

Let's Make Healthy
Change Happen.



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



3/31/2016

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 2016/17, CHEO has committed to continue our substantial quality improvement efforts across the entire organization, such that our QIP is directly aligned to the organization's strategic plan as in 2015/16. 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 educate, 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 2016/17 QIP will continue to focus on the metrics that are most relevant for CHEO in driving forward our corporate strategy. Many of the HQO priority indicators are captured within the 6 indicators comprising CHEO's 2016/17 QIP, and CHEO will continue to monitor and report these indicators as appropriate.

CHEO has again selected 6 corporate Key Performance Indicators for our 2016/17 QIP. Each is aligned to one of the five Strategic Directions, with the final indicator being aligned to overall patient experience. They are:

- Safety First (Exceptional Patient Experience) - CHEO will reduce and avoid serious harm events for patients, staff and physicians.
- Faster Access (Connected Care) - CHEO will strive to see all patients within condition- and acuity-specific targets, 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.

- Staff 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.

Following reflection on our learnings and achievements over the past year, four of the metrics will remain exactly as they were last year, though with updated targets. The remaining two metrics have been adjusted to better reflect and drive the improvements we want to achieve, in ways that are more meaningful and better understood by our staff and patients. These 6 metrics will be followed monthly at all levels of the organization. They are the backbone to our CHEOnext dashboard and Executive Team Visual Management Room, where our leaders review performance and adjust plans to promote success in these endeavors. 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 2016/17, CHEO will focus its corporate-wide strategic activity on three (3) transformational initiatives. These are CHEOworks (CHEO's Lean-inspired Management, Improvement and Human Development Systems), Epic (CHEO's integrated electronic health record), and Planning for Integrated Service Delivery (forecasting regional pediatric needs and CHEO's role into the future). Through greater focus, CHEO will achieve greater success in its quality improvement endeavors.

CHEO was recently recognized by Forbes Magazine as the top health and social services sector employer in Canada, and #12 overall. In 2014, CHEO was named as one of Canada's most admired corporate cultures, and we have repeatedly been 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.

QI Achievements From the Past Year

CHEO celebrated many quality improvement accomplishments in 2015/16, with many more aligned to our strategic directions and QIP than in past years. We attribute this increased alignment to our ongoing adoption of our Lean management, improvement and human development systems, known as CHEOworks, helping all members of our team, our leaders and our Board of Trustees be focused on improvement initiatives that would yield meaningful results to the things that matter most to our patients and families. Some other examples of our initiatives to spread and strengthen CHEOworks included the addition of huddle boards to several new areas, collaboration between our Patient Experience Team and CHEOworks Team to increase patient and family input into identifying and solving problems, and the launch of an internal Lean Yellow Belt training program.

Several key initiatives related to patient safety were achieved. These included implementation of the HPI Safety Event Classification system, refinement of our processes around adverse event disclosure, and involvement of patients and families in critical event reviews. Additionally, we increased hazard reporting by Environmental Services staff across the organization, increased staff and physician core safety training using new delivery tools, and implemented an occupational

health management system to improve tracking and management of staff & physician health.

Several achievements related to patient access, length of stay and staff productivity were achieved. Inpatient length of stay for our most common CMGs was significantly reduced through a number of initiatives to identify and eliminate wasted time, as well as engage patients and families earlier in the plan for discharge. Improvements for surgical wait times and access to outpatient clinics and diagnostic tests were realized through enhanced management of schedules and wait lists.

CHEO successfully adjusted to significant staffing reductions in several clinical areas by introducing new team members and working through staff-generated initiatives to work smarter with our precious time while maintaining high quality care. Staff successfully adopted a new HPPD tracking tool, allowing them to achieve optimal and fiscally responsible staffing levels to patient census.

Finally, CHEO achieved some significant milestones along our journey to implement an integrated electronic health record, with a goal of "One Patient. One Record". Implementation of Epic Ambulatory across more than 70 ambulatory clinics was completed in 2015/16, allowing CHEO to be the first centre in Canada to achieve HIMSS Level 6 for Ambulatory Care. In conjunction with Epic Ambulatory, the MyChart patient portal was successfully activated in a few pilot clinics, with plans to make it widely available for all ambulatory care patients in April 2016. Plans are progressing to add Inpatients, Emergency, Oncology, Pharmacy and Health Information Management modules in Q2 2017/18, so that more than 90% of all care and documentation will be captured within Epic.

Integration & Continuity of Care

CHEO has a very important role to play in the health and well being of children and youth in our immediate region and beyond (Western Quebec, Northern Ontario, Nunavut). As the only specialty 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: development and launch of a new Mental Health strategic plan, the Young Minds Partnership, in collaboration with the Royal Ottawa Mental Health Centre and community mental health providers; working with partners and Employment and Social Development Canada to support parents and caregivers with medically fragile and technologically dependent children; ongoing collaborations with Nunavut and local partners in order to provide care to Inuit children and youth; collaboration with Health Canada to help develop training regarding Inuit culture; establishing relations with Quebec partners to improve coordination of care for Quebec patients; and engaging in healthcare and technology innovation with our community.

Engagement of Leadership, Clinicians and Staff

CHEO measures staff and physician engagement on a quarterly basis. In the most recent full survey of all staff and physicians in 2014, engagement was above 80%, placing CHEO in the top 15% of hospitals surveyed. 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 questions related to Health and Safety as well as Patient Safety, CHEO's results are also well above other hospitals and teaching hospitals.

In early 2016, Forbes Magazine released their list of the top employers in Canada; CHEO was ranked #1 within the health and social services sector, and #12 overall.

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. In 2016/17, we will continue to expand our efforts to involve patients and families in the identification and implementation of improvement projects, and to implement CHEOworks across the entire hospital.

Finally, CHEO is committed to ensuring that its physicians are true partners in the deployment of key initiatives and strategy. As such, our Executive Team includes 7 physicians, representing 50% of the membership. There are five corporate Medical Directors aligned to: Patient Safety, Quality & Systems Improvement, Informatics, Infection Prevention & Control, and Strategy & Performance. Additionally, four new Medical Directors were established in 2015, aligned to: Medical Inpatient Services, Surgical Inpatient Services, Medical Ambulatory Care Services, and Surgical Ambulatory Care Services. Finally, a new framework and accountabilities for Patient Care Leadership Teams is being established to leverage the shared knowledge and experience of medical and operational leadership dyads throughout the hospital.

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 in developing and monitoring our strategic and quality improvement plans. 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.

In 2014/15, CHEO began collecting family email addresses to allow the NRC 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 initiative was so successful that we will be expanding this approach to our Inpatient and Outpatient surveys, yielding better and more timely feedback to help us identify ways to improve our care.

Last year we also completed a pilot of the Experience Based Co-Design (EBCD) approach within our oncology services. This relatively new method of engagement

involves having patients/families as equal partners with staff and physicians on a quality improvement activity. The process was highly valued by all participants, and led to improvements in the way in which patients and families are oriented to the hospital and the treatment team in those early and difficult days of a cancer diagnosis. An unintended positive outcome from the EBCD project and ongoing input from our Family Forum council was to build on this work to increase collaboration between our Quality Improvement and Patient Experience teams to organize purposeful and systematic ways of engaging patients and families in efforts to improve patient care processes and experiences.

Performance Based Compensation [part of Accountability Mgmt]

In 2016-17, 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.

Given the complexity and gravity of its mandate, CHEO takes seriously its responsibility to recruit strong, experienced leadership. Given its commitment to patients, CHEO also takes seriously its responsibility to ensure the focus of fiscal resources remain steadfast on patient care. For these reasons, CHEO will continue to spend more on clinical care and less on administrative overhead than other local hospitals and other children's hospitals in Ontario. As such, CHEO's executive recruitment and compensation strategy is centered on finding the best people for the job, with salaries targets in the mid-range for similar positions in the sector.

As required by the Excellent Care for All Act, CHEO has an executive performance program that ties elements of the compensation program directly to the successful execution of measurable objectives.

The Board of Trustees conducts the performance reviews for the CEO and the Chief of Staff. Performance reviews for other members of the executive team are conducted by the CEO and reviewed by the Board Chair.

The CEO and Vice Presidents can earn performance compensation of up to 6% of their salary, and is dependent on CHEO achieving certain KPI targets.

Other

The 9 priority hospital indicators identified by Health Quality Ontario (HQO, 2015) have varying relevance for a pediatric population, and for CHEO specifically, as areas for focused quality improvement to be tracked within our corporate quality improvement plan. In addition to the corporate KPIs contained within our quality improvement plan, many other metrics are followed and addressed through improvement initiatives at the local level.

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 2015, our rate was 0.31, which is below the benchmark target of 0.52 (CNISP).

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 and is consistently performed for more than 95% of admissions. 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, our focus in 2016/17 will be to ensure our medication practices are aligned as we implement our integrated electronic health record.

The priority indicators related to risk-adjusted 30-day readmission rates for CHF, COPD and stroke are not relevant to the pediatric population.

The priority indicator "90th percentile Emergency Department (ED) Length of Stay for Admitted Patients" is actively monitored and addressed, as it is a component of our composite corporate patient access metric, Faster Access.

For the priority indicator "Positive Patient Experience" we will continue to use NRC Picker survey tools for ED, Inpatient and Outpatient patient populations. Selected patient engagement questions which are highly correlated with overall patient satisfaction will be used as a composite measure, as we have done in the past. Performance on this metric continues to be excellent, so that it will remain a watch metric with no specific improvement initiatives tied to it, other than the migration to electronic survey distribution to expand survey responses and timeliness of data.

The priority indicator "Alternate Level of Care Rate - Acute" is not relevant to pediatric care delivery.

Finally, the priority indicator "Readmission Within 30 days for Selected HIGs" has remained stable and has not been identified as a corporate improvement initiative with change or improvement strategies.

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 Pending - April 12, 2016

Quality Committee Chair Pending - April 5, 2016

Chief Executive Officer Pending, April 12, 2106