

Let's Make Healthy
Change Happen.



2015/16 Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



**Trillium
Health Partners**
Better Together

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 HQO (if required) in the format described herein.

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Overview

We all want to be well and as healthy as we can be – at every stage of our lives.

Trillium Health Partners’ strategic plan outlines our mission of a new kind of health care for a healthier community. We envision a new approach to health – an inter-connected system of care that is organized around the patient, both inside the hospital and beyond its walls: an approach that provides excellent care today and continued leadership for improving care tomorrow.

Quality, access and sustainability are the foundational goals of our Strategic Plan, and core drivers of our success. These strategic goals anchor our efforts and everything we do at our hospital. Our commitment to quality is also embedded in our Quality and Patient Safety Program. It is our priority to provide patients and families the highest quality care and an exceptional experience that is responsive to their needs, preferences, values and goals. Our Quality and Patient Safety Program also encompasses the advancement of the safety culture, measurement and reporting of quality, commitment to quality assurance, and fostering of quality improvement. The Quality Improvement Plan (QIP) represents one key component of this program.

At a time when we face unprecedented capacity challenges, innovation is needed to improve and sustain the delivery of services. The Trillium Health Partners Institute for Better Health – an institute for research and innovation – was launched this past year to spearhead new ideas that will improve the delivery of care for our patients, our community and the health care system on a whole. In addition, we continue to develop future leaders, as the Mississauga Academy of Medicine (MAM) will see its inaugural class of approximately 50 medical students graduate this year.

This year’s QIP builds on the improvements we’ve made on our 2014/15 indicators to continue to deliver excellent care, recognizing the significant capacity pressures we are facing.

THP Strategic Plan Goal	HQO Quality Dimension	Goal	2015/16 Priority Indicator
Quality	Patient Centeredness	We will improve the experience of patients and families who trust us with their care	Patient Survey Results- "Would you recommend this hospital to your friends and family?"
	Integrated	We will improve integration with the broader healthcare system by optimizing capacity within our hospital to deliver the right care in the right place	Emergency Department Admission Rates
	Safety	We will improve the safety of care we provide by focusing on two essential areas - hospital acquired infections and medication safety	Hand Hygiene Compliance Before Patient Contact
			Medication Reconciliation on Admission (patients admitted for longer than 48 hours) and

THP Strategic Plan Goal	HQO Quality Dimension	Goal	2015/16 Priority Indicator
			Discharge
Access	Access	We will sustain access to our services by reducing emergency department wait times for admitted patients	Emergency Department Wait Times for Admitted Patients
Sustainability	Effectiveness	We will maintain our financial health to support reinvestment in quality improvement	Hospital Total Margin (Balanced Budget)

Integration & Continuity of Care

While we can make improvements within the hospital to advance our mission, we cannot be sustainable without our partners in the community. Our organization’s commitment to partnering with other health care providers is based on the belief we are all in this together.

For example, through collaboration with the Community Care Access Centre (CCAC), we are improving hospital to home transitions for our patients and their families, thereby improving the patient experience while improving patient flow and expediting care to those who need it the most.

To help alleviate capacity issues, we have partnered with Runnymede Healthcare Centre in order to have access to beds for patients requiring slow stream rehabilitative care. By providing access to the right care, at the right time for our patients, we are addressing immediate pressures as we plan to increase capacity in our hospital for the future.

Challenges, Risks & Mitigation Strategies

Creating a new kind of health care for a healthier community is a challenge in an environment where we face significant obstacles. Over the last 20 years, services in this community have not kept up with growth. As a result, we require innovative solutions and strong regional and provincial partnerships in effort to meet the needs of our community.

Our community has grown by 28% in the last 10 years, and we are seeing 5-10% more patients each and every year. The population we serve is also changing. A growing seniors’ population means we see more patients with multiple chronic conditions, who visit the hospital regularly. An increased demand for hospital services is illustrated by the number of patients we care for in our hallways, with no beds available.

To meet the needs of our community, we are caring for patients in new and innovative ways to meet our goal of delivering the highest quality care and an exceptional patient experience. We are building partnerships for today and tomorrow, beyond the walls of our hospital, to make sure patients get excellent care – every time. Provincially, it has been shown that our community has a current deficit of

149 hospital beds, with this deficit growing to 316 beds in 2016/17 due to projected population growth and increase in complexity of the patient population. We are currently dealing with this deficit with less than ideal infrastructure across the organization. To build for the future, we have proposed a 20-year plan to the Ontario government that will modernize and expand our existing sites, provide more infrastructure options in the community and offer more care closer to home.

Information Management

Information technology is critical to enabling the care and services that we provide to patients and their families. Our hospital has embarked on a journey to implement one hospital information system that will enable safe, high quality, efficient care and a smoother flow of information for patients and providers. This will provide clinicians with an enhanced capacity to practice, leaders with access to accurate and timely data, and ultimately will contribute to improved safety and a consistent and exceptional experience for patients.

Engagement of Clinicians & Leadership

Our quality focus is embedded at all levels within the organization. The Quality and Program Effectiveness Committee of the Board of Directors is responsible for the overall stewardship of quality on behalf of our community. A corporate Quality Improvement and Patient Safety Committee oversees the quality of care provided in the hospital and drives the organization's quality program. These committee discussions are reported to our Patient Services Committee and Medical Advisory Committee, which both play important roles in representing our clinical programs in matters related to quality. Within each clinical program, quality is also a mandate that must be part of the program's structure.

Patient Engagement

Since patients are at the centre of the care that we provide, engaging patients and their families in how we improve quality is critical. Through a newly launched Patient and Family Partnership Council, we are listening to patients and families to understand what matters most to them. The council plays a vital role in ensuring we continue to deliver care that reflects the changing needs of our community.

Patient representatives are also present at our Board and corporate Quality Committees, which play key roles in developing and driving our quality goals.

Accountability Management and Performance Based Compensation

All executives at Trillium Health Partners will have a portion of their compensation tied to the six priority indicators. With oversight from the Board of Directors, the executive team will be held accountable for the overall performance of the organization through regular reviews of these six priority indicators coupled with mid-year and annual executive evaluations. Effective April 1, 2015, the following executives will have a portion of their salary linked to achieving the targets set for the 2015/16 priority indicators:

President & Chief Executive Officer – 9%
 Chief of Staff – 5%
 Senior Vice President, Clinical Strategy & Chief Innovation Officer – 5%
 Senior Vice President, Patient Care Services & Chief Nursing Executive – 5%
 Vice President, Patient Care Services, Oncology – 5%
 Vice President, Medical Education and Medical Administration – 5%
 Senior Vice President, Corporate Services & Chief Financial Officer – 5%
 Vice President, Capital Redevelopment – 5%
 Vice President, Quality, Enterprise Risk and Business Intelligence – 5%
 Vice President, Communications, Patient and Community Partnerships – 5%
 Vice President, Strategy, People and Corporate Governance – 5%
 Vice President, Information Systems & Chief Information and Privacy Officer – 5%
 President, The Institute for Better Health – 5%

THP Strategic Plan Goal	HQO Quality Dimension	2015/16 Priority Indicator	Target
Quality	Patient Centeredness	Patient Survey Results- "Would you recommend this hospital to your friends and family?"	≥80%
	Integrated	Emergency Department Admission Rates	≤10.4%
	Safety	Hand Hygiene Compliance Before Patient Contact	≥84%
		Medication Reconciliation on Admission (patients admitted for longer than 48 hours)	≥95%
		Medication Reconciliation at Discharge	≥75%
Access	Access	Emergency Department Wait Times for Admitted Patients	≤39 hours
Sustainability	Effectiveness	Hospital Total Margin (Balanced Budget)	≥0%

The 2015/16 target for patient centeredness is based on a review of provincial benchmarks and best practice organizations in this area. We are striving to be the top performing hospital in Canada, and are working towards an ultimate goal of 93%.

Health System Funding Reform (HSFR)

Our QIP focus on ED admission Rates, ED wait times, and total margin continues to engage the entire organization in promoting best practices to avoid hospitalization, and optimize flow and capacity. Ongoing improvement efforts in several Quality Based Procedures (QBPs) support these goals. This focus on getting patients the right care in the right place at the right time will help improve our efficiency and reduce costs while increasing the quality of care.

We are monitoring our performance in the province's new Health Based Allocation Model (HBAM) and are working on optimization opportunities. We are also actively engaged in the Mississauga Halton Local Health Integration Network (MH LHIN) Health System Funding Reform (HSFR) Local Partnerships Committee and collaborating on service capacity planning.

Conclusion

Delivering an exceptional patient experience and the highest quality of care is at the core of what we do each and every day. Despite our capacity challenges, we continue to address this challenge and demonstrate a strong commitment to continuously improving the quality of our services. Through new and innovative approaches to care, forging partnerships with other community health care providers and building for the future, we have a plan to deliver a new kind of health care for a healthier community.

Sign-off


I have reviewed and approved our organization's 2015/16 Quality Improvement Plan




Mr. Edward Sellers
Board Chair



Ms. Karen Wensley
Quality Committee Chair



Ms. Michelle DiEmanuele
Chief Executive Officer



Dr. Dante Morra
Chief of Staff



Ms. Kathryn Hayward-Murray
Chief Nursing Executive