planning and the total margin metric, were influenced by this commitment to improving the hospital’s bottom line as well as the hospital’s patient centredness.

Other

Quality is more than a metric on a page; it’s the foundation of everything we do for patients. Underpinning this year’s QIP is a desire to release our quality discourse from the boardroom and bring it to life for patients, physicians and staff.

We would like to highlight two additional areas of our quality work that we believe capture the spirit of quality at St. Michael’s: our innovative approach to learning from critical incidents and our strategic approach to quality communications.

Innovation

We strive every day to do better. However sometimes situations arise where, for a variety of reasons, we let our patients down. Our culture of safety at St. Michael’s is strong and we endeavor to learn from the experiences of our patients and our clinical teams. One of the ways that we are learning is through the use of simulation. This allows us to simulate an event that had devastating impact on a patient, and through the simulation identify very real opportunities for changing our processes. We can better prepare our teams for a range of care situations, and help them better communicate as a team. Simulation will become a key component of our safety work this year.

As an academic institution, we will increase the pursuit of quality and the QIP as a scholarly venture. The next phase is to apply an academic lens to all our quality improvement plan initiatives including producing results that can be shared nationally and internationally, and designing, testing and implementing innovative strategies in driving high quality care. This academic capacity, coupled with our commitment to innovation will position us well to lead in the development of new best practices for quality: our contribution to improve urban health models around the world.
Communications

St. Michael’s leadership, physicians and staff understand and own quality. Thanks to broad communications and engagement regarding the “SOAPEE” framework, we can all list the dimensions of the patient experience: safety, outcomes, access, patient centredness, equity and efficiency. This framework has anchored the quality narrative at every level of the hospital. The hospital’s corporate communications plan for quality in 2015-16 aims to deepen this understanding and culture of quality among all physicians and staff, and reinvigorate broad internal engagement and enthusiasm for improving quality and the patient experience in general. It aims to help quality champions engage and educate their own teams and foster internal engagement, understanding and idea-sharing regarding the hospital’s corporate quality priorities and projects – in particular, the QIP. Initiatives for 2015-16 include new approaches to sharing and interpreting performance data with and for front-line staff to help them adjust and prioritize activities (i.e. huddleboards); an internal blog for discussion and idea-sharing around quality and QIP activities; monthly town-hall updates and profiles regarding quality improvement activities; and dynamic communications to educate physicians and staff about QI theory and approaches, such as a recent whiteboard video by Dr. Mike Evans (sponsored by St. Michael’s) that garnered more than 17,000 views in its first three months on YouTube.

St. Michael’s is exploring new ways to update and engage patients in our quality improvement activities, to make sure that our definitions and goals for quality resonate with their own definitions and goals. To that end, St. Michael’s has prepared a version of this document specifically for our patients and their families. It highlights the same themes and change ideas in a brief, easy-to-read format. View the patient-friendly version of this QIP at www.stmichaelshospital.com/qip.
Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan.

Tom O’Neill
Board Chair

W. A. Etherington
Quality Committee Chair

Robert Howard
Chief Executive Officer