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Change Happen.



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



3/31/2015

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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## Overview

The CHEO Quality Improvement Plan (QIP) is a foundational document for many of CHEO's quality improvement activities and communicates CHEO's overall strategic plan. For 2015-16, CHEO has committed to substantial quality improvement across the entire organization, such that our quality improvement plan (QIP) is directly aligned to the organization's strategic plan. As a backbone measure of our progress, the QIP is designed to ensure improvement in numerous aspects of care and to advance our efforts to provide an exceptional patient experience.

Our mission: We help kids and families be their healthiest.

Our vision: Our care will change young lives in our community; our innovation will change young lives around the world.

Our Strategic Directions:

- Exceptional Patient Experience - CHEO will improve access to safe, quality care and provide an exceptional experience for every patient and family.
- Connected Care - CHEO will extend its impact by connecting services both within and beyond its walls for children, youth and families.
- Education, Innovation & Discovery - CHEO will education, innovate and discover to drive the highest quality care and outcomes.
- Responsible Stewards - CHEO will be an effective steward of its assets, making the most of each to advance our mission.
- One Team - CHEO will foster a One Team culture in which every employee, physician, trainee, volunteer & partner feels part of a single team that is equipped, empowered, educated and engaged; united with purpose on a single vision.

With quality improvement as a driver for CHEO to successfully reach the goals set out in our strategic plan, our 2015/16 QIP will focus on the metrics that are most relevant for CHEO in driving forward our corporate strategy and quality improvement. Many of the HQO priority indicators are captured within the 6 indicators comprising CHEO's 2015/16 QIP, and CHEO will continue to monitor and report these indicators as appropriate.

CHEO has selected 6 corporate Key Performance Indicators for our 2015-16 QIP. Each is aligned to one of the five Strategic Directions. They are:

- Safety First (Exceptional Patient Experience) – CHEO will reduce and avoid serious harm events for patients, staff and physicians.
- Days Matter (Connected Care) – CHEO will reduce wait lists and wait times because every day matters in the life of a child.
- Improvements Made (Education, Innovation & Discovery) – CHEO will make big and small changes to help move our strategy forward.
- Time Found (Responsible Stewards) – CHEO will make the most of each hour of our time.
- Inspiring Workplace (One Team) – CHEO will engage our team to improve satisfaction.

- Patient Engagement (Exceptional Patient Experience) – CHEO will follow the results of 39 engagement questions on various Patient Satisfaction surveys to see that we continue to have receive high scores for this important domain

Definitions, baseline performance and targets are being finalized for the 6 Key Performance Indicators making up our QIP. As such, targets as submitted are estimates, pending Board approval in mid-April. These 6 metrics will be followed monthly at all levels of the organization. Individual units will focus their quality improvement plans to address 1 or 2 of these corporate metrics, with the belief that alignment and focus of effort is key to success

In 2015/16, CHEO will focus its corporate-wide strategic activity on 4 "must do, can't fail" initiatives. These are CHEOworks (CHEO's Lean-inspired Management, Improvement and Human Development Systems), Epic (CHEO's integrated electronic health record), Patient Flow (maximizing the efficiency and effectiveness of patients moving through the hospital), and Financial Effectiveness (ensuring CHEO's resources are used optimally). Through greater focus, CHEO will achieve greater success in its quality improvement endeavours.

CHEO completed accreditation in September 2014. We were proud to be awarded "Accreditation with Commendation" by Accreditation Canada, recognizing our ongoing commitment to quality improvement. CHEO has recently been named one of Canada's most admired corporate cultures and was again recognized as one of the National Capital Region's top employers. These recognitions highlight the engagement and commitment of CHEO's staff, physicians and volunteers in making CHEO such a unique organization – small enough to care, and big enough to make a difference.

## Integration & Continuity of Care

CHEO has a very important role to play in the health and well-being of children and youth in our region. As the only pediatric centre in the area, we serve the broad needs across the full spectrum of age and complexity. However, we cannot do it all; we must be well integrated and collaborate with the broader health care system. Our care must be connected and continuous throughout CHEO, but also in conjunction with other providers in the community. Hence, one of CHEO's five strategic directions is Connected Care. CHEO's Connected Care pillar focuses on establishing and maintaining strong relationships and partnerships with community partners, assuring a solid ground to build continuums of care and transitions to community or adult services.

This integration and continuity is exemplified in a number of initiatives, including: A new Director of Connected Care to coordinate our strategy with community partners; electronic delivery of after-visit summaries to community providers via the LHIN's Clinical Document Repository following every Ambulatory Care Clinic visit documented in Epic; combining our Discharge Planning Team with the local CCAC team to create a Community Discharge Team; expansion of our "On My Way" transition to adult care program; development of a new strategic plan for our Mental Health program with focus on our role within a large network of community mental health providers; and expansion of telemedicine and e-consults to further push the boundaries of traditional services and provide care closer to home. CHEO's Epic program will serve as the focus of improvement activities in this area in 2015/16.

## Challenges, Risks & Mitigation Strategies

CHEO's Board, Executive and Leadership Teams are aware of and mobilized to mitigate the many potential challenges and risks that may impact our QIP success.

Most notably, CHEO needs to adjust to a reduction in funding from the Ministry of Health as a result of Health System Funding Reform on the operating budget, at the same time as most unionized positions will receive pay increases. This has resulted in the need to identify significant expenditure savings or revenue opportunities, and these will need to be implemented and realized in 2015/16 to achieve the mandated Total Margin of 0%.

Additionally, increased demand for care in our Emergency Department and for Mental Health services continues to be a challenge. A much-anticipated major renovation to our Perioperative Services and Daycare Surgery environments known as Project Stitch is expected to get underway in 2015-16. This will create additional space challenges during the construction. CHEO will develop an updated Master Plan document to address our aging physical infrastructure.

In 2015 CHEO will continue to enhance enterprise risk management across the organization. Efforts in 2014 led to an enhanced approach to integrated risk management with expansions and refinements to the identification, validation, monitoring and mitigation of risk across the organization. In 2015, CHEO will implement new tools and practices identified in 2014 as integral to success.

## Information Management

CHEO is committed to building an integrated electronic health record that will eventually serve all patients across all aspects of their care. A comprehensive plan is underway to implement Epic. In 2015/16, we will complete the implementation across more than 70 Ambulatory Care clinics that operate at the main CHEO campus as well as several remote locations. More detailed planning will be completed this coming year for the subsequent transition of existing software solutions in our Pharmacy, Emergency Department and Inpatient areas to the Epic integrated platform.

MyChart, the Epic patient portal, has been implemented for all patients with diabetes; this technology will be offered to additional patient populations in 2015/16. Basic functionality will allow patients and their parents to view results and see upcoming appointments. Additional functionality will be implemented to allow them to securely message with their care providers, update their medication and allergy lists, complete outcome measurements to follow their disease activity, and complete surveys about their care experiences.

In addition to the inherent benefits to individual patients and their providers, Epic will provide CHEO with an extensive data repository on which to identify opportunities to improve the quality, safety and operational efficiency of our care for all patients, thus supporting data-driven decision-making at all levels of the organization. Epic will also provide a robust data platform for the expansion of our existing research mission, with the target of having every patient involved in at least one clinical research trial.

## Engagement of Clinicians & Leadership

CHEO measures staff and physician engagement on a quarterly basis. In the most recent survey of all staff and physicians, engagement was above 70%, placing CHEO in the top quartile of hospitals surveyed. In the areas Health and Safety and Patient Safety, CHEO was also a top performer for the question related to “trust in the organization” among both staff and physicians. CHEO’s scores are well above the average of all hospitals surveyed, as well as all teaching hospitals.

In 2014, the hospital was listed as one of Canada’s Most Admired Corporate Cultures by Waterstone Human Capital, as well as one of the National Capital Region’s Top Employers.

A key factor to our success engaging staff, physicians and leadership is a Lean-inspired program called CHEOworks. CHEOworks comprises an Improvement System, Management System and Human Development System to engage, develop, empower and support leaders and staff to sustainably solve problems, continuously improve care processes, and eliminate waste from core business processes. Units that have been involved in CHEOworks have demonstrated higher levels of engagement and satisfaction with their work, reflecting their opportunity to influence the way in which care is delivered.

Finally, CHEO is committed to ensuring that its physicians are true partners in the deployment of key initiatives and strategy. As such, there are four corporate Medical Directors aligned to: Patient Safety, Quality & Systems Improvement, Informatics, and Strategy & Performance.

## Patient/Resident/Client Engagement

CHEO benefits from high levels of patient and family satisfaction and engagement across all domains (ED, Inpatient, Outpatient), as evident in our excellent Patient Satisfaction scores. This is also manifest in the commitment shown by members of our Family Forum and Youth Net groups who provide important guidance to our leadership, staff and physicians. Many members of these forums also participate on unit-based partnership councils and other improvement initiatives to provide the “voice of the customer” to our work. Personal stories exemplifying the care, compassion, innovation and teamwork of CHEO’s staff and physicians are often used in the launch of new initiatives to remind us of the importance of our work.

CHEO is always looking for new ways to receive feedback from our patients and families. Recently, staff in the Emergency Department began collecting family email addresses to allow the NRC Picker ED Patient Satisfaction Survey to be distributed to consenting families electronically. This has allowed us to survey and receive feedback from many more families in a much more timely manner without spending additional precious resources. This feedback is helping us identify ways to make our care better.

## Accountability Management

In 2015-16, the Executive Team includes the President & CEO, the Chief of Staff (COS), Senior Vice-President and Chief Financial Officer (CFO), the Vice-Presidents (Patient Care; People, Strategy & Performance; Research; Technology & Chief Information Officer (CIO); Volunteers, Communications and Information Resources), select Department Chiefs (Pediatrics, Surgery, Psychiatry and Anesthesiology), the Chief Nursing Executive, and the Medical Director – Quality & Systems Improvement. Not all of these members report to the CEO or are covered under the compensation policy.

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

Executive level (President & CEO, Chief of Staff, Vice Presidents):

Base Salary:

The President & CEO's salary is set by the Board of Directors and does not include a range.

The Chief of Staff salary is determined upon hiring by discussion between the Chief of Staff, the Chief of Pediatrics and the CEO. The salary is paid by the Pediatric Alternative Funding Plan (AFP) and a portion of it is reimbursed by CHEO to the AFP.

The vice presidents do not have a salary range. Their salary is set based on market rate for similar positions. It may be adjusted from time to time based on the evolution of the market.

As of October 2013, Ontario legislation requires that these salaries remain frozen until the Province of Ontario ceases to have a budget deficit.

Performance bonus:

The President & CEO and the vice presidents are entitled to a performance bonus, based on their performance in the previous year. The bonus is paid in the form of time owing added to their vacation bank; it is pensionable and cumulative from one year to another. The employee may utilize the accumulated time owing at his/her discretion. When the employee decides on retirement or leaves voluntarily, he/she must use the excess accumulated vacation banks prior to the actual retirement or departure date (the value of the accumulated vacation may be paid in the form of financial equivalent in exceptional circumstances on the approval of the CEO and the Senior Vice President and Chief Financial Officer, provided it is in the best interests of the hospital to do so).

Evaluation of performance and determination of performance bonus entitlements for a particular year will be made by the Strategy, Performance and Governance Committee (on behalf of the Board of Trustees) for the President and CEO, and by the President and CEO for vice presidents.

Components:

Up to 10% of additional vacation allocation shall be available as performance bonus entitlement for CHEO executives, based on corporate achievement of priority targets set under the annual hospital Quality Improvement Plan for the particular year.

## Health System Funding Reform (HSFR)

Health System Funding Reform (HSFR) continues to evolve for pediatric facilities since its introduction on April 1st, 2012. CHEO executive and medical leadership are active participants on local and provincial related HSFR committees that ensures the uniqueness of care provided by specialty children's Hospital is reflected in HSFR. As an organization, we promote a culture of continuous improvement. As such, the roll out of Quality Based Procedures for pediatrics in 2014/15 for Tonsillectomy and Hyperbilirubinemia, as well as participation in the development of QPBs for Asthma and Sickle Cell Disease in 2015/16, aligns with the organizations vision of "our care will change young lives in the community; our innovation will change young lives around the world".

## Other

The 7 priority hospital indicators identified by Health Quality Ontario (HQO, 2014) have varying relevance for a pediatric population, and for CHEO specifically, as areas for focused quality improvement.

The priority indicator “Clostridium Difficile Infection (CDI)” has not been included as a CHEO quality improvement indicator. CHEO monitors the rate of CDI infections per 1000 patient days. In 2014/2015, our rate was 0.29, which is below the benchmark target of 0.35. The priority indicator “Medication Reconciliation at Admission” also has not been added as a priority quality improvement indicator as this process is well established at CHEO. In 2014/2015, our quality improvement plan focused on medication reconciliation at transfers, rather than admission. CHEO has demonstrated this process is implemented and working, and although efforts to continuously improve medication reconciliation will continue, it has not been identified as a corporate improvement initiative with significant change or improvement strategies.

The HQO priority hospital indicators of “Total Hospital Margin” and “90th percentile Emergency Department (ED) Length of Stay for Admitted Patients” will continue to be monitored by CHEO, and are present in our 2015/2016 improvement plans as components of the five priority areas for CHEO. “Patient satisfaction” will continue as a 2015/2016 watch indicator for CHEO. The “30-Day Readmission Rate to Any Facility (Specific Case Mix Groups)” indicator has remained stable and has not been identified as a corporate improvement initiative with significant change or improvement strategies.

The HQO priority hospital indicators of “% Alternate Level of Care (ALC) days” and HQO additional hospital indicator of “Hospital Standardized Mortality Ratio are not considered relevant for our pediatric delivery context.

The 2014 HQO Additional Hospital indicators of “Medication Reconciliation at Discharge” and “Hand Hygiene Compliance”, which were reported in previous versions of CHEO’s quality improvement plan, are not included in the 2015/2016 plan.

## Sign-off

It is recommended that the following individuals review and sign-off on your organization’s Quality Improvement Plan (where applicable):

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

Board Chair : Erin Crowe

Quality Committee Chair : Meena Roberts

Chief Executive Officer : Alex Munter

# 2015/16 Quality Improvement Plan for Ontario Hospitals

## "Improvement Targets and Initiatives"



Children's Hospital of Eastern Ontario 401 Smyth Road

AIM	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Change	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Access	<b>Days Matter: Reducing wait lists and wait times because every day matters in the life of a child.</b>	The amount of time patients were saved from waiting for a service, compared to previous year.	Days / Specified ambulatory clinics, emergency, ten inpatient case mix groups, pediatric priority 3 and 4 MRI, elective perioperative surgical cases and specific ultrasound referrals.	WTIS, CIHI Winrex and in-house data (EHR). / 2015-2016	751*	43196	50000	Taking into consideration portfolio level performance, benchmarking and key contextual considerations, we estimate 50,000 days could be saved in 15/16. This equates to an approximate 10% improvement over 14/15 performance.	1) Patient flow initiative: This initiative aims to create more predictability in discharge time processes that lower median discharge time by 10% and reduce variability by 10% in order to decrease overall inpatient length of stay.	As prioritized from 2014-2015 value stream mapping, the focus for implementation will be 1) developing standard process and standard work for care teams and families to prepare for discharge and 2) initiate an electronic system to provide real time patient flow information across the hospital.	The development of standard process and standard work for care teams and families to prepare for discharge; implementation of the electronic system (bed board) for real time patient flow information.	10% reduction in median discharge time (from decision to discharge to bed ready for the next patient and 10% reduction in discharge time variability.		
									#2) MyChart, the patient portal within the Epic electronic health record, has been implemented for all patients with diabetes. This will allow patients to play a more active role in care management, potentially leading to efficiencies in care.	CHEO will measure uptake and utilization of MyChart.	Registration of eligible patients and utilization of MyChart.	100% registration of all eligible patients.		
									3) Implementation of the Epic electronic health record. Fewer delays in information or repeating or reprocessing of care will lead to faster, high quality care.	Completing the implementation for the Epic electronic health record in ambulatory care.	Monitoring of the number of patients documented in Epic; the number of visits documented with an after visit summary; the number of patient proxies using MyChart; the number duplicate lab orders as a percentage of total orders and the number of medication orders adjusted, cancelled or with warnings as a percentage of medication orders	Completed implementation of EPIC in ambulatory care.		
Effectiveness	<b>Improvements made: Big and small changes that help move our strategy forward. Time found: making the most of each hour of our time.</b>	Number of completed CHEOworks improvement tickets.	Number of tickets completed / Units participating in	Number of completed improvement tickets / 2015-2016	751*	538	550	Improvement tickets represent change initiatives and opportunities that are identified at	1) CHEOworks: CHEOworks is a Lean-inspired system made up of three components: Improvement System, Management	Specific to this metric, the CHEOworks daily Huddles will be refined to ensure that improvement opportunity tickets are better aligned to unit-specific directions that support the corporate strategic goals. Coaching of front-line staff will also ensure that tickets	Identification, implementation and completion of improvement tickets.	Increase in the number of completed improvement tickets.	Tickets will also be of higher quality and better aligned with unit-specific	
									2) CHEO is developing a cohesive approach to effectively align to strategy, respond to the current fiscal environment and enhance our internal infrastructure. A key strategic priority in 15-16 is clinical productivity with a focus on hours per patient day and hours per clinic visit.	Efforts are underway to 1) improve productivity data quality, timeliness and ability to benchmark with peers, 2) develop and track non-clinical productivity measures, and 3) implement effective reporting and accountability tools and processes.	Process measures include 1) the implementation of key 15/16 budget initiatives related to clinical productivity, 2) the development and implementation a tracking and accountability mechanism for these initiatives, 3) improved hours per patient day HPPD, allied health and clinic data quality and timeliness for improved clinical productivity reporting and 4) enhanced physician documentation and health record coding.	The goal for this initiative is reduced hours per patient day or patient activity. Development of a cohesive approach to effectively align to strategy, respond to the current fiscal environment and		
Patient-centred	<b>Engaging our team to improve satisfaction</b>	Percent positive score based on positive responses to 6 key questions highly correlated to	% / Staff and physicians	NRC Picker / 2015-2016	751*	78.5	79%	We are currently performing above target and at the top 12th percentile compared to all	1)Enhanced staff and physician engagement through CHEOworks participation. A key factor to our success engaging	Staff and physicians will be engaged in identifying and leading improvement initiatives across areas of CHEO that are participating in CHEOworks.	Participation in CHEOwork activities such as huddle boards, rapid improvement cycles and value stream mapping exercises will be facilitated, encouraged and monitored.	Increased number of completed improvement tickets and participation in	CHEOworks comprises an Improvement System, Management	
									2)Optimization of staff mix and activity as it related to patient care and service delivery to allow for reduced hours in care	Review and revision of current staff mix and provider responsibilities in patient care delivery to optimize staff resources and identify opportunities for reduced hours per patient day without reductions in quality or service.	Assessment of current staff mix models across patient care and service delivery areas. Development and implementation of new models of staff mix and service delivery that accommodate the targeted reduction of 30,855 worked hours.	The goal is an optimal use of staff resources that allow for reduced hours per		

AIM		Measure	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Change Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
	Patient engagement	% positive score for 39 engagement questions on patient satisfaction surveys which are highly	% / PC organization population (surveyed sample)	NRC Picker / 2015-2016	751*	80.3	80	Overall engagement scores have remained stable over the past 3 reporting periods. The introduction of	1)No improvement initiatives related to this indicator are planned for 2015-2016.	N/A	N/A	N/A	This indicator has been included in the CHEO 2015-2016 QIP to monitor
Safety	Safety First:Reducing and avoiding serious harm events for patients, staff and physicians.	Number of incidents of moderate or severe harm to patients and harm to employees/physicians divided by adjusted patient days.	A rate which is the number of incidents dividing by an adjusted patient day to reflect overall patient volume. / Patients, families, employees, volunteers and physicians.	Hospital collected data / 2015-2016	751*	CB	13.7	Data challenges exist with data prior to 2015. This year we will collect baseline data using a new classification tool. With data quality issues with historical data and the implementation of a new safety event classification system this year, we may see very different numbers in 15-16. This is a new indicator, and 15-16 will be an important learning year to improve data quality and reporting.	1)Enhanced reporting and identification of safety events through implementation of a new safety event classification system and measurement using a serious safety event rate.	The new safety event classification system will be implemented for use beginning April 1, 2015. Data will be collected on a monthly basis and reported to the Director of Quality and Safety (and relevant committees) for monitoring of early trends as well as compliance and suitability of the new classification system and related processes. The number of events classified as serious safety events will be divided by an adjusted patient day to report a rate of serious harm per 10,000 patient days.	Process measures for this initiative will include both the number of entered and classified safety events classified each month. As this is a new classification system, accuracy and quality of the classification will also be measured.	The goal for this change idea is 100% classification of all safety events entered. Greater identification and measurement of events related to harm will allow for focused quality improvement initiatives related to safety and care management.	A review of historical data in our safety reporting system identified a significant number of events as being unclassified. This has resulted in challenges in interpreting and identifying trends and risk as well as limits our ability to set reliable targets for improvements.