

Excellent Care
For All.



Holland Bloorview
Kids Rehabilitation Hospital

2012/13
Quality Improvement Plan
(Short Form)



**A World of Possibility:
Leading the Way in Client and Family Engagement**

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Holland Bloorview Kids Rehab
150 Kilgour Avenue
Toronto Ontario, M4G 1R8

Part A:

Overview of Our Hospital's Quality Improvement Plan

1. Overview of our quality improvement plan for 2012-13

At Holland Bloorview Kids Rehabilitation Hospital we have made a firm commitment to our clients and families to provide the safest care possible, provide timely service, and authentically value their input in all of our quality and safety initiatives. "Quality and safety" is a strategic priority endorsed by our Board of Trustees which speaks to our core values, anchors the high quality work that we do and guides how we measure success. Our Quality Framework has nine key dimensions: Safety, Accessibility, Effectiveness of Care, Continuity of Care, Equity, Efficiency of Care, Work Life, Population Focus and Client and Family Centred Care.

We make excellence happen by:

- Fully engaging and listening to our clients/families needs;
- Advancing our culture of safety to eliminate all avoidable harm;
- Doing the right thing to get the best possible outcomes;
- Providing coordinated and seamless care and;
- Making the best use of our resources.



In 2011, Holland Bloorview focused on **three strategic quality aims**: eliminating client harm, improving access to services for our clients/families and authentically partnering with our families to further advance our commitment to client and family centred care (making the Patient Declaration of Values 'live' – Our Care, Our Say).



Across our three strategic aims there were varying degrees of success with some aims exceeding expectations and challenging us to set further 'stretch goals' this upcoming year, and others requiring more focus to ensure we are meeting the needs of our families. Our performance over the past year demonstrates an organization fully entrenched in quality, safety and client and family engagement at all levels, but also requiring further improvement in our ability to provide more timely services in some programs.

Where Holland Bloorview excelled is in our client and family mandate – fully engaging and partnering with clients/families in all quality initiatives. This past year alone our families have attended 158 sessions aligned to quality or safety initiatives (figure). Our focused attention on having a client/family voice at the table to inform how our care is delivered is fully aligned with our Patient Declaration of Values.

Our families have told us they want:

- **Quality of Care** – Care is safe and based on the best evidence available. Staff are friendly and on time.
- **Respect:** We have a say and are heard. Our hopes, fears and anxieties are taken seriously, our privacy is protected, and we are not judged because of our differences.
- **Information Sharing:** Information is shared with us as soon as possible and our questions are answered honestly. We are informed of choices, risks and benefits of decisions, and when we have concerns, we are free to express these and will be heard.
- **Partnership:** We know the names and roles of the members of our health care team, and they work together to support us while in care, through transitions and difficult situations. We are important members of the health care team, and our knowledge, expertise and opinions are valued.

In 2012, we will continue our journey to eliminate harm by ensuring we incorporate a multi-pronged approach on how we educate, audit, provide feedback, share information and mentor our staff in providing the safest care. We will continue to focus on our access issues by implementing novel change ideas on 'single point of entry' and 'service navigation' to ensure that clients and families are entering the system in a seamless fashion thereby reducing redundancies and lessening the burden to our families. In addition to streamlining the journey, new models of service delivery that are evidence based will be implemented to provide timely access to an ever growing population of children requiring assessment and treatment for neuromotor and neuro-developmental, including autism conditions.

Finally, our plan will continue to anchor its quality and safety journey in the authentic and meaningful relationships we have with our clients and families in all of our initiatives.

In 2012 our objectives will be as follows:

PATIENT SAFETY – Achieving our strategic aim of eliminating harm:

- We will continue to sustain our clostridium difficile infections (CDI) rate striving to maintain the theoretical maximum of zero cases;
- We will improve hand hygiene, striving for and sustaining 90% compliance across the four moments of care to protect our clients and staff from infections acquired in hospitals;
- We will continue to focus on reducing the number of urinary tract infections (UTI) in our inpatient population, sustaining our low rate at 0.34 per 1000 patient days;
- We will reduce the percentage of new pressure ulcers within the inpatient setting to less than 2.5% for all children, particularly those in complex continuing care who are vulnerable;
- We will challenge ourselves to achieve 90% conformance to the new falls risk assessment tool on admission to minimize the risk of falls for children in inpatients;
- We will challenge ourselves to achieve 90% compliance with the use of medication reconciliation tools on inpatient admission or outpatient visits to ensure that our clients have 'safe passage' across every transition of care. Medication reconciliation process will focus on all of our inpatient and outpatient areas.

EFFECTIVENESS – Achieving our strategic aim of improving access:

- We will ensure our total financial margin is within a range of 0 to 1% that ensures we are able to meet our financial obligations as this is key to ensuring quality services to our clients/families.

ACCESS – Achieving our strategic aim of improving access:

- Sustain our performance in the Neuromotor program to ensure 80% of clients have a wait time of less than 137 days – this has been a focused indicator for the past 3 years given the increase in

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referrals the organization has experienced. We have achieved the target in the third quarter of the last year and our goal is to sustain the changes;

- Improve access to care for clients within our Autism Spectrum Disorder (ASD) program to ensure 80% of clients have a wait time less than 182 days. Autism has received system wide focus for the impact it has on clients and families. Over the past 3 years we have increased our volumes 5 fold, with referrals continuing to rise. We will strive to provide assessment services early on to enable linkages with other resources in the community;
- Improve access to care for clients in our Augmentative Communication program where 90% of clients have a wait time of less than 122 days. We want to ensure we have the appropriate assessment of various communication aids to foster participation and inclusion of all children who cannot speak;
- Improve access to inpatient care (from the date of ready for admission) where 90% of clients are admitted within 3 days. Getting the right care at the right time ensures that we meet the rehabilitation needs of our clients and addresses a broader system need to ensure specialized services are used appropriately across the system.

PATIENT CENTREDNESS – Achieving our goal of listening to clients and families:

- Ensure at least 95% of our clients report through survey data that “they would recommend Holland Bloorview Kids Rehabilitation Hospital to family and friends”. Families recommending services is a powerful voice in evaluating how care is provided, how engaged they are in care and how well we listen to and act upon feedback. We continue our leadership in patient centredness by setting targets that are well beyond industry standards;
- Ensure at least 95% of our clients rate Holland Bloorview as “good or excellent”;
- Ensuring all of our complaints are resolved in a timely fashion with families concerns being heard and solutions provided that will benefit everyone involved. Our metric of 2 business days is focused on the first phase of issues resolution where the family is contacted, interviewed and their concern is then vetted to our highly trained staff to prepare for the next steps of the process, while providing support and information to families throughout.

INTEGRATED – Achieving our goal of authentically partnering with families:

- Partnering with our families to ensure they have a voice in the care journey and feel empowered to advocate for their needs allows them to be the integrator and system connector for their child beyond the walls of the Holland Bloorview. We will focus on ensuring that all families who partner with us in quality, safety and organizational initiatives feel that their experience was authentic and instrumental in the shared decision making process. This coming year for the first time we will evaluate their partnership experience. We will initiate a survey of our ‘Family Leaders’ to better understand the degree of authenticity and impact of their engagement.

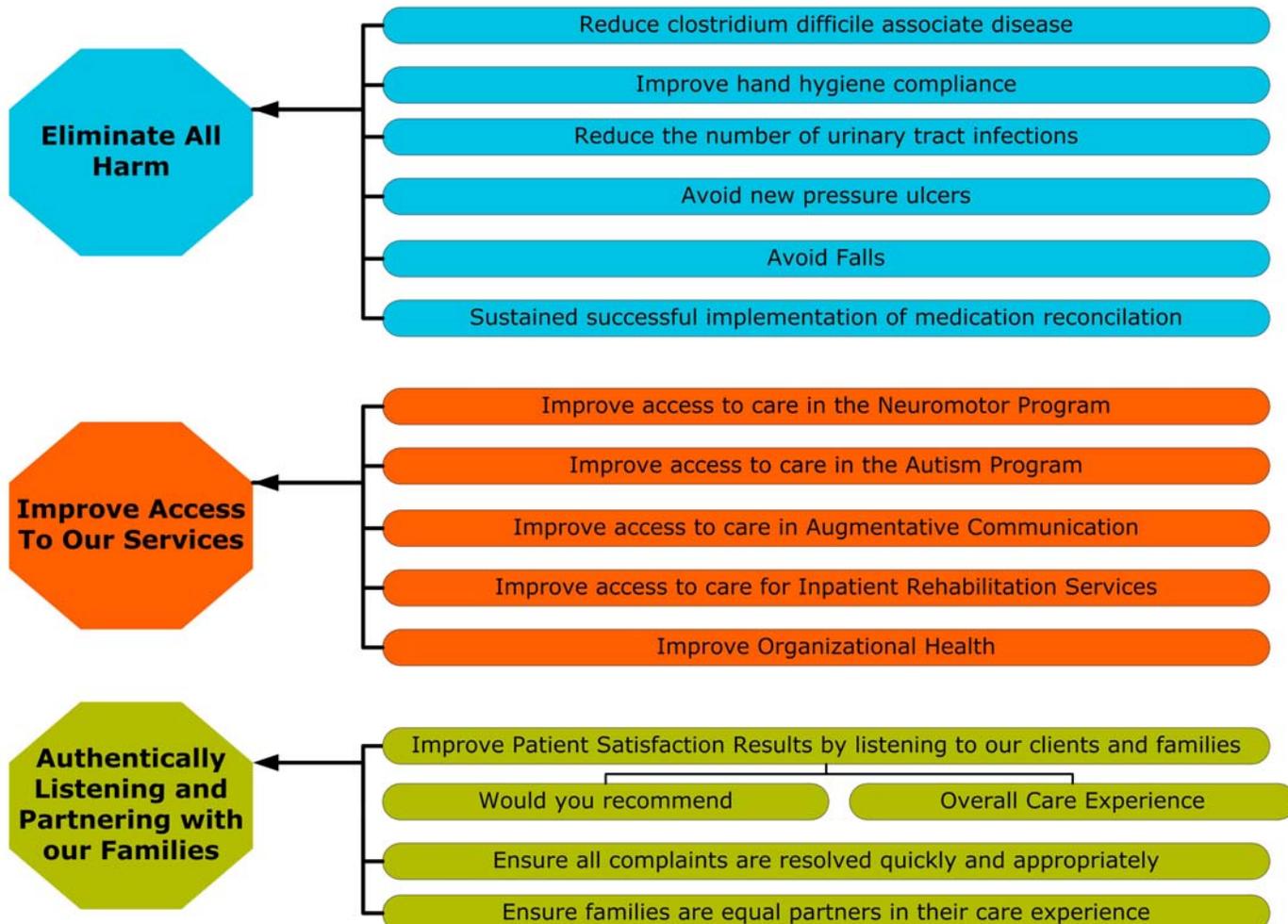
2. What we will be focusing on and how these objectives will be achieved

Our QIP is based on our strong tradition of building, implementing and monitoring quality within client care services, coupled with our ongoing commitment to advancing safety and quality practices for our clients. Developed with broad input from our stakeholders, our quality initiatives are focused on meeting the unique needs of our clients and families and are built on leading practices within our pediatric rehabilitation population. Our objectives and initiatives are directly linked to our strategic plan and fully endorsed by our Board of Trustees.

Our QIP objectives are focused across the five dimensions of quality outlined by Health Quality Ontario: safety, effectiveness, access, patient-centredness and integration, however, the indicators are fully anchored in our 3 quality aims.

Organization Aims

Key objectives that will achieve our aims



Of the fifteen indicators that we will be tracking, we have placed high priority on seven that represent the organizations key focus. The seven indicators which will be a priority are:

1. Improve hand hygiene compliance to 90% across the four moments of care
2. Ensure our total financial margin is within a range of 0 to 1% with the target of 0.5 %
3. Improve access to care in the Neuromotor program to ensure 80% of our clients have a wait time of less than 137 days
4. Improve access to care for clients within our Autism Spectrum Disorder (ASD) program to ensure 80% of clients have a wait time of less than 182 days
5. Improve access to care for clients in our Augmentative Communication program where 90% of clients have a wait time of less than 122 days
6. Percentage of complaints ($\geq 80\%$ compliance) with initial contact to commence the resolution process within 2 business days
7. Percentage family leaders who would rate the experience as an authentic partnership using a new survey tool ($\geq 80\%$ compliance)

Client Centredness: We have placed importance on 'client and family centredness' as a key organizational focus. We have demonstrated novel work within the area of client and family centredness by embedding families within our committees, working groups and the Quality Committee of the Board to assist in the development of new models of service that will impact access, inform decisions and keep the ever present 'voice' at the table. Emerging literature suggests that organizations that commit to family and client centred care have better outcomes as families ensure follow through on health care recommendations. Our change initiatives this upcoming year will focus on increasing our commitment to our clients/families with our new patient relations process, evaluating our partnerships using new surveys (e.g. rating our partnership as authentic) and embedding clients/families when developing new policies/procedures/guideline development. The revised issues resolution process has been developed with strong client and family participation. Our patient relations process will focus on initiating contact and commencing the resolution process within 2 business days to ensure we hear our families concerns, while actively problem solving towards resolution and improvements. Families will be involved in each step of the process including resolution and outcome.

At Holland Bloorview we also capture the client experience through our patient satisfaction survey called the Measures of Processes of Care (MPOC-20). This upcoming year we will be piloting 'Give Youth a Voice' a survey geared for children over the age of 10 to capture their experience as a young user of healthcare services, and ensuring they know their opinion counts. We recognize and value the voices of both our young clients and families and their feedback will be foundational in how we guide our process improvement and quality initiatives over the next two years.

Access: We will continue to focus on our access challenges particularly around autistic assessment services and therefore have rated this as a priority one. The prevalence of autism in the literature is 1 in 165 children in Canada (1 in 150 in the United States) which represents over 190,000 Canadians, with prevalence increasing worldwide (Fombonne et al 2006). In Ontario alone there are over 70,000 individuals impacted by autism. Over the past 3 years the organization has seen a continued rise in the number of referrals for assessment of Autism Spectrum Disorder and Neuromotor conditions (from 473 referrals in 2008/09 to 838 referrals in 2011/12). Our ability to see clients and families in a timely fashion is critical in ensuring they get the services they will require in the community. Current best practice suggests that children should be seen within six months and therefore, we have embarked upon process improvement using Lean methodology to reduce our waits from 700 days over 3 years ago to 274 days (~9 months). These improvements occurred with double the referrals into the program. Our focus in 2012 will be to further understand our demand for the service, continue with service model adjustments and increase efficiency and effectiveness for clients.

While our performance across our other areas has also seen significant improvements, we are continuing to focus on 'process improvement' and 'service models' to sustain success and ensure our clients receive timely access to care

Safety: In 2012 the organization will be 'stretching' targets, exceeding literature standards or setting targets that are quickly approaching theoretical maximums. The focus of our objectives will be to use education, mentoring, immediate feedback, a visual management system and implementation of best practice guidelines to achieve our results.

Medication reconciliation in ambulatory care and inpatient services will continue to be a focus with our target stretched to 90% compliance in the completion of medication reconciliation on initial visit. While the metric is set to capture our practice when clients arrive, our change initiatives will focus on medication reconciliation across the continuum of inpatient and outpatient services, using monthly audits, one-on-one education, monthly work plans to highlight areas of improvement using PDSA methodology, include this in 'core competency' training for all nurses and shifting our current electronic platform for documentation to 'prompt' staff to complete the assessment. Our excitement lies within

the ambulatory care setting, ensuring that safety can live beyond the boundaries of our walls and into the community.

3. How the plan aligns with other planning processes

Our 2012/13 QIP is a continuation of our work in 2011. We will continue to evaluate our progress to date and determine if our quality initiatives were impacting our performance and delivery of services to our families. One area where we shifted was the inclusion of client centredness measures to further evaluate our journey in becoming a leader in client and family centred care. We engaged with our clients, families, and staff to determine which indicator(s) and initiative(s) should be included.

Once again we *cross mapped* our QIP objectives to ensure there was alignment with other internal and external documents, reporting requirements and priorities of other agencies, these include:

- Strategic Priorities of the Organization
- ECFAA – Bill 46
- H-SAA TCLHIN
- Integrated Quality Management Plan (2011/12)
- Adverse Events
- Tell Us Survey Results
- Client/Family Relations
- Accreditation Canada

4. Challenges, risks and mitigation strategies

The dimension of *access* will continue to be influenced through policy changes to the enhanced 18-month well-baby visit. Through this increased focus on developmental milestones, we anticipate an increase in the referral rates by pediatricians to Holland Bloorview to the neuromotor and autism services. This increase in referrals has already been evidenced last year and will likely impact 'downstream' programs as children and their families may require services on-site if they are not available in the community. Ultimately, this may increase wait times for assessment and impact our ability to achieve proposed targets.

Holland Bloorview is both indirectly and directly impacted by the change in focus and scope of community agencies due to financial constraints, community input or policy changes. Ultimately, shifts in community services impact our ability to provide timely access to Holland Bloorview specialized care, and may have an impact on our ability to meet proposed targets.

Mitigation Strategies:

- Continue using improvement science methodologies to identify and eliminate system inefficiency and look internally for capacity, while creating new community partnerships that will improve transitions and integrate care.
- Ensure there is opportunity to explore, trial and evaluate partnership models with our community.
- Environmental scanning through our networks of care providers to adapt and respond quickly to changing service levels in the community which may impact our clients and families across Ontario.

Part B: Our Improvement Targets and Initiatives

Purpose of this section: Please complete the [“Part B - Improvement Targets and Initiatives”](#) spreadsheet (Excel file).

Part C: The Link to Performance-based Compensation of Our Executives

At Holland Bloorview, six of the seven priority '1' quality indicators outlined in our QIP will be tied to executive compensation. These six indicators are spread across the 4 dimensions of quality outline by HQO and have been selected as priority '1' indicators for the organization. These indicators were selected with broad input from stakeholders, including families and clients as key objectives that will make an important improvement in the quality of our programs and services, as well as recognition of the upcoming fiscal year which may present challenges.

Dimension	Measures	Priority Ranking	Performance Corridor		
			Zero payout	100% payout	120% payout
Safety	1. Improve hand hygiene compliance to 90% the four moments of care	1	Less than 81.0%	85.5% to 94.5%	Greater than 94.5%
Effectiveness	2. Ensure our total financial margin is within a range of 0 to 1% with the target at 0.5	1	Less than 0	Within range of 0 to 1.0	Greater than 1.05
Access	3. Improve access to care in the Neuromotor program to ensure 80% of clients have a wait time of less than 137 days	1	Greater than 151 days	144 days to 131 days	130 days or below
	4. Improve access to care for clients within our Autism Spectrum Disorder (ASD) program to ensure 80% of clients have a wait time of less than 182 days	1	Greater than 201 days	192 days to 173 days	172 days or below
	5. Improve access to care for clients in our Augmentative Communication program where 90% of clients have a wait time of less than 122 days	1	Greater than 134 days	128 days to 117 days	116 days or below
Patient Centred	6. Percentage of complaints (80% compliance) with initial contact/interview commencing the resolution process with families within 2 businesses days.	1	Less than 72%	76% to 84%	Greater than 84%

	Target was not met and 'at risk pay' linked to target not paid
	Target was fully met and 100% of 'at risk pay' paid
	Exceeded target and bonus of 120% allocated to achievement

To ensure the accountability of executives at Holland Bloorview to drive performance and improve quality care, 25% of each executives' bonus (at-risk pay) will be directly tied to the successful achievement of these six indicators in our Quality Improvement Plan. This allocation of 'at risk pay' is consistent with guidelines from the Ontario Hospital Association (OHA). Additionally, the 2012/13 executive performance based compensation recommendations were also informed by Mercer Consultants who are assisting in recommending total executive compensation for SMT members of Holland Bloorview, including pay at risk, in light of the recommendations from the recently released Manley Report.

Payments will be awarded based on achievement within the outlined performance corridors for each indicator and with each equal weighting. All executives will be equally responsible for achievement of the Quality and Safety objectives outlined above as Holland Bloorview recognizes this is a shared accountability across the organization.

Part D: Accountability Sign-off

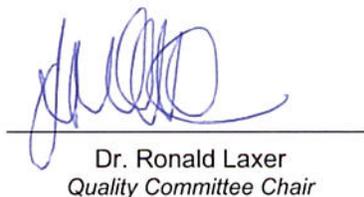
[Please see the QIP Guidance Document for more information on completing this section.]

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:

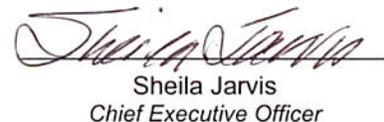
1. Was developed with consideration of data from the patient relations process, patient and employee/service provider surveys, and aggregated critical incident data
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in and extent to which, 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 processes and considers other organizational and provincial priorities (*refer to the guidance document for more information*).



David Allgood
Board Chair



Dr. Ronald Laxer
Quality Committee Chair



Sheila Jarvis
Chief Executive Officer