

Excellent Care For All.



2013/14

Quality Improvement Plan for Ontario Hospitals

(Short Form)



Trillium Health Partners

Better Together

Credit Valley Hospital
2200 Eglinton Avenue West
Mississauga, ON L5M 2N1

Mississauga Hospital
100 Queensway West
Mississauga, ON L5B 1B8

Queensway Health Centre
150 Sherway Drive
Toronto, ON M9C 1A5

This document is intended to provide public hospitals with guidance as to how they can satisfy the requirements related to quality improvement plans in the *Excellent Care for All Act, 2010* (ECFAA). While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and hospitals should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, hospitals are free to design their own public quality improvement plans using alternative formats and contents, provided that they comply with the relevant requirements in ECFAA, and provided that they submit a version of their quality improvement plan to HQO in the format described herein.

ontario.ca/excellentcare

Trillium Health Partners: Better Together

The mission of Trillium Health Partners is to deliver a new kind of health care for a healthier community.

As one of Ontario's largest and most comprehensive care providers, 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.

Working together to realize this vision, we will continuously ask ourselves what it will take to make a healthier community and dare to imagine innovative ways to achieve it. Our focus will be both on keeping people healthy, and on treating and caring for them when they need it most.

Building on the best of what we do, we will think and act differently in order to further improve our services. We will continuously demonstrate compassion, excellence and courage in the pursuit of our mission. That means we will be with our patients and their families at every step of their journey, caring for them and helping them to access health support, while creating a learning environment in which we can deliver the highest quality of care possible. We will invest the precious resources of this community in the most effective ways possible.

We are all in this together. And as partners in creating a new kind of health care, we are **Better Together**.

To achieve our vision and deliver high quality, accessible and sustainable health care for patients, families, the community and providers, a set of strategic priorities define what we aim to accomplish over the coming years. These priorities, based on our strategic plan consultation process that involved over 23,000 people from our community, will focus on key areas that create the most value for patients and yield the highest impact for an accessible, sustainable and high-quality health system. The key to success for each of these priorities is partnership with patients, their families and providers across the system. Our priorities will only be achieved by creating a truly interconnected system of care across the continuum that improves our collective ability to deliver exceptional care.

Trillium Health Partners Highlights

Facilities

- 1,200+ beds
- 3 hospital sites
- 3 million square feet

Budget

- \$915 million annually

People

- 8,000 + employees
- 1,200 + physicians
- 2,000 + volunteers



**Trillium
Health Partners**

Quality

- Recognized as a top performer by the Canadian Institute for Health Information

Patients

- Largest hospital providing acute care with 1.5 million visits
- 220,000 emergency and urgent care visits
- 52,000 inpatient discharges annually

Better Together: Action Plan Quality, Access & Sustainability



Both our Strategic Plan and Quality Improvement Plan focus on meeting three important outcomes:

1. Delivering the highest quality of care and an exceptional experience to give you what you need to stay healthy;
2. Ensuring you receive care from the most appropriate provider in the most appropriate setting faster;
3. Keeping you as healthy as you can be, both inside the hospital and beyond its walls.

This is a new kind of health care and a vision for a healthier community based on a complete system of care. We'll be with our patients and their families every step of the way.

Our Focus: 2013-14 Goals, Priorities and Initiatives

Trillium Health Partners supports the views of leading quality and patient safety bodies such as Health Quality Ontario, the Canadian Patient Safety Institute, and the Institute for Healthcare Improvement that quality improvement is achieved by focusing on a manageable number of initiatives over a reasonable time period. In setting the annual quality improvement goals outlined within this plan, we are continuing to build upon the five priority goals we set out in our 2012-13 plan.

Our patients and their families are best served if we focus our improvement activities on the areas we think we can best achieve gains and improve patient outcomes. The goals outlined below describe our objectives, the evidence-based practices we are implementing this coming year, the targets we aim to achieve and the rationale for each selected target. We recognize while this plan focuses on the manageable change ideas we will implement this year, the overall care patients experience is impacted by a number of operational and clinical processes that support each other. It is for this reason that in the appendix of this plan, we include a driver diagram for each of our areas of focus that illustrate the operational activity we continue to deliver in each of these areas.

OUR 2013-14 QUALITY IMPROVEMENT GOALS

Strategic Plan Goal	Quality Dimension	Goal	Indicator	Target
Quality	Patient Centred	We will improve the experience of the patients and families who trust us with their care	In-Patient survey question: "Would you recommend this hospital to your friends and family?"	77.0%
	Integrated	We will improve integration with the broader healthcare system by reducing unplanned readmissions to the hospital	Readmission Rate within 30 days for selected CMGs to our facility	11.0%
	Safety	We will improve the safety of care we provide by focusing on the prevention, reduction, transmission and treatment of hospital acquired infections	Hand Hygiene Compliance – Before Patient Contact	80.0%
Access	Access	We will improve access to our services by reducing Emergency Department Wait Times for Admitted Patients	Emergency Department Wait Times for Admitted Patients	42.0 Hours
Sustainability	Effectiveness	We will maintain our financial health to support reinvestment in quality improvement	Total Margin	0.0%

GOAL: IMPROVING PATIENT EXPERIENCE

We will improve the experience of the patients and families who trust us with their care as measured by NRC-Picker's survey of acute inpatients on whether they would recommend our hospital from our current September 2012 year to date result of 74.1% to 77.0% by March 31, 2014.

Improvement Activities

We will achieve this goal by continuing to adopt best practices endorsed by our partners, the Studor Group. These practices include:

- Communicating with patients using an AIDET approach (Acknowledge, Identify, Duration, Explanation, Thank).
- Improving rounding with admitted patients awaiting an inpatient bed.
- Improving transitions by implementing post discharge follow up phone calls to patients to answer any questions about their post-acute care needs.

Measuring Our Success

Indicator	2011-12 Result	2012-13 Target	2012-13 Current Result	2013-14 Target
"Would you recommend this hospital to your friends and family?"	75.2%	77.0%	74.1%	77.0%
2013-14 Target Justification	While our acute inpatient satisfaction remains above the reported peer average of 71% for hospitals located in the Greater Toronto Area and the provincial average of 73%, we believe we can do more given the initiatives outlined above and thus our target of 77% from 2012-13 will remain our target for 2013-14.			

GOAL: REDUCING UNPLANNED READMISSIONS

We will improve integration with the broader healthcare system by working with our partners in primary care and the Community Care Access Centre to reduce unplanned readmissions to our hospital for selected case mix groups such as Chronic Obstructed Pulmonary Disease, Congestive Heart Failure, and Pneumonia from our September 2012 current year to date result of 12.4% to 11.0% by March 31, 2014.

Improvement Activities

We will achieve this goal by continuing to adopt best practices endorsed by the Health Quality Ontario, the Institute for Clinical Evaluative Sciences and the Institute for Healthcare Improvement. These practices include:

- Screening patients for their risk of readmission by implementing a standardized risk assessment tool (LACE tool**) across all sites.
- Implementing a coordinated transition processes that include patient teach back, discharge information to community providers, and follow-up phone calls to patients to answer any questions about their post-acute care needs.
- Participating with our LHIN partners in the Health Links initiative to identify high users who may require additional community resources to prevent readmission.
- Improving medication reconciliation at discharge to ensure patients understand their medication treatment plan.

Measuring Our Success

Indicator	2011-12 Result	2012-13 Target	2012-13 Current Result	2013-14 Target
Readmission within 30 days for selected CMGs to our own facilities	11.7%	12.5%	12.4%	11.0%
2013-14 Target Justification	Given the time delay associated with receiving provincial data on readmission rates to all facilities, the selected indicator and target by which we measure this goal will be readmissions to our own facilities. We have selected this indicator and target based on the need to have readily available data and analysis that indicates 89% of readmissions return to our own facilities. As a result, we believe we can make improvements and have set our target at 11.0%.			

** LACE is an evidence based screening tool that examines a patients Length of stay in hospital; Acuity of the admission; Comorbidity of the patient; and Emergency room utilization (number of visits in the previous six months) to design the appropriate care path and resources required to treat the patient.

GOAL: IMPROVING PATIENT SAFETY

We will improve the safety of care we provide by focusing on the prevention, reduction and treatment of hospital acquired infections including c. Difficile (CDI), Methicillin-Resistant Staphylococcus Aureus (MRSA), Vancomycin-Resistant Enterococcus (VRE), Central Line Infections (CLI), Ventilator Associated Pneumonia (VAP), and Surgical Site Infections (SSI).

As hand hygiene compliance is one of the evidence based practices that prevents and reduces of the spread of infection, we will measure our progress to achieving this goal by improving our hand hygiene compliance before patient contact from our current results of 71% to 80%.

Improvement Activities

We will achieve this goal by continuing to adopt best practices endorsed by the Provincial Infectious Disease Advisory Committee (PIDAC) and Accreditation Canada. These practices include:

- Improving provider hygiene by mandating that each new staff member be required to attend hand hygiene training during orientation.
- Continuing to audit hand hygiene compliance and educate staff on the appropriate hand hygiene procedures.

In addition to the improvement activities listed above, we will aim to further prevent the transmission of infections by improving patient hygiene by teaching patients to clean their hands before meals, expanding the use of highly effective cleaning agents such as microfiber across all sites, and building a standardized hospital wide antibiotic stewardship program that ensures patients are receiving the appropriate amount of antibiotics.

Measuring Our Success

Indicator	2011-12 Result	2012-13 Target	2012-13 Current Result	2013-14 Target
Hand Hygiene Compliance – Before Patient Contact	73.0%	80.0%	71.0%	80.0%
2013-14 Target Justification	While we aim to reach the theoretical best result of 100%, we have set our year 1 target at 80% for before patient contact.			

GOAL: IMPROVING PATIENT ACCESS AND HOSPITAL FLOW

We will ensure patients admitted to an inpatient bed receive timely and appropriate care throughout their hospital stay to ensure high quality outcomes while transitioning them back to home or an appropriate alternate level of care facility. While we will implement a number of processes to achieve this goal, we will measure our progress by reducing Emergency Department Wait Times for Admitted Patients from our current December 2012 year to date result of 43.6 hrs to 42.0 hours by March 31, 2014.

Improvement Activities

We will achieve this goal by continuing to implement best practices endorsed by the Advisory Board, Institute for Healthcare Improvement and Provincial Flo Collaborative to improve patient flow between the ED and the inpatient units, as well as the timeliness of discharge practices across all sites. These practices include:

- Strengthening our integrated Bed Management Protocol to include guidelines for the appropriate assignment of beds at admission and standard work for routine bed turnaround, and response to overcapacity.
- Implementing a Discharge Protocol and Discharge Bundle, which will standardize discharge policies, practices and tools across sites to facilitate flow and support safe, effective and timely patient transitions to the community.
- Participating with our LHIN partners in the Health Links initiative to identify high users who may require additional community resources to avoid admission.
- Examining care models to ensure the appropriate resources required for the patient are available in a timely manner.

Measuring Our Success

Indicator	2011-12 Result	2012-13 Target	2012-13 Current Result	2013-14 Target
90th Percentile ER length of stay for admitted patients	47.0 hours	42.0 hours	43.6 hours	42.0 hours
2013-14 Target Justification	While our overall ER length of stay has improved by 3.4 hours, we continue to experience continued annual growth of emergency visit volumes of 5.2 %. As a result, we have set our target at 42.0 hours.			

GOAL: MAINTAINING FINANCIAL HEALTH

We will maintain our financial health to support reinvestment in quality improvement by continuing to balance our budget by March 31, 2014.

Improvement Activities

We will achieve this goal by continuing to adopt best practices encouraged by the Ministry of Health and Long Term Care's Health System Funding Reform. These practices include:

- Examining case costs of high volume procedures to identify leading practices across all sites resulting in higher quality care at a lower cost.
- Improving inpatient bed utilization and appropriate inpatient length of stay.
- Improving processes to utilize resources more efficiently in provincially designated Quality Based Procedures such as cataracts, hip and knee replacement, and chronic kidney disease treatments.

Measuring Our Success

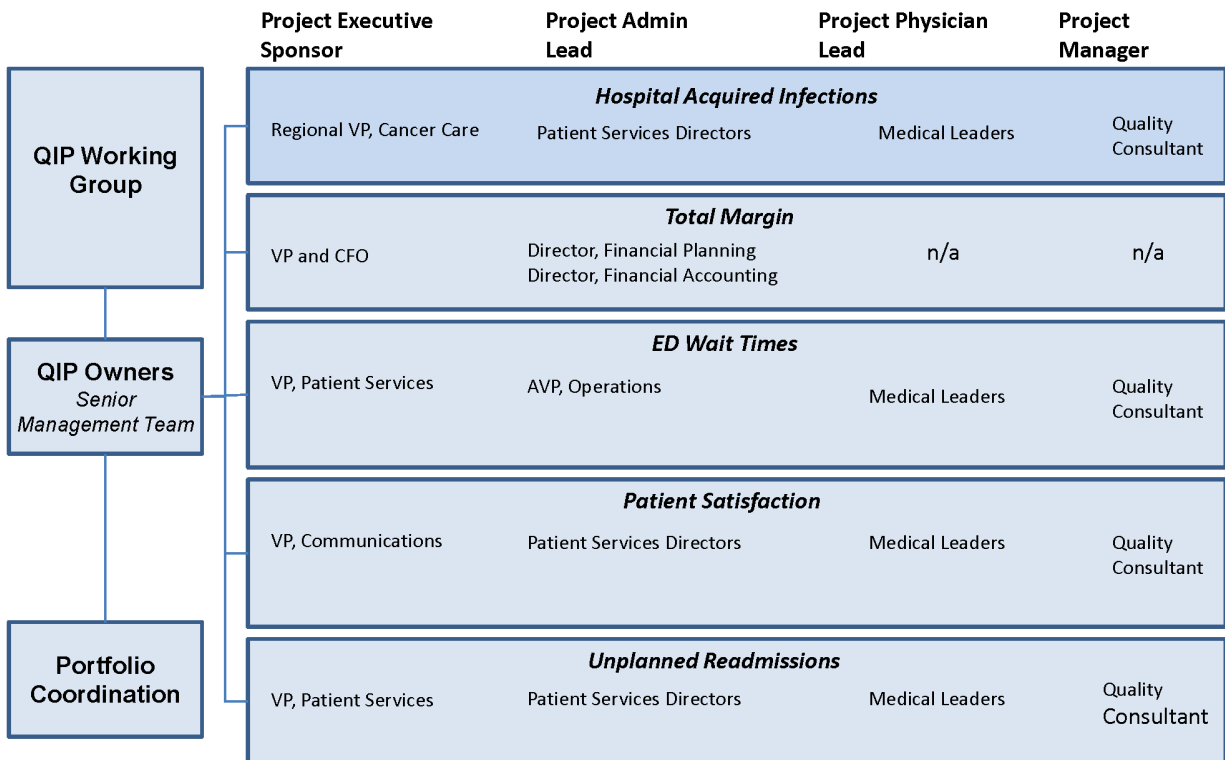
Indicator	2011-12 Result	2012-13 Target	2012-13 Current Result	2013-14 Target
Total Margin – MOHLTC definition	1.9%	0.0%	1.1%	0.0%
2013-14 Target Justification	Stewardship of the hospital's resources is of paramount importance to the organization and our ability to sustain delivery of high quality care to our community. As such our target for the coming year will continue to be a balanced financial position.			

Our Project Management and Performance Measurement Framework

Trillium Health Partners' Quality Improvement Plan is implemented using a project management framework that reports to the senior management team. The framework includes a quality improvement team comprised of clinical and corporate service leaders who are responsible for developing, implementing, monitoring and measuring each of the selected improvement activities for the coming year. Teams report quarterly to the senior management team on goal progress, challenges and risk mitigation strategies as well as process and outcome measures.

The Board of Directors governs the Quality Improvement Plan. The Quality and Performance Monitoring Committee of the Board receives quarterly updates on the plan's overall progress using a big dot performance report as well as monthly updates from each of the quality improvement teams. The Quality and Performance Monitoring Committee shares the QIP performance report and the organization's balanced scorecard results with the Board of Directors monthly. The following illustration is a sample of the quality improvement team structure.

Quality Improvement Plan Implementation Teams



Alignment

Trillium Health Partners' Quality Improvement Plan (QIP) aligns with our strategic plan and annual business planning cycle. Our strategic planning processes at the Board and operations levels inform the development of the QIP. The process begins with our overarching strategy and a corresponding set of measures and targets. Subsequently, through our service planning and financial planning processes, each clinical program and enabling service is charged with articulating a set of objectives, measures, targets and action plans in support of our corporate strategy.

To facilitate this alignment, each clinical program and enabling service within the organization assesses its current state and outlines a path for the future. The result is a multi-year operational plan for each clinical program and enabling service that defines their objectives, goals, strategies and outcome measures that align with our strategic plan and key performance metrics under our goals of quality, access and sustainability.

Clinical programs and enabling services refresh their multi-year plans annually to ensure continued alignment with our corporate strategy, regional and provincial priorities, changing needs of our community and legislation. An assessment is completed to look at performance compared to targets and activities completed, and the necessary changes to the plan are identified to improve performance and alignment. Leadership planning days involving senior management, medical and program leadership and directors of our enabling services occur throughout the year where operational plans are shared and considered collectively to generate awareness and understanding of specific priorities that operational units have identified in their plans and the challenges and opportunities associated with achieving them. These planning days also provide opportunities for clinical and enabling service leaders to share different perspectives, engage in open discussions about interrelationships between the plans, collectively set priorities, and share accountability for strategic goals.

Integration and Continuity of Care

Health care is delivered by a number of different providers, including primary care physicians, acute care hospitals, specialized hospitals, long-term care homes, public health and community health services providers. It is common for those requiring care to receive treatment from more than one provider and often the link between providers is fragmented, with few formal connections to support coordinated and efficient care. In our region alone, there are 77 health services providers all separately accountable to the provincial government and regional bodies, and over 870 primary care providers formed into multiple groups and solo practices serving the community. Each of these providers has its own governance, leadership, decision-making and business processes. That amounts to more than 900 potential access points for patients. While all partners in the region care for the same people and experience the same pressures, they operate in silos with little coordination.

The result is that many patients, who require simple treatment or long-term management of illness, are navigating a complicated system alone. These patients often end up accessing the most visible entry to the system: the emergency department. The ED is a popular choice for members of the community without access to a family doctor, because it is a reliable access point to reach a breadth of health care services all in one place, though it may not provide patients with the most appropriate level of care to meet their needs. By taking a leadership role in system change and working with other providers, we can create a system that is designed around providing the best care where and when it is needed. Working together, we can simplify the system, enable coordination among providers and design services in a way that maximizes efficiencies, is easy to navigate and responds to the needs of patients.

While we can make improvements within the hospital to help advance our vision, we will not be able to fully realize the potential of integrated care without our partners. An unprecedented level of partnership will be required in order to create a complete system of care that is interconnected and works for every patient, every time. We will create this system by building integrated care models, improving transitions of care, building strong partnerships and leveraging the best technologies to enable better information management and information sharing.

Link to Health System Funding Reform

As a case costing hospital, Trillium Health Partners welcomes and supports the principles and objectives offered by Health System Funding Reform. By innovating the method by which hospitals are funded, the province is creating an environment that rewards high quality, evidence based practice and exceptional patient experience. The annual goals outlined in our Quality Improvement Plan mirror these objectives. Trillium Health Partners is adopting evidence based practices in a number of the areas outlined under both the Health Based Allocation Model (HBAM) and Quality Based Procedures (QBPs) including but not limited to reducing readmissions within 30 days for specific case mix groups, decreasing ER wait times for an inpatient bed, improving wait times for surgical procedures such as cataracts, and encouraging patients requiring dialysis to adopt self care methods such as home hemodialysis or peritoneal dialysis.

Trillium Health Partners is also examining case costs across all of our sites with the aim of identifying leading practices within each of our programs that then can be adopted across our organization.

Challenges, Risks and Mitigation Strategies

Over the last decade, we have focused on finding new ways to deliver higher quality, more accessible and more efficient care, within hospital walls, to meet the needs of our growing community. As a result of many innovations over the years, we have become one of the highest performing hospitals in the country in terms of both quality of care and efficiency. These improvements are directly contributing to better patient care.

Up until now, our efforts have enabled us to meet the growing needs of the population and provide quality hospital care despite increasing pressure. Looking to tomorrow, however, we will require new thinking and action to address our challenges. Business as usual is no longer an option if we want to maintain and improve the quality, accessibility and sustainability of health care. We face a number of challenges that affect the whole care system and impact our ability to deliver exceptional care to our community as outlined in both our strategic plan and the goals outlined within this quality improvement plan.

OUR CHALLENGE: A GROWING & CHANGING POPULATION

An additional 650,000 people will be living in the Mississauga Halton region by 2035 amounting to a population of 1.8 million people - larger than most urban centres in Canada today. This increase in population is driven by urban growth, new births and new Canadians settling here, with children and seniors as the fastest growing segments.

- 63%** overall growth in the community by 2035
- 50%** growth in children by 2035
- 175%** growth in seniors by 2035
- 43%** of all health care expenditures in Ontario account for seniors care

Medical discovery and advancement has meant that more people are living longer. Baby boomers already represent the largest age group in Canadian history and they will live longer than any previous generation. Further challenging the situation is the reality that a senior citizen, on average, consumes twice as many health care resources as the average individual. As our population ages, an increasing number of residents in our community will require care and support for chronic diseases.

OUR CHALLENGE: CAPACITY

Our population is growing and needs are increasing. At the same time, health care spending has flat-lined. To continue to provide high quality care in a challenging fiscal environment, we need to evolve our care delivery models to create new efficiencies. With our provincial gross domestic product (GDP) growth currently below 2% and expected to rise slowly, and the province in a major deficit position, changes across all sectors are required to reduce spending. For hospitals, that means that the previous annual increases averaging 6.1% will now be 0-2%.

This will further challenge the ability of health care organizations to provide the same level of services and balance their budgets.

Compounding our service and financial challenges is a real health human resources pressure. Our region has fewer physicians, particularly family physicians and specialists, per capita than many other parts of the province. Primary care physicians also operate more often in solo practice than in organized, team-based care, which limits the ability to achieve system-wide coordination. Our dedicated nurses are also aging, with 30% eligible for retirement within the next five years.

Our community's limited access to primary care and long term care beds are also factors contributing to pressures within the hospital.

OUR CHALLENGE: A DISCONNECTED SYSTEM

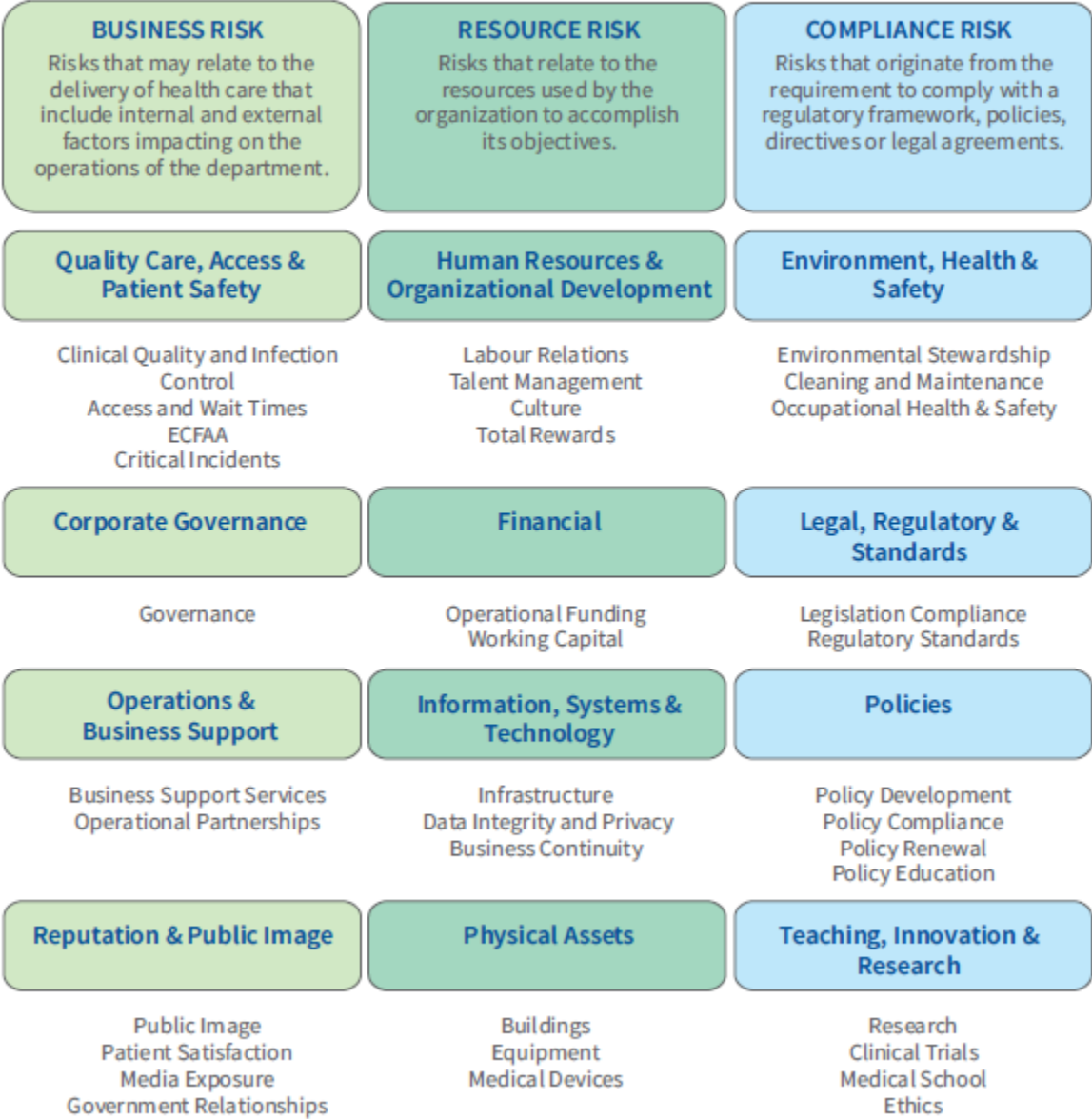
Our organization is focused on delivering hospital care to those with acute health care needs, while other non-hospital services, such as long-term care, community care and primary care have developed separately to meet other patient needs. This has resulted in a complex system where care is delivered by many different providers who are often disconnected. This leaves the burden on patients to integrate their own care and share information with their providers. This lack of connectivity between the many providers who deliver care to our community creates challenges, not only for patients but for providers as well. Our patients and providers experience a fragmented system with long waits, which can be confusing to navigate and is costly to maintain. For example, as patients move from primary care, through hospital care, to rehabilitation, community care or long-term care, multiple records may be created and the same tests may be ordered by multiple providers, creating a fragmentation in the patient's medical history. This not only creates duplication across the system, but more importantly can create risks for patient safety and increases the burden on patients.

Our Approach to Addressing Challenges to Date and Identified Risks

In the past, we have addressed our challenges via two key strategies: focusing on continuous quality improvement to achieve the most efficient delivery of services and generating additional revenue. Over the last five years, we have worked hard to drive quality and efficiency in order to deliver exceptional care to our community. These efforts have resulted in our hospital delivering the highest ranking quality of care at the lowest cost. While these strategies are foundational to our hospital, they will not be enough to sustain the highest quality of care for our community. The challenges we now face will require a fundamental change in our thinking and how we deliver care. Our vision for the future and priorities set out in this document define how we will continue to address our challenges in a more effective way to deliver exceptional services to our community.

Risks to executing the quality improvement plan and our strategic plan strategy must be mitigated. These risks – which are at both the individual priority and overall strategy level – must be tracked through their life cycle from the time they are first identified until they have been effectively mitigated. We will do so via our enterprise risk management framework that balances business, resource and compliance risks across the organization and is governed by our Board of Directors.

Enterprise Risk Management Framework Risk Domains (Clinical & Corporate)



The Link to Performance-based Compensation of Our Executives

Through the priorities and targets established in our Quality Improvement Plan, Trillium Health Partners is making a commitment to deliver on the priorities made within our strategic plan to improve patient experience and patient outcomes. All executives at Trillium Health Partners will have a portion of their compensation tied to quality goals and indicators beyond the priority one indicators outlined in this document. 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 indicators coupled with mid-year and annual executive evaluations. Effective April 1, 2013, the following list of executives will have a portion of their compensation linked to achievement of the Priority One Indicators established for 2013-2014:

President and Chief Executive Officer – 10%
 Chief of Medical Staff – 5%
 Chief Nursing Executive – 5%
 Regional Vice-President, Cancer Care and Vice-President, Oncology – 5%
 Vice President, Patient Care Services – 5%
 Vice President, Patient Care Services – 5%
 Vice President, Finance & Chief Financial Officer – 5%
 Vice President, Capital Planning, Redevelopment and Corporate Services – 5%
 Vice President, Human Resources, Volunteer Resources and Organizational Effectiveness – 5%
 Vice President, Information Technology and Chief Information Officer – 5%
 Vice President, Quality, Research and Innovation – 5%
 Vice President, Medical Education – 5%
 Vice President, Communications, Patient and Community Relations – 5%

Strategic Plan Goal	Quality Dimension	Indicator	Target
Quality	Patient Centred	Patient Satisfaction (In-Patient) NRC Picker Survey question: "Would you recommend this hospital to your friends and family?"	77.0%
	Integrated	Readmission Rate within 30 days for selected CMGs to our facility (with focus on: COPD, Congestive Heart Failure and Pneumonia)	11.0%
	Safety	Hand Hygiene Compliance – Before Patient Contact	80.0%
Access	Access	Emergency Department Wait Times for Admitted Patients	42.0 hrs
Sustainability	Effectiveness	Total Margin	0.0%

Terms for Executive Compensation Framework:

Priority 1 indicators are equally weighted and apply equally to all executive staff.

Our Improvement Targets and Initiatives

In addition to outlining our priority 1 goals targets for the coming year, Trillium Health Partners collaborates with Health Quality Ontario to measure, monitor, publicly report and improve a variety of other quality metrics commonly known as priority 2 metrics.

Trillium Health Partners remains dedicated to improving patient experiences no matter when or where patients may receive their care. As such, while some metrics may be categorized as a priority 2, we remain committed to improving outcomes in each and every one of our services.

Our current performance and targets for each of these metrics can be found within the Health Quality Ontario spreadsheet attached.

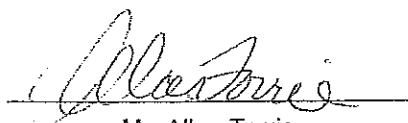
Our Quality Journey

As outlined in our strategic plan, Trillium Health Partners was founded on the idea that by coming together we will be better. We are steadfast in our commitment to deliver the highest quality of care and an exceptional experience to give you what you need to stay healthy; ensuring you receive care from the most appropriate provider in the most appropriate setting faster; and keeping you as healthy as you can be, both inside the hospital and beyond its walls.


We realize that to achieve these goals, this year's annual quality improvement plan is one component. As such, Trillium Health Partners will build upon the goals outlined in this plan and create a three year quality and safety plan that will innovate the methods by which we drive improvements in quality, access and sustainability.

Accountability Sign-off

I have reviewed and approved our organization's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*.



Mr. Allan Torrie
Board Chair



Mr. Tim McGuire
Quality Committee Chair



Ms. Michelle DiEmanuele
Chief Executive Officer



Dr. Dante Morra
Chief of Medical Staff



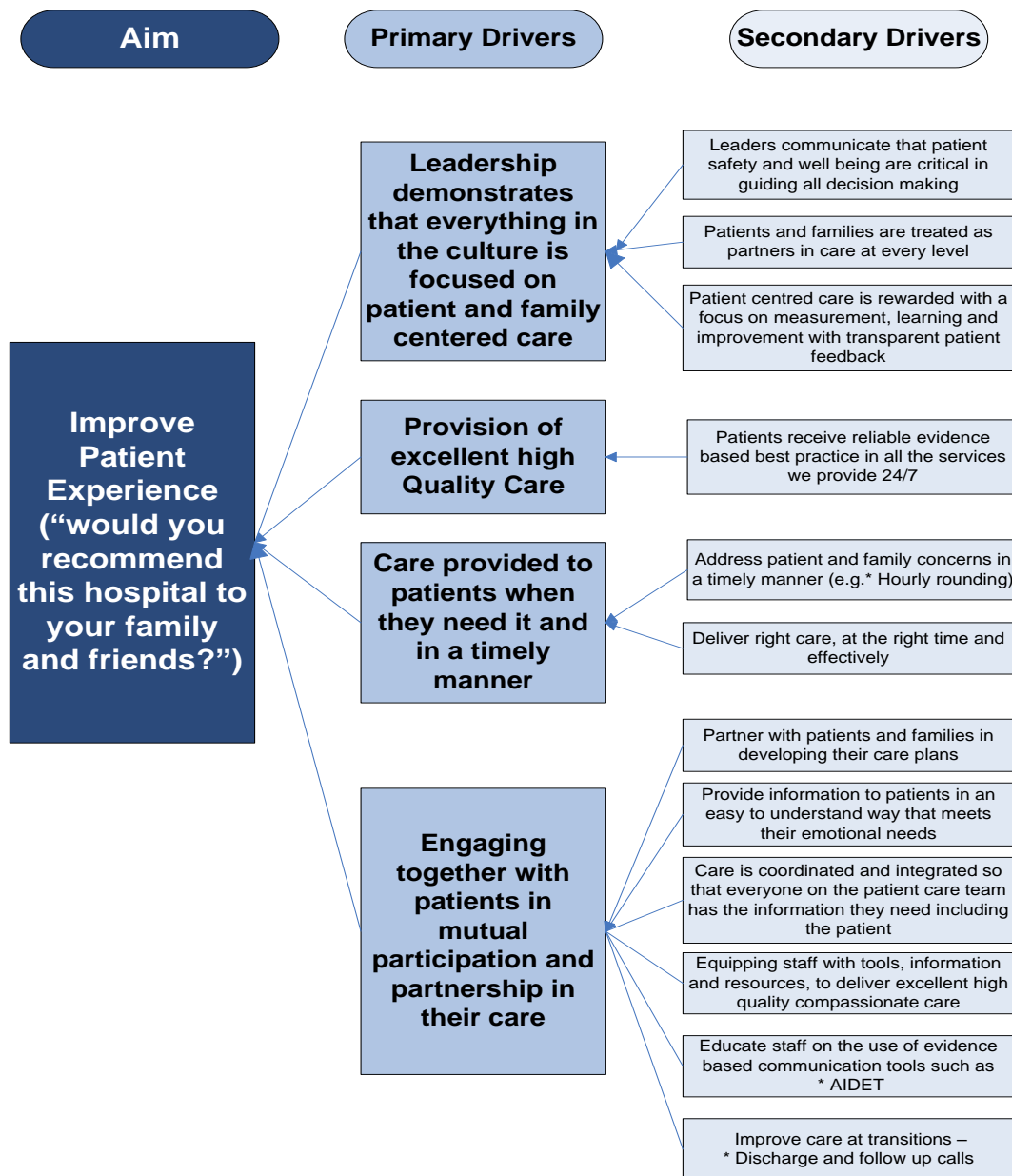
Ms. Kathryn Hayward-Murray
Chief Nursing Executive

Appendix – Driver Diagrams

GOAL: IMPROVING PATIENT EXPERIENCE

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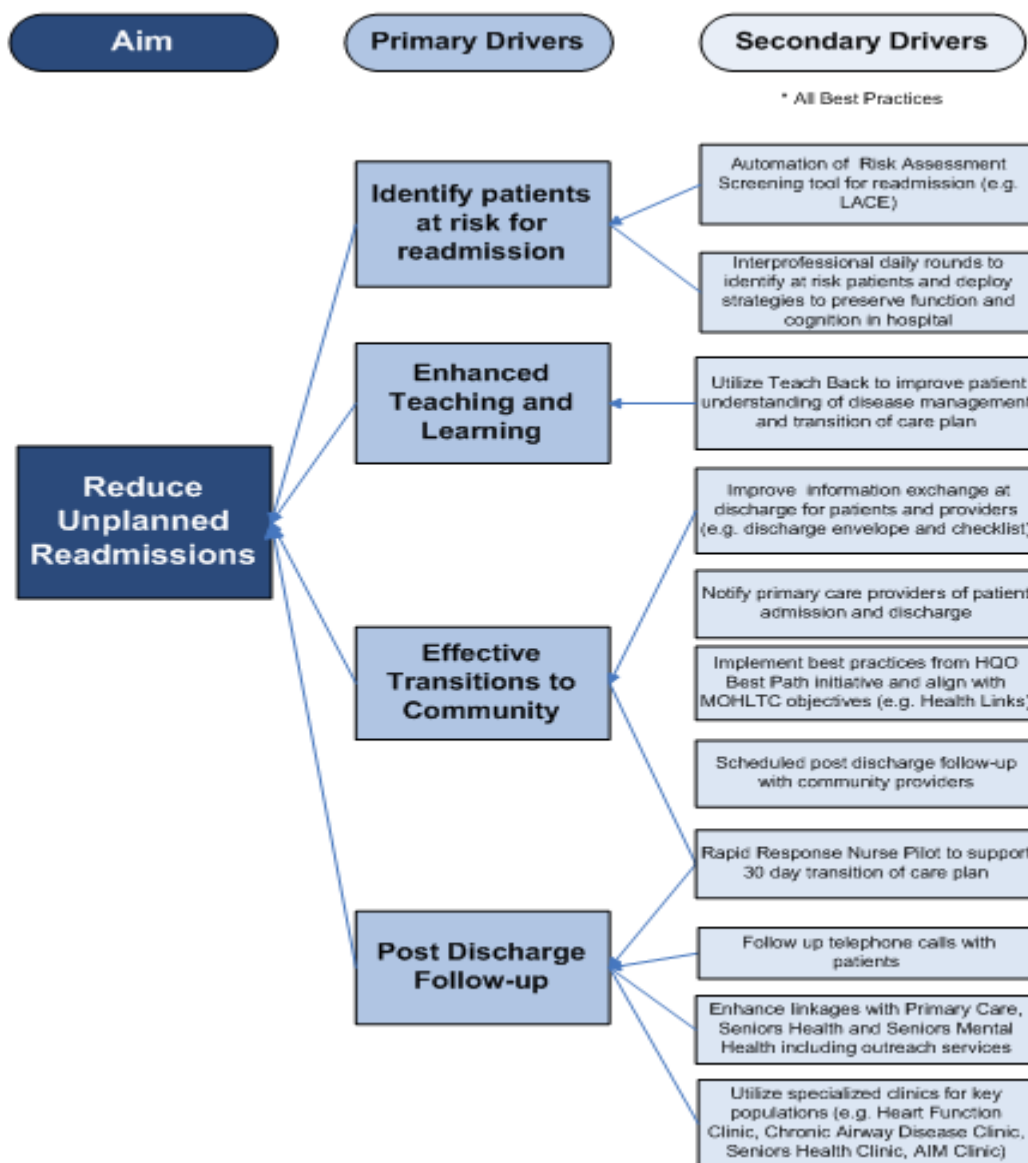
DRIVER DIAGRAM



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DRIVER DIAGRAM

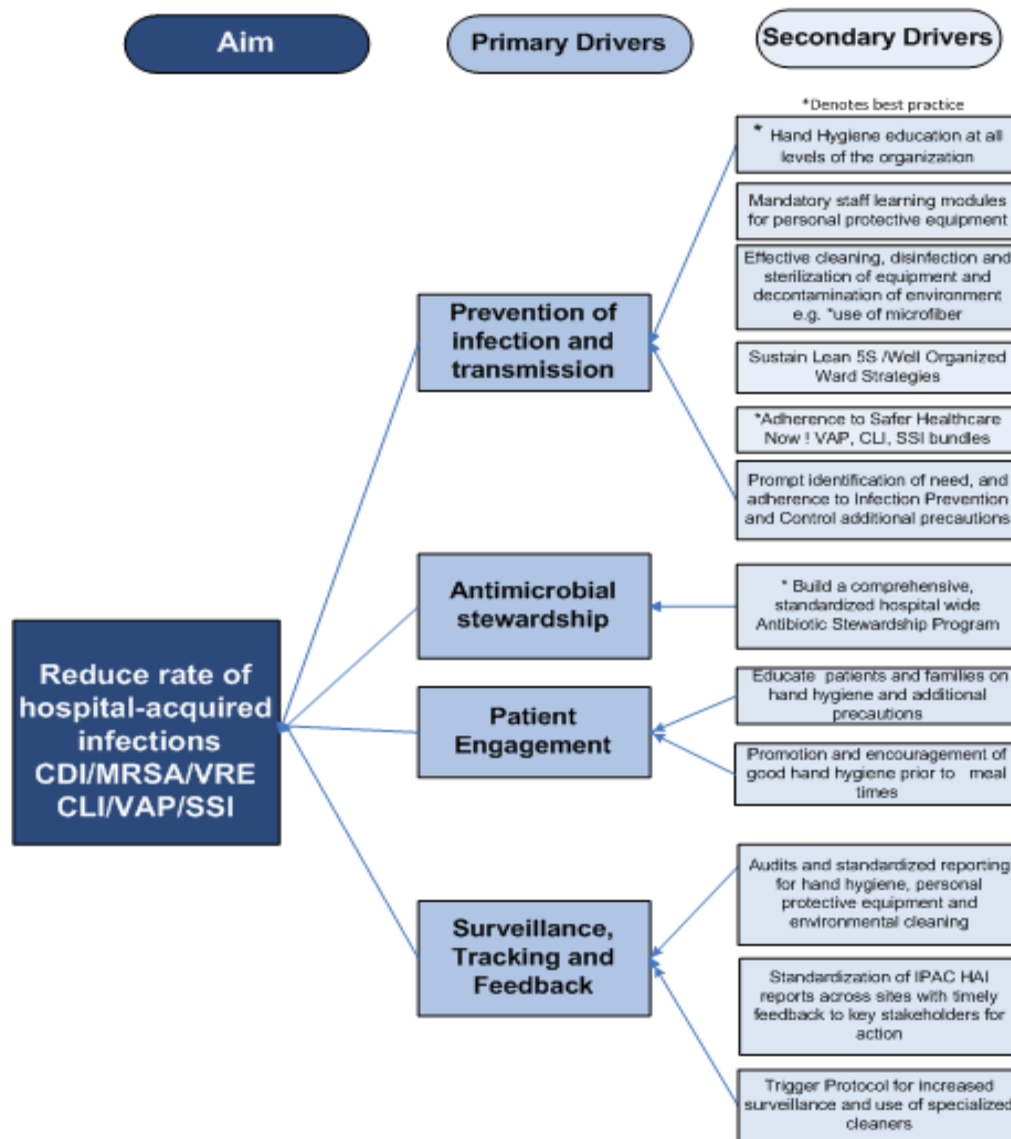


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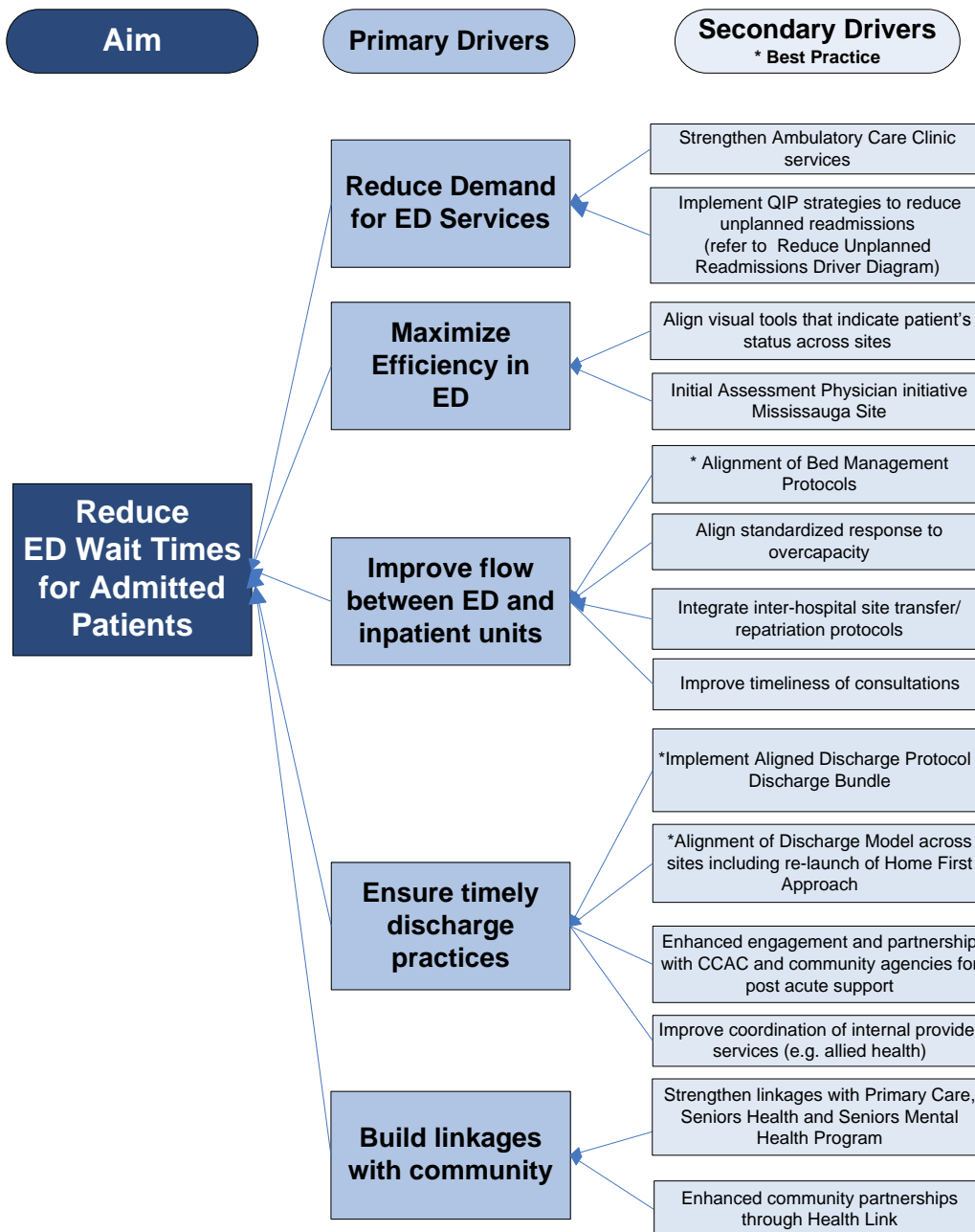
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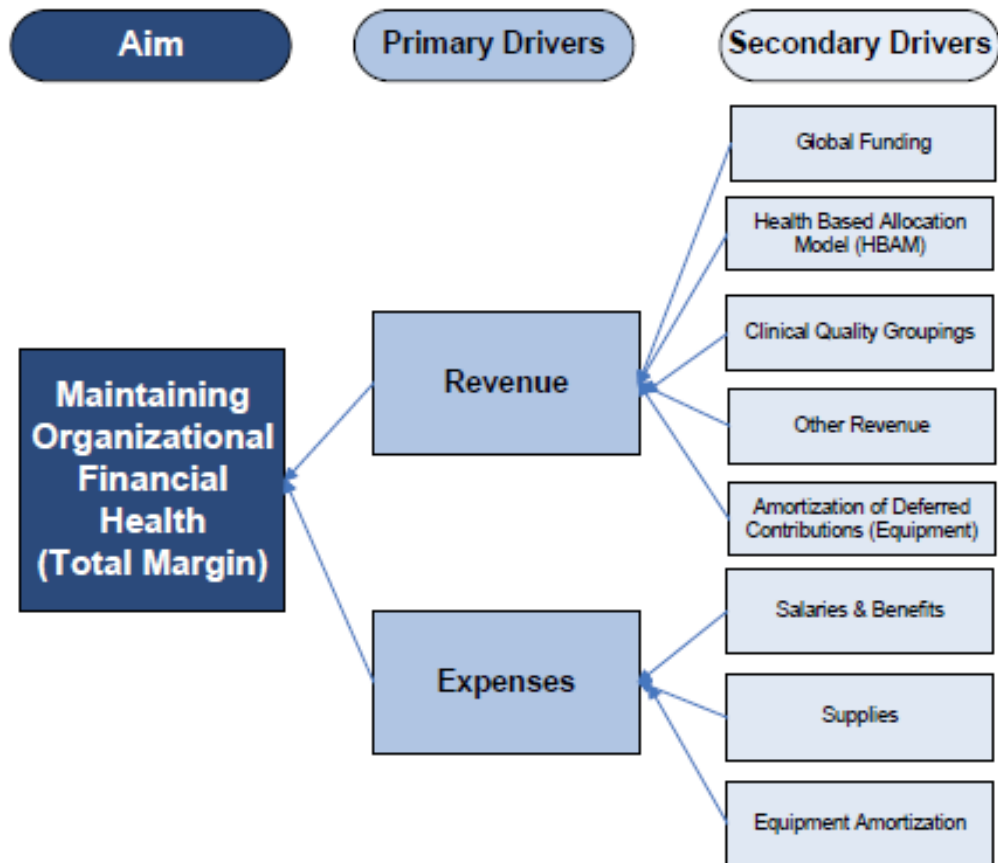
DRIVER DIAGRAM



GOAL: MAINTAINING FINANCIAL HEALTH

We will maintain our financial health to support reinvestment in quality improvement by continuing to balance our budget by March 31, 2014.

DRIVER DIAGRAM



Terminology

Healthcare terminology can be difficult to understand. Through this document and attached excel spreadsheet we have tried to limit the use of complex terms, abbreviations and acronyms. As a reference, we hope this table may clarify any acronyms and associated language.

Acronym	Description
AIDET	Acknowledge, Identify, Duration, Explanation, Thank
ALC	Alternate Level of Care
CCAC	Community Care Access Centre
CCO	Cancer Care Ontario
CIHI	Canadian Institute for Health Information
CVH	The Credit Valley Hospital
DAD	Discharge Abstract Database
ECFAA	Excellent Care For All Act
ED	Emergency Department
ERM	Enterprise Risk Management
HAI	Hospital Acquired Infection
HQO	Health Quality Ontario
HSMR	Hospital Standardized Mortality Ratio
IHI	Institute for Healthcare Improvement
LHIN	Local health Integration Network
LOS	Length of Stay
MH	Mississauga Hospital
MH LHIN	Mississauga Halton Local Health Integration Network
MOHLTC	Ministry of Health and Long-Term Care
MIS	Management Information System
NACRS	National Ambulatory Care Reporting System
QHC	Queensway Health Centre
PIA	Physician Initial Assessment
PIDAC	Provincial Infectious Disease Advisory Committee
QIP	Quality Improvement Plan
THP	Trillium Health Partners