

Let's Make Healthy  
Change Happen.



## 2016/17 Quality Improvement Plan (QIP)



4/5/2016

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

University Health Network (UHN) is currently in the midst of a major strategic initiative in collaboration with SickKids titled, Caring Safely. Caring Safely represents UHN's commitment to safety, with a plan to make safety a major organizational focus that will eliminate preventable harm to staff and patients. Hospitals are complex systems where errors can – and do – happen. We must not only understand this but know that when there is harm we must learn from it and strive to eliminate it. UHN's 2016/17 QIP will be aligned with the Caring Safely strategy and UHN's Partners in Care strategy.

Caring Safely will build awareness of the scope of the problem of preventable harm which will lead us to develop solutions that result in each employee knowing they can – and must – speak up for safety at all times. This new reorganization is focused along four major streams of activity:

## **1. Reduce hospital acquired conditions (HAC) – condition or situation that affects a patient that arose during a stay in a hospital**

The HACs were selected by reviewing causes of harm at UHN and their opportunity for improvement. Although the intent is to make them a priority for several years, other conditions may be added to the list fluidly. The initial six hospital acquired conditions will be:

- Nosocomial clostridium difficile infections (CDI)
- Central line infections (CLI or CLABSI)
- Adverse drug events (ADE)
- Surgical site infections (SSI)
- Pressure ulcers (PU)
- Falls

Each HAC has assigned leads and a working group to develop and implement changes to improve the indicator across UHN. Currently, the teams are in the 'discovery phase' which involves determining reliable data sources, establishing a baseline and target, completing environmental scans, and a current state analysis to determine high risk areas. The discovery phase will be completed in June 2016 at which point, we will have identified metrics and targets for the Hospital Acquired Conditions. With the approval of Health Quality Ontario, UHN will be posting our QIP work plan with baseline and targets July 1st to allow us to embed the Caring Safely metrics into the QIP.

## **2. Decreasing the number of serious safety events (SSE) – a variation from what is expected to happen that results in harm to a patient**

To broadly capture severe and critical patient harm, UHN will measure and track its serious safety event rate (SSER). UHN will also build out, pilot, and implement cause analysis (CA) capability to identify the root causes and contributing factors of incidents and from this, identify recommendations for system change to minimize their recurrence.

## **3. Fostering a positive safety culture among staff, volunteers, and patients**

A strong safety culture has been linked to better patient outcomes. UHN will start measuring and improving culture by:

- Fostering a just culture
- Positive role-modeling by senior leaders
- Staff training in organizational safety, error reduction, and high-reliability principles
- A safety governance system that signals, and stands behind safety as a priority
- Safety coaches that will help reinforce lessons and tools to frontline staff

#### 4. Reducing the number of incidents that result in harm to workers

The fourth area of focus will be on reducing workplace injuries and lost time. Three high risk areas have been identified: musculoskeletal injuries, falls and injuries due to violence.

In addition to Caring Safely, UHN is committed to the vision that 'patient voice and staff engagement lead to exceptional experiences for all'. As we continue on our Partners in Care journey, several innovative care and service standards and practices, such as bedside shift reports, delirium prevention and management and advanced care planning, will be areas we continue to work on. To better align with the services and care patients receive while at UHN, UHN's QIP and Balanced Scorecard will both track the measure: "Overall, how would you rate the care and services you received at the hospital?" and a second survey question that is in development. The 2016/17 indicators for our QIP will be directly linked to the HAC component of Caring Safely and our Partners in Care program. We have also maintained the avoidable surgical cancellations indicator because the team has a number of improvement initiatives planned for 2016/17. A summary of the work plan that UHN will submit is below:

#	2016/17 QIP Indicators
1	C. Difficile
2	Pressure Ulcers
3	Surgical Site Infections
4	Adverse Drug Events
5	Central Line Infection
6	Falls
7	Patient Experience
8	Second Patient Experience
9	Avoidable Surgical Cancellations

It is important to note that there is ongoing work linked to the indicators from our previous QIPs which do not appear in this latest QIP. There are still teams and working groups leading these indicators with many change ideas planned for 2016/17. In addition, the indicators will still be reviewed and flagged on a quarterly basis via our Balanced Scorecard. For example, in May the Senior Management Team will be doing a 'deep dive' analysis on ALC which will look at the current state and challenges that require further work for improvement.

## Integration & Continuity of Care

UHN is committed to working with other organizations to improve safety and reduce preventable harm. In the fall of 2015, UHN formed a safety collaborative partnership with SickKids, Sinai Health System and Women's College Hospital. The collaborative allows hospitals to share information, best practices and learnings about safety. SickKids and UHN have developed a particularly strong relationship and both organizations are using the same Caring Safely branding. The relationship has been extremely valuable to UHN and the two groups meet regularly to discuss progress and challenges.

As for indicators from previous years which do not appear in our 2016-17 QIP, UHN will continue to collaborate with our community partners. UHN is also a part of the Mid-West Health Links, stimulating partnerships across acute care, community care and primary care providers to improve access to coordinated care for high needs patients.

# Engagement of Leadership, Clinicians and Staff

In developing this year's QIP, the Executive Committee, UHN Operations Committee, and Senior Management Team held various working sessions to review progress from the 2015/16 QIP and determine the direction of the 2016/17 QIP. Assigned Indicator Leads are currently working to determine reliable data sources and developing change ideas. The Accreditation team, Patient Safety & Clinical Risk team, and Collaborative Academic Practice Committee were engaged to ensure that the indicators reflect the direction we want to move to. The Safety and Quality Committee of the Board provided their oversight and approval throughout the process.

## Patient/Resident/Client Engagement

Patient engagement is fundamental to the QIP's core objective of continually improving the care experience of our patients and their families. In developing the 2016/17 QIP, UHN engaged patients by holding two focus group sessions with a total of 8 patient partners. The first QIP patient engagement session focused on educating patient partners about the QIP and UHN's Caring Safely strategy. The second engagement meeting was completely centered on the patient partners' feedback. It provided them with the opportunity to share feedback and recommendations about UHN's proposed plan.

The feedback from our patient engagement sessions was extremely valuable. The patient partners were very enthusiastic about Caring Safely and UHN's decision to align with the QIP. They also thought it would be valuable to add another patient experience indicator that reflected some of the concerns they experienced during their time at UHN. UHN is currently working with our patient partners to determine the best question from our survey to add to the 2016/17 QIP.

Going forward, patient engagement will be extremely important as we move forward with Caring Safely and each of the HACs will have a patient representative on their working group.

# Performance Based Compensation [part of Accountability Mgmt]

Executive compensation will be linked to indicators which will be determined when our work plan is submitted in July.

The following portions of variable compensation will be linked:

- President and Chief Executive Officer 25%
- EVP Business & Chief Financial Officer 20%
- EVP Clinical Programs, Quality & Safety 20%
- EVP Human Resources 20%
- EVP Technology & Innovation 20%
- EVP Education 20%
- VP Health Professions and Chief Nursing Executive 20%
- Senior Clinical Vice Presidents 20%

The five targets will be equally weighted. The following incentives will be available for each target:

- Target achieved 100%
- Improvement over previous year (target not achieved) 80%
- Same as previous year (minimum threshold achieved) 50%

## Sign-off

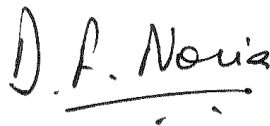
It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

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



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Mr. John Mulvihill  
Board Chair



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Dr. Dhun Noria  
Quality Committee Chair



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Dr. Peter Pisters  
Chief Executive Officer