

Excellent Care
For All.



2011-12

Quality Improvement Plan

(Short Form)



WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

Women's College Hospital
76 Grenville Street,
Toronto, Ontario M5S 1B2

March 23, 2011

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, this document 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 ECFAA, and provided that they submit a version of their quality improvement plan to the OHQC in the format described herein.

ontario.ca/excellentcare

Part A:

Overview of Our Hospital's Quality Improvement Plan

1. Overview of our quality improvement plan for 2011-12

For over a century, Women's College Hospital (WCH) has been committed to advancing women's health, quality of care and research to improve women's care and to educate the next generation of health professionals. As Canada's pre-eminent academic ambulatory hospital and a world leader in women's health two of our key commitments include: 1) to create a positive patient experience and 2) to promote patient safety and enhance quality of care. Through our commitment to clinical excellence, continuous innovation, academic leadership, and quality performance we will ensure patient safety and quality care. The integrated quality plan supports our commitment to quality and safety at all levels and promotes monitoring and improvement of our quality of care and service over time. It assists us to meet our Mission: We will enhance the health and quality of life of all we serve; We will do research to improve women's lives; We will empower our communities by exchanging knowledge; We will work in caring, interprofessional teams and educate others to do the same, and allow us to demonstrate our core values of: equity, safety, innovation, relationships, leadership and collaboration.

As the only independent ambulatory hospital in the province our intent is to provide broad system solutions as we are continually challenged to shatter the standard healthcare paradigms. Here again, most of the standard core indicators hold no relevance for the ambulatory care we provide or the experience of our patients. We continue to redefine the concepts of access, utilization, safety, effectiveness and patients centred care and establish best practice in the practice of ambulatory care. We have the opportunity to create indicators for quality in the ambulatory care setting that can serve as the standards/benchmarks for all ambulatory settings.

WCH will lead the way in safety and quality of care for ambulatory care in Ontario. We will strive to set the bar by increasing hand hygiene compliance and preventing hospital-acquired infections and other avoidable transmissions. We will increase surgical efficiencies by having all first start surgeries begin on time. We will increase access to musculoskeletal ultrasounds to improve care for this patient population. We will improve our sampling methodology to gain a better understanding of the patient experience and increase patient satisfaction.

2. What we will be focusing on and how these objectives will be achieved

The Quality Improvement Plan has the following objectives:

- Improve patient access to service
- Improve the patient experience
- Improve patient safety
- Develop new opportunities for continuous improvement
- Align compensation with the achievement of improvement

Our plan focuses on providing safe, effective, accessible and patient centred care all through an ambulatory lens. The plan is designed to address key barriers to access and make a real difference to

our patients and will generate new opportunities for improvement across the Hospital.

Aims and Measures; By March 31st, 2012, we will:

- Improve hand hygiene compliance for moment 1 to 80%,
- Sustain and exceed the provincial average of 91.8% in compliance with the use of the safe surgical checklist,
- To improve by 2% our compliance with first OR start times,
- To increase access to musculoskeletal ultrasounds by establishing a program at WCH,
- To increase satisfaction scores in the Urgent Care Centre in the dimension of physical comfort to 62.7% to meet the Ontario hospital average.

Ideas for Improvement; From April 2011 to March 2012, we will:

- Implement a interprofessional, multifaceted hand hygiene program to facilitate best practices which include:
 - ✓ Environmental changes and system supports,
 - ✓ Education for health care providers, patients/families
 - ✓ Ongoing monitoring with feedback to health care providers, and
 - ✓ Patient/family engagement.
- Continue to monitor adherence to practice guidelines for the use of the safe surgical checklist.
- Implement strategies (i.e. lean methodology) to increase compliance with first case OR on-time.
- Implement a musculoskeletal ultrasound program at WCH to improve access to onsite services.
- To improve physical comfort in the Urgent Care Centre to improve patient satisfaction by implementing interventions to improve physical comfort and pain control.

3. How the plan aligns with the other planning processes

The Quality Improvement Plan builds up to other foundational documents, plans and processes. For the past four years, the Hospital's strategic plan and priorities have been the basis of planning and decision making for organizational investments, operational changes and resource allocation, as well as focused on contributing to the priorities of the Ministry and the LHIN. The hospital's priorities are:

- Ambulatory Excellence and Innovation
- Academic Leadership
- Exceptional Relationships
- Performance
- Resource Development
- Information
- Capital Redevelopment

Each of these priorities generates initiatives to advance the strategy of the Hospital and achieve the

volumes and other requirements set out in the Hospital's Accountability Agreement.

4. Challenges, risks and mitigation strategies

As the only independent ambulatory hospital in the province, many factors which impact other hospitals in small ways are the main or perhaps singular driver behind the hospital's business.

Most unique in this is the number and role of physicians and physician referral patterns. The number of physicians and students is equal to the number of staff. Almost every patient encounter involves a physician; very different than in an inpatient setting. As the Hospital's relationship with physicians is different than that with our staff, the Hospital's ability to directly drive change to physician action is understandably limited. This therefore requires that change management and quality improvement initiatives all include significant physician engagement components.

Women's College Hospital is inherently connected to other health providers in the system in the provision of clinical services i.e. hospitals, community agencies and community care access centres. Additionally, the Hospital's clinical support infrastructure is directly linked to several of our peer organizations. As such our quality improvement plans require consideration of a complex array of relationships and systems to truly achieve a desirable systems results including academic, services and community partners.

Part B: Our Improvement Targets and Initiatives

Please complete the "[Improvement Targets and Initiatives – Part B](#)" spreadsheet (Excel file). Please remember to include the spreadsheet (Excel file) as part of the QIP Short Form package for submission to the OHQC (QIP@ohqc.ca), and to include a link to this material on your hospital's website.

See attached excel spreadsheet

Part C:

The Link to Performance-based Compensation of Our Executives

Purpose of Performance-based compensation:

1. To drive performance and improve quality care
2. To establish clear performance expectations
3. To create clarity about expected outcomes
4. To ensure consistency in application of the performance incentive
5. To drive transparency in the performance incentive process
6. To drive accountability of the team to deliver on the Quality Improvement Plan
7. To enable team work and a shared purpose

Manner in and extent to which compensation of our executives is tied to achievement of targets

The Executives listed below 5.0 % of pay is linked to the following indicators:

CEO
Chief of Staff
VP. Chief Operations & HR Officer
VP. Patient Care & Ambulatory Innovation
CFO
CNE, Professional Affairs
Vice President Education
Chief Communications & Marketing Officer

Indicators:

1. Hand Hygiene – Compliance before patient contact performance goal: 80% annual corporate average. (1% of pay)

2. Improve patient satisfaction in UCC – Change Improvement Initiative

- 1) To understand what drives physical comfort in our environment and to assess pain assessment evidence that improves physical comfort and adopt relative strategies or develop appropriate interventions – 2011/2012 targets (Review completed by June 2011). (1% of pay)
- 2) Modify our internal satisfaction survey to reflect NRC Picker questions in the physical comfort dimension and to survey our UCC patient population on day of visit – 2011/2012 targets (100% of patients offered survey on day of visit). (1% of pay)
- 3) Provide customer service training to staff to promote comfort and enhance the patient's perception of their experience – 2011/2012 targets (100% staff attend education sessions). (1% of pay)
- 4) Monitor internal satisfaction survey results and NRC Picker results – 2011/2010 target (Will trend internal results over time and post results). (1% of pay)

Part D: Accountability Sign-off

[Please see the QIP Guidance Document for more information on completing this section.]

I have reviewed and approved our hospital's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*. In particular, our hospital's Quality Improvement Plan:

1. Was developed with consideration of data from the patient relations process, patient and employee/provider surveys, aggregated critical incident data, and patient safety indicators;
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in and extent to which, executive compensation is tied to achievement of QIP targets; and
4. Was reviewed as part of the planning submission process and is aligned with the organization's operational planning.

Original signed by:

Kathryn Giffen
Board Chair

P. Suzanne Williams
Quality Committee Chair

Marilyn Emery
Chief Executive Officer