

Part A:

Overview of Our Hospital's Quality Improvement Plan

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

Middlesex Hospital Alliance is comprised of two hospitals, Four Counties Health Services and Strathroy Middlesex General Hospital within the SW LHIN. The MHA hospital board is pleased to submit this Quality Improvement Plan which is consistent with the Vision, Mission and Values of our community hospitals organization and addresses the specific individual needs of our local communities. The MHA hospital Vision is to provide the best care for patients with excellence in quality, people, service and financial performance. This in combination with our Mission to provide the healthcare we would expect for our own families with safety, excellence, respect, value and enthusiasm is consistent with the themes of the Excellent Care For All Act, and the associated Quality Improvement Plan indicators and public reporting. Our plan includes the objectives of:

- 1) Improving patient safety to achieve 85% compliance with hand hygiene before and after every patient contact.
- 2) Improving and maintain current patient safety achievements, at or better than provincial benchmarks ,in the areas of Surgical Safety Checklist Completion, Surgical Site Infection, Hospital Acquired Infections.
- 3) Improve and maintain current efficiencies of both hospital stay, through Alternate Level of Care and Readmission management, and Financial Health through close monitoring of actual and budgeted expenses.
- 4) Improved Access to Care in the Emergency Department through a 2 hour average decrease in length of stay for admitted patients.
- 5) Improved patient satisfaction in the Emergency Department to meet or exceed provincial average of 74%.

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

The MHA Quality Improvement plan focuses on indicators which are both hospital specific goals and objectives, and required and publicly reported.

Safety

Hand Hygiene Compliance- Priority indicator to meet and exceed provincial averages of 85% compliance at both hospital sites by increasing number of access points to obtain hand wash product, reinforcing education through quarterly audits, in-services, demonstration, and immediate feedback audit process coordinated by Infection Control RN with the support of staff in a variety of hospital areas.

Effectiveness

Utilization of hospital patient days, acute and alternate level of care days, emergency department wait times, and readmission rates are monitored regularly and reviewed quarterly. This review serves to identify unnecessary time spent in acute care or requiring frequent readmission. Organizational financial health is reviewed monthly to compare actual costs with budgeted dollars, and reported through the Finance Committee of the Board.

Access

The MHA closely monitors wait times for all required areas of reporting and meet or exceeds provincial targets in numerous areas. This quality improvement plan addresses the Emergency Department length of stay for admitted patients, which currently exceeds the provincial target of less than or equal to 8 hours. The hospital expects to reduce the current length of stay, by an average of 2 hours, through a LEAN process improvement project including attention to patient tracking and wait times, bed access and flow and alternate level of care patient coordination.

Patient-Centred

Consistent with the MHA hospital Vision and Mission to provide care that we would expect for our own families, with care and respect for each individual, the hospital is seeking to improve our patient satisfaction. We depend on feedback from our patients through both compliments and complaints and patient surveys. This MHA improvement plan aims to improve patient satisfaction of service to above the provincial benchmark in all areas, as reflected by the patient indication of willingness to recommend our hospital to others.

3. How the plan aligns with the other planning processes

This plan aligns with current planning processes, including:

MOHLTC Wait time strategies of surgical, diagnostic imaging, emergency department/ alternate level of care wait times reporting

Senior Friendly Hospitals Initiative

HSA – Financial targets and margin, Wait times targets

Significant organization wide investment in LEAN process improvements

Patient Satisfaction monitoring of improvements through LEAN Processes and NRC Picker Surveys

Southwest Cancer Care Ontario, MHA commitment to provide timely surgical intervention to improve lengthy cancer care wait times.

CCAC and Public Health community engagement in patient care initiatives.

SW LHIN Diabetes Chronic Disease Management.

MHA Strategic Plan to promote surgical services and DEC programs as centres of excellence.

Physician order sets development eg Orthopedic Surgery, Medical Conditions and Venous Thrombolytic prophylaxis

4. Challenges, risks and mitigation strategies

The MHA is well positioned to engage in necessary changes to realize improvements, as readily demonstrated with the integration of LEAN process improvements of previous fiscal years. There are challenges and risks in establishing these objectives which can be potentially mitigated. These include, but are not exclusive to:

Proliferation of Multi Drug Resistant Organisms and Infectious Agents

- Recognize system reporting bias for monitoring and test cases, given small case volumes
- Strive for continued hand hygiene compliance and appropriate use of antibiotics and immunization programs
- Maintain safety of patients and staff through vigilance, education and early risk management response

Alternate Level of Care / Emergency Department Wait Times

- Dependant on Long Term Care Home availability, CCAC to assist with discharge planning home and majority of ALC dispositions.
- Wait directly affected by access and flow to regional tertiary centres, continuing to improve through SW LHIN Patient Access and Flow Process
- Work collaboratively with CCAC and clarity of information and response expectations
- Provide patients and family with length of stay, discharge, ALC and placement information early in hospital stay
- Monitor Wait Times, Bed Occupancy, optimize multi site flexibility for bed management.
- Recognize system reporting bias of monitoring and test cases, given small case volumes

Organizational Financial Health

- Close monitoring of financial status and statistics to ensure overage or underutilization manageable and justifiable.
- Budgets based on known and anticipated costs. In year unknown costs, new funding models and increases arise, requiring course correction as able.

The MHA will strive to meet the needs of our local communities in conjunction with the objectives of our Quality Improvement Plan and other planning processes as identified above.