

Excellent Care
For All.



2011-12

Quality Improvement Plan

(Short Form)

MENTAL HEALTH CENTRE PENETANGUISHENE

March 29, 2011

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 the OHQC in the format described herein.

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Part A:

Overview of Our Hospital's Quality Improvement Plan

Purpose of this section: Quality Improvement Plans (QIPs) are, as the name suggests, all about improvement. They are an opportunity for organizations to focus on how and what to improve, in the name of better patient-focused care. As such, they will be unique documents, designed by, and for, each individual organization. Overall, a QIP should be seen as a tool, providing a structured format and common language that focuses an organization on change. The QIP will drive change by formalizing a plan and facilitating shared dialogue to support continuous quality improvement processes. This introductory section should highlight the main points of your hospital's plan and describe how it aligns overall with other planning processes within your organization. In addition, this section provides you with an opportunity to describe your priorities and change plan for the next year.

Please refer to **Appendix D** in the [QIP Guidance Document](#) for more information on completing this section.

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

[A general statement (100 words maximum) that is inspiring and situates the objectives within the Vision, Mission and Values of your organization]

Consistent with its vision and mission, Mental Health Centre Penetanguishene (MHCP) is committed to building and sustaining a culture of continuous and measureable improvement with respect to safety and quality care.

This includes a commitment to:

- Delivering high quality health care;
- Creating a positive patient experience;
- Ensuring that we are responsive and accountable to the public;
- Holding our executive team accountable for its achievement; and
- Being transparent

MHCP has identified five Priority initiatives for 2011/12:

We will provide safe and quality care by:

- assessing all patients on admission for suicide risk;
- improving the rate of seasonal flu vaccination

We will ensure the effective use of hospital resources by:

- maintaining organizational financial health

We will improve access to mental health services by:

- reducing wait times

We will improve patient satisfaction by:

- collecting patient input using a tool validated for mental health services.

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

[A description of the objectives that have been identified to improve quality of services and care in your hospital. This section describes the specific aims, measures and change ideas that form the core of the plan. You should also indicate how resources will be used to ensure that the correct financial levers are in place to execute the activities listed in your QIP]

Aims and Measures

In the five Priority Aims for 2011/12 by March 31, 2012 we will:

- Ensure 100% of patients are assessed upon admission using the new suicide risk assessment tool
- Improve the rate of staff receiving the seasonal flu vaccination to 60%
- Achieve a total margin greater than or equal to 0%
- Monitor wait times on 100% of programs
- Conduct a patient experience survey on 100% of inpatient programs

In order encompass provincial, LHIN and Accreditation Canada requirements, six additional Aims are identified for 2011/12 as follows:

Safety:

- Hold performance on C difficile infection rate at 0%
- Attain 75% compliance on hand hygiene before patient contact
- Reduce by 50% the number of patients with new pressure ulcers (stage 2 or higher) in the last three months
- Implement medication reconciliation on discharge on 100% of patients on units where medication reconciliation has been rolled out (based on phased roll out plan)

Effectiveness:

- Maintain readmission rate within 30 days for regional tertiary non-forensic patients at or below 5%
- Reduce the percentage of Alternate Level of Care days related to long term care in the regional programs by 10%

Ideas for Improvement

To achieve our five Priority Aims from April, 2011 to March, 2012 we will:

- Implement a new suicide risk assessment tool based on best practice, and considering the results of a pilot project; implement across all programs
- Improve the rate of staff receiving the seasonal flu vaccination by developing and implementing a communication strategy and generating friendly competition between programs to improve staff participation
- Monitor our actual financial results to budget, and continue to pursue wage harmonization funding from the Ministry of Health and Long-Term Care post divestment
- Develop and introduce a standardized tracking tool to measure wait times for access to service based on standardized wait times definitions developed in collaboration with other specialty mental health hospitals
- Receive feedback from Accreditation Canada on the mental health patient experience survey pilot and rollout implementation across inpatient programs

3. How the plan aligns with the other planning processes

[An explanation of how this document links to the other planning documents developed by your organization (such as H-SAA) and key external partners such as the LHIN and CCACs.]

These indicators and initiatives are consistent and aligned with a number of quality and safety initiatives:

Provincial Patient Safety Indicators	C Difficile Hand Hygiene
Provincial Initiatives	ALC Days Patient Satisfaction/Experience Survey
Accreditation Canada	Medication Reconciliation Suicide Risk Assessment
LHIN/HSAA	Flu Vaccination Pressure Ulcers Total Margin
Peer Benchmarking (CAMH, ROHCG, Ontario Shores)	Readmission rate Wait Times

4. Challenges, risks and mitigation strategies

[This section describes the relative risks that may inhibit the accomplishment of the objectives and the mitigating strategies that have been identified to lower those risks.]

An overarching challenge in achieving the identified targets is limited resources, both human and financial.

Our target includes achieving a total margin greater than or equal to 0%. Based on our budget projection, this will only be accomplished if we receive wage harmonization funding from the Ministry of Health and Long-Term Care, consistent with the experience of the other provincial psychiatric hospitals, to support wage negotiations which occurred post divestment of MHCP from the provincial government.

Many of the existing patient satisfaction survey tools are not applicable to our patient population. Our colleagues at the Centre for Addiction and Mental Health (CAMH) recently piloted a patient experience survey from Accreditation Canada and we are awaiting the results of that pilot project in order to implement the tool across our hospital.

The number of available beds by program will be a significant challenge for improving wait times (e.g. psychosocial rehabilitation program). The acuity of patients in certain programs (e.g. dual diagnosis) will also have an impact on wait times as it becomes too risky to provide service for large numbers of high needs patients concurrently. Implementation of our Clinical Services Plan will serve as one mitigation strategy to address these issues.

Part B: Our Improvement Targets and Initiatives

Please complete the "[Improvement Targets and Initiatives – Part B](#)" spreadsheet (Excel file). Please remember to include the spreadsheet (Excel file) as part of the QIP Short Form package for submission to the OHQC (QIP@ohqc.ca), and to include a link to this material on your hospital's website.

[Please see the QIP Guidance Document for more information on completing this section.]

Part C:

The Link to Performance-based Compensation of Our Executives

Purpose of Performance-based compensation:

1. To drive performance and improve quality care
2. To establish clear performance expectations
3. To create clarity about expected outcomes
4. To ensure consistency in application of the performance incentive
5. To drive transparency in the performance incentive process
6. To drive accountability of the team to deliver on the Quality Improvement Plan
7. To enable team work and a shared purpose

Please refer to Appendix E in the [QIP Guidance Document](#) for more information on completing this section of the QIP Short Form.

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

[Compensation should be linked to targets for those members of the senior management group who report directly to the CEO, including the chief of staff (where there is one) and the chief nursing executive. Please refer to the [regulation](#) (Ontario Regulation 444/10)]

Our executives' compensation is linked to performance in the following way:

Four indicators will be tied to executives' compensation:

- Suicide Risk Assessment
- Financial Health/Total Margin
- Wait Times
- Patient Satisfaction/Experience

The following positions meet the definition of "executive" within the meaning of the *Excellent Care for All Act*, Section 1 and regulation 444/10 and are subject to the variable compensation:

- President/CEO
- Psychiatrist in Chief
- Executive Vice-President, Clinical Services
- Vice-President, Corporate Services
- Vice-President, Human Resources and Organizational Development
- Vice-President, Research and Academics

The amount of pay based on performance is:

- President/CEO – 3%
- Psychiatrist in Chief – 1%
- All other VP positions eligible for variable compensation – 3%

All individuals will be held accountable for achieving the four priority indicators tied to compensation, and each indicator will have an equal weighting.

Following the completion of fiscal 2011/12, an evaluation of the organization's performance for each objective will be undertaken to determine whether the target has been met, or partially met, and whether the full amount or any portion will be paid. The actual amount of the payment will be determined by the Board/Governance Committee for the President/CEO and by the CEO for direct reports.

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.

				
John McCullough Board Chair		Alison Vallance Quality Committee Chair		Carol Lambie Chief Executive Officer