

Excellent Care
For All.



2011-12

Quality Improvement Plan

(Short Form)

Holland Bloorview

Kids Rehabilitation Hospital

ontario.ca/excellentcare

Part A: Overview of Our Hospital's Quality Improvement Plan

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

At Holland Bloorview Kids Rehabilitation Hospital, we are committed to providing the best possible care for our clients and families. As such, quality is a key priority and is embedded in our Strategic Plan, annual Operating Plan and reflected in our values. The objectives in our 2011/12 Quality Improvement Plan (QIP) are focused on improving access, maintaining excellent organizational financial health, ensuring low infection rates, sustaining excellent patient satisfaction while engaging our families in our quality and safety agenda. By achieving these objectives, we will achieve the best possible health outcomes for our clients and their families.

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 built on leading practices within our pediatric population.

Our QIP objectives are focused across the four dimensions of quality: safety, including patient safety, effectiveness, access and patient-centredness.

Our patient safety objectives are:

- Reduce or maintain clostridium difficile infections (CDI) to 0.1 per 1000 patient days through ongoing investigation and adoption of best practice guidelines;
- Improve hand hygiene compliance to 80% for the first moment of care through the adoption of best practice guidelines and focused education;
- Reduce the number of urinary tract infections (UTI) by 20% through the implementation of best practice guidelines;
- Reduce the percentage of new pressure ulcers within the inpatient setting to less than 3% through mandatory and interactive education for all nursing staff;
- Attain 80% conformance to the new falls risk assessment tool on admission of all our inpatient clients through ongoing education of our staff;
- Attain 80% compliance with the use of medication reconciliation tools of patient admission through targeted plan-do-study-act (PDSA) cycles of improvement;

Our effectiveness objectives are:

- Ensure our total margin is within a range of 0 to 1% through the monitoring of variance reports;
- Attain 80% conformance of all referrals processed and client appointments booked within a 2 business day period within our Brain Injury Rehabilitation Team using LEAN methodology.

Our access priorities are:

Using improvement science principles and LEAN methodology:

- Improve access to care in the Neuromotor program to ensure 80% of clients have a wait time less than 137 days;
- 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;
- Improve access to care for clients in our Augmentative Communication program where 90% of clients have a wait time less than 122 days;
- Improve access to inpatient care (from the date of ready for admission) where 90% of

Our patient-centredness priorities are:

- Ensure at least 95% of our clients say that “they would recommend Holland Bloorview Kids Rehabilitation Hospital to family and friends”;
- Ensure at least 95% of our clients rate Holland Bloorview with “good or excellent rating”;
- Increase the amount of participation of our families by 100% in our quality and safety agenda.

3. How the plan aligns with the other planning processes

Our 2011/12 QIP was developed through engagement with our clients, families, communities, and staff in determining which indicator(s) and initiative(s) should be included. Importantly, our QIP improvement targets and initiatives were vetted through our clients and families on multiple occasions over a six month period.

We also *cross mapped* our QIP objectives to ensure there was alignment with other internal and external documents, reporting requirements and priorities of other agencies. Our analysis shows that over 55 per cent of our selected indicators are aligned with three or more documents or sources which helped affirm the selection of our strategic focus. These include:

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

4. Challenges, risks and mitigation strategies

Three objectives outlined in the QIP within the dimension of *access* will likely be influenced through recent legislative changes. Specifically, in October 2009, legislation was passed for the enhanced 18-month well-baby visit. Through this increased focus on developmental milestones, there will be an increase in the referral rates by pediatricians to Holland Bloorview to the neuromotor and autism services. This may increase wait times for assessment and ultimately 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 legislative 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 system wastes and look internally for capacity, while creating new community partnerships that will improve and integrate care.
- Ensure there is opportunity to explore, trial and evaluate corrective strategies through ongoing community engagement and communication.

Part B: Our Improvement Targets and Initiatives

[Please see accompanying excel spread sheet](#)

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

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

At Holland Bloorview, six of the quality objectives outlined in our QIP will be tied to executive compensation. These six objectives include at least one objective in each of the four dimensions of quality. These objectives were selected with broad input from stakeholders, including family and clients as key objectives that will make an important improvement in the quality of our programs and services.

Dimension	Objective	Priority Ranking
Safety	1. Improve hand hygiene compliance to 80% for the first moment of care	1
Effectiveness	2. Ensure our total margin is within a range of 0 to 1%	2
Access	3. Improve access to care in the Neuromotor program to ensure 80% of clients have a wait time less than 137 days	2
	4. 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	1
	5. Improve access to care for clients in our Augmentative Communication program where 90% of clients have a wait time less than 122 days	2
Patient Centred	6. Ensure at least 95% of our clients say that "they would recommend Holland Bloorview Kids Rehabilitation Hospital to family and friends"	3

To ensure the accountability of executives at Holland Bloorview to drive performance and improve quality care, 25% of each executive's bonus (at-risk pay) will be directly tied to the successful achievement of these six objectives in our Quality Improvement Plan. This allocation of 'at risk pay' is consistent with guidelines from the Ontario Hospital Association (OHA), as well as Council of Academic Hospitals of Ontario (CAHO).

Payments will be awarded based on full achievement of each objective, not partial achievement, and each objective will be weighted equally. 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/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.



Tom Flynn
Board Chair



Mark Hundert
Quality Committee Chair



Sheila Jarvis
Chief Executive Officer