

Board and CEO Collaboration – Making Quality a Part of Everything We Do

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Erie St. Clair LHIN Quest for Quality Conference
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OHQC Ontario Health
Quality Council

THE COUNCIL'S MANDATE

An independent agency that:

- Reports to Ontarians on the state of our publicly funded health system
- Supports continuous quality improvement

Additions in Excellent Care for All Act:

- Supports adoption of practice guidelines & protocols
- Recommendations on funding of health services
- Submission of QI plans

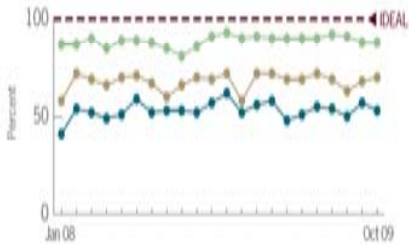




2010 REPORT ON ONTARIO'S HEALTH SYSTEM
ONTARIO HEALTH QUALITY COUNCIL (OHQC)

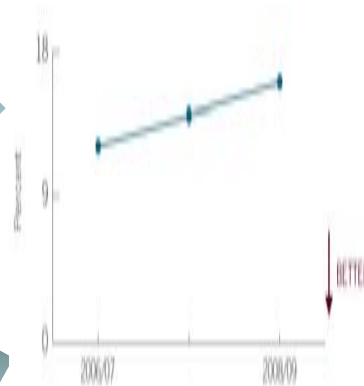
Flow Problems in System

Urgent Surgery



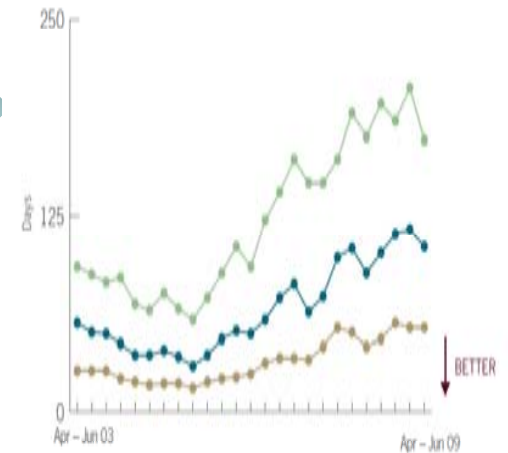
Higher waits for urgent patients

Hospital Bed



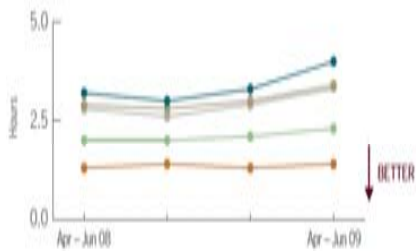
% of beds which are ALC rising to 16%

LTC



LTC waits tripled since spring 2005 to 105 days

ED



Persistent wait a bed for admitted patients

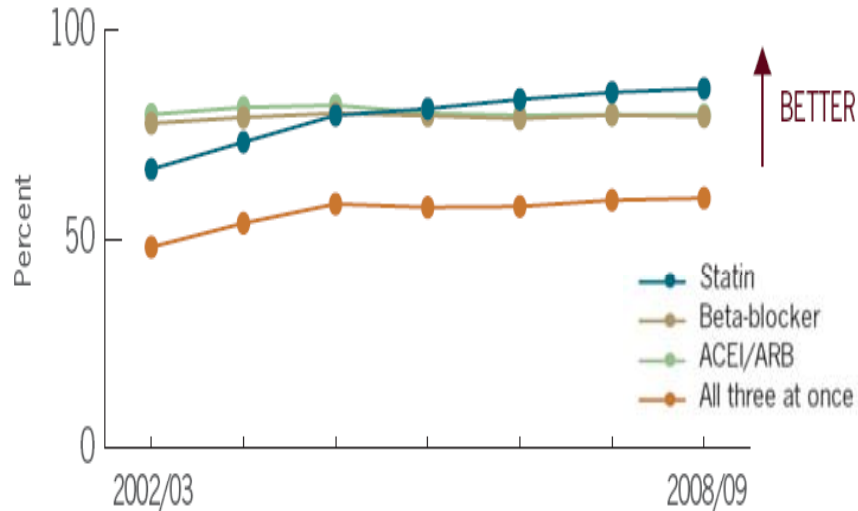
Home



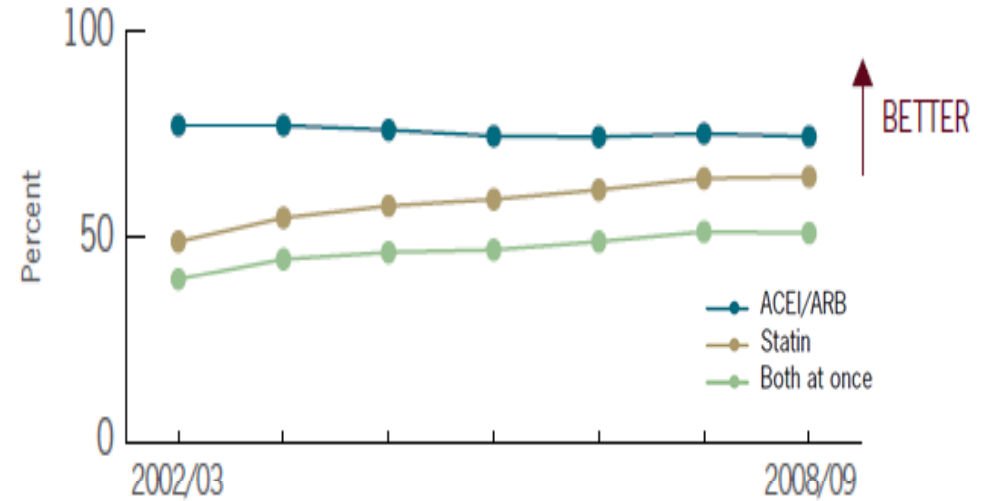
24% of persons placed are not "high needs"

Adoption of Practice Guidelines

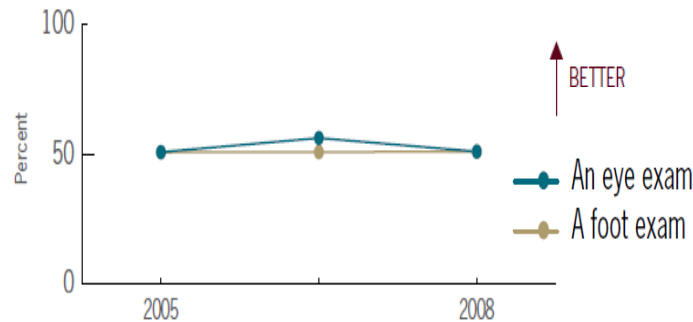
Some Slow, Steady Improvements & Still Major Room to Improve



Right Drugs After Heart Attack



Right Drugs for Diabetes



Right Monitoring for Diabetes

Poor Discharge Transition

System Not Engaging Patients – People Don't Have Info They Need

	Hospital	ED
Have all info needed at discharge	26%	24%
- Danger signs to watch for	59%	49%
- Purpose of meds	71%	
- How to take meds		19%
- Side effects of meds	41%	37%
- When to resume activities	51%	
- Who to call if need help	81%	60%

Lots of Ideas for Improvement...

Area of Concern	Ideas, Best Practices
LTC wait times	More supportive housing options
ALC	- “Home First” – don’t jump to conclusions about need for LTC for hospital patients -Earlier home care assessment in hospital, ED
ED Wait Times	Process improvements
Poor handoffs at discharge, readmissions	Written discharge instructions Early post-discharge visits Discharge checklists
Non-compliance with guidelines	Standardized orders, checklists, flowcharts Individual physician feedback

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- How can Boards and CEOs accelerate the uptake of these ideas?

Excellent Care for All Act

- Mandatory QI plans
 - submitted to OHQC with public reporting; copy to LHINs
- Mandatory patient & staff satisfaction surveying
- Patient declaration of values
- Quality committees of the Board
- Executive compensation tied to quality
- OHQC responsibilities for recommendations on funding of health services, medical devices
- OHQC – recommendations on clinical practice guidelines & tools
- Start with hospitals; expand eventually to other sectors

What's the Destination?

Board & CEOs Skills for Setting Vision



Typical Vision Statements

- Our goal is simply to give our patients innovative, quality care to help them achieve maximum function.
- New England Baptist Hospital will be known as a premier Orthopedic Center of Excellence providing the highest quality medical and surgical care.
- Our key goal is to fulfill dreams through the experiences of motorcycling. (Harley Davidson)

Can You Elaborate on the Vision in a Way That Is...

- Compelling
- Inspiring
- Easy to memorize, recite, infect
- Anyone can understand
- Sets forward a “promise to the patient”
 - Heal me (outcomes)
 - Be nice to me (patient experience)
 - Don’t hurt me (safety)
 - Don’t waste my time (accessible)

System-Wide Vision



“Some is not a number, soon is not a time”

Don Berwick, IHI, 2005

A Definable Vision With Stretch Goals



*Make no small plans...for
they have not the power to
stir men's blood.*

Niccolo Machiavelli, 1514

Memorable Visions



Considerations for Target Setting

- Average?
- Better than average?
- The best practice?
- Theoretical best?

- Proposed OHQC work in support of ECFA:
 - Identify best possible, achievable level of quality for each organization in the province
 - Targets based on theoretical best (zero defects), organizations in world who have achieved best
 - Examples to date: zero VAP, zero CLI, 90% post-AMI drug Rx, 99% meeting cancer wait time targets

Elaborated Vision Statements – Ideas?

- We will cut adverse events causing harm by half in the next 2 years.
- By January 2012, no needless waiting for urgent cancer surgery patients. (100% hit wait time targets.)
- “A year from now: a perfect handoff to the community.”
 - Everyone gets the information they need, written down and easy to follow, and the right follow-up appointment, and a discharge summary, when they walk out the door, 100% of the time.

Vision – Reflection Exercise

(5 minutes)

Pair into groups of two or three. Discuss:

- Can you recite by heart your organization’s vision statement?
- Is there an accompanying elaboration of the vision statement – the particular goals you want to accomplish in the near future?
 - If no, what might that be?
 - If yes, is there a “promise to the patient” on how he/she will be better off (rather than just activities the organization will do)?
 - is it memorable and inspiring? If you picked an employee at random in the cafeteria, would they be able to describe the goals of the vision?

How Can Boards & CEOs Make the Connection...



From Board room's vision...



To action and results on the front line?

QI Plans – What’s Their Purpose? Their Potential?

- A best practice for driving quality agenda
 - Limited priorities, set targets & timeframes, identify strategy for improvement, communicate plan
- Tool for learning among organizations
- Preserve public confidence
- Engage the public / users

Public Reporting & QI Plans - LTC



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Individual Home Results by Home

Home Name:
Hillsdale Estates [Quality Improvement Plans]

Profile:

Location	Number of Beds	Ownership
Oshawa	300	Municipal

For more information on the home level measures click here.

Theme	Indicator	Average Results (April '08 - March '09)	Provincial Average
Bladder Function	Percentage of residents with worsening bladder control	18.3%	19.4%
Falls	Percentage of residents who had a recent fall	13.3%	13.4%
Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	2.7%	3.0%
Pressure Ulcers	Percentage of residents with a new pressure ulcer (stage 2 or higher)	2.3%	2.8%

Public Reporting

QI Plans Using Model for Improvement



- Welcome
- Provincial Results
- Individual Home Results
- Questions for Residents & Families to Ask
- About the Site
- Tips & Resources
- FAQs
- Links

QI Plan Baycrest Centre For Geriatric Care

Quality Area:

Percentage of residents who had a recent fall

Measures and Target Aim(s):

- Reduce the percentage of residents who had a recent fall by 20% from 15.55% to 12.45%; to maintain falls-related injury rate below 30% (December 2010).

Change Ideas:

- To implement falls best practice to 75% of Apotex (December 2010)
- The findings from the Falls Best Practice pilot initiative will inform the larger organizational roll out beginning January 2010.
- When we extrapolate falls related data from RAI-MDS at the unit level, we will link this data with our internal data on falls, and falls related injury rate. This will allow us to establish strengths and gaps in performance and to target individual units for specific interventions.
- Fully implement a Falls Best Practice approach that aligns with our policy & procedure, is sustained, and includes: increased staff knowledge about best practice, consistent use of a falls risk screening and/or assessment tool, and implementing interventions that address falls risk factors for individual residents.

Special challenges in our home that we will address:

- The physical lay-out of the home makes it difficult for staff, particularly evening and nights, to physically attend to residents on an ongoing basis.
- Extracting the data at the unit level to optimise our approach.

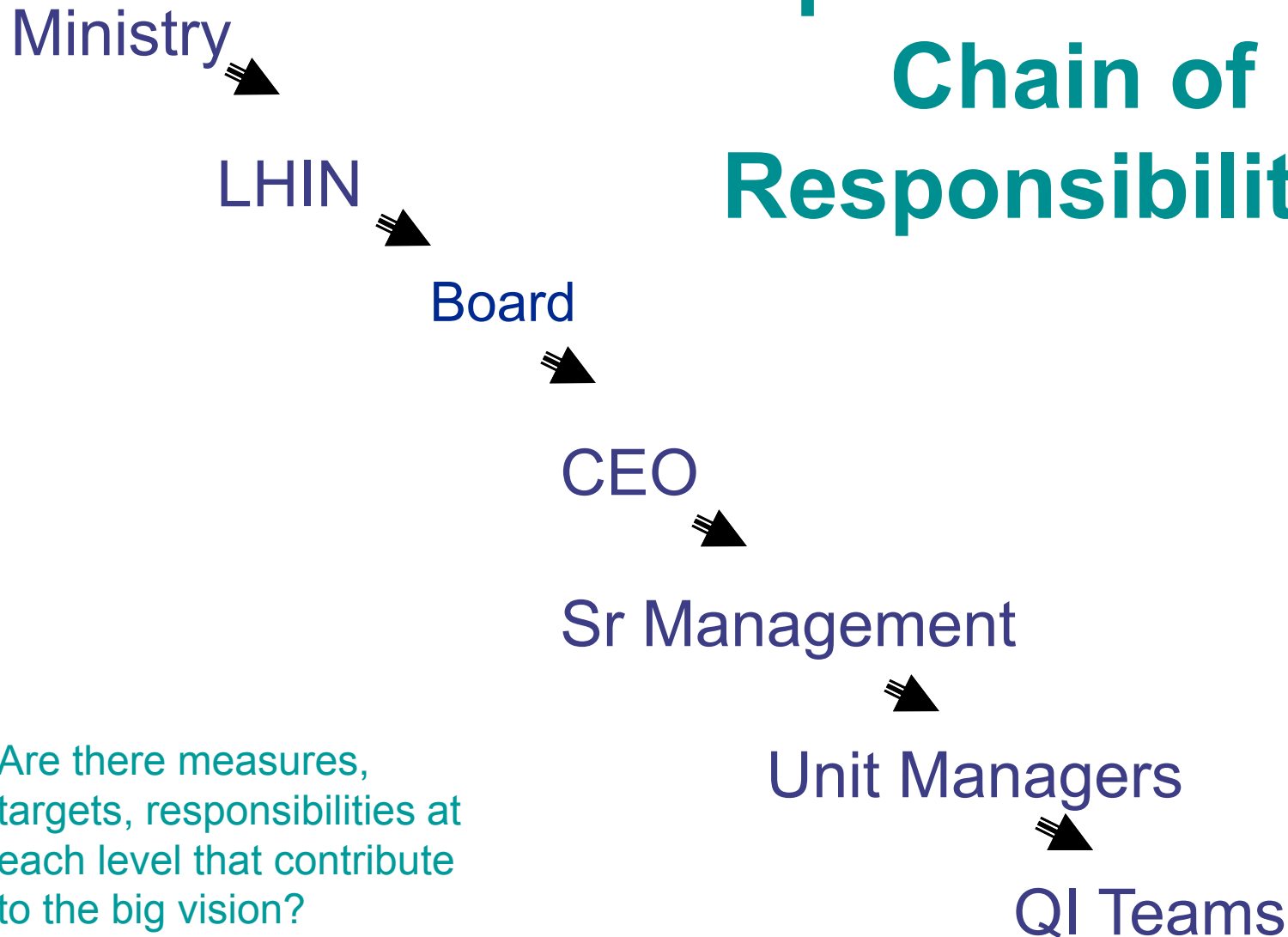
Ideas for Advancing QI Plans

- Report QI plans for publicly reported indicators
 - Post info on plans next to info on hospital performance
 - Compare targets for improvement between hospitals
 - Report on progress over time
- Balance between provincial & local priorities
 - Encourage common indicators
- Develop feedback, peer-to-peer learning
 - Share more details on implementation for learning purposes (does not need to be publicly reported)

Implementation & Chain of Responsibilities



Implementation & Chain of Responsibilities

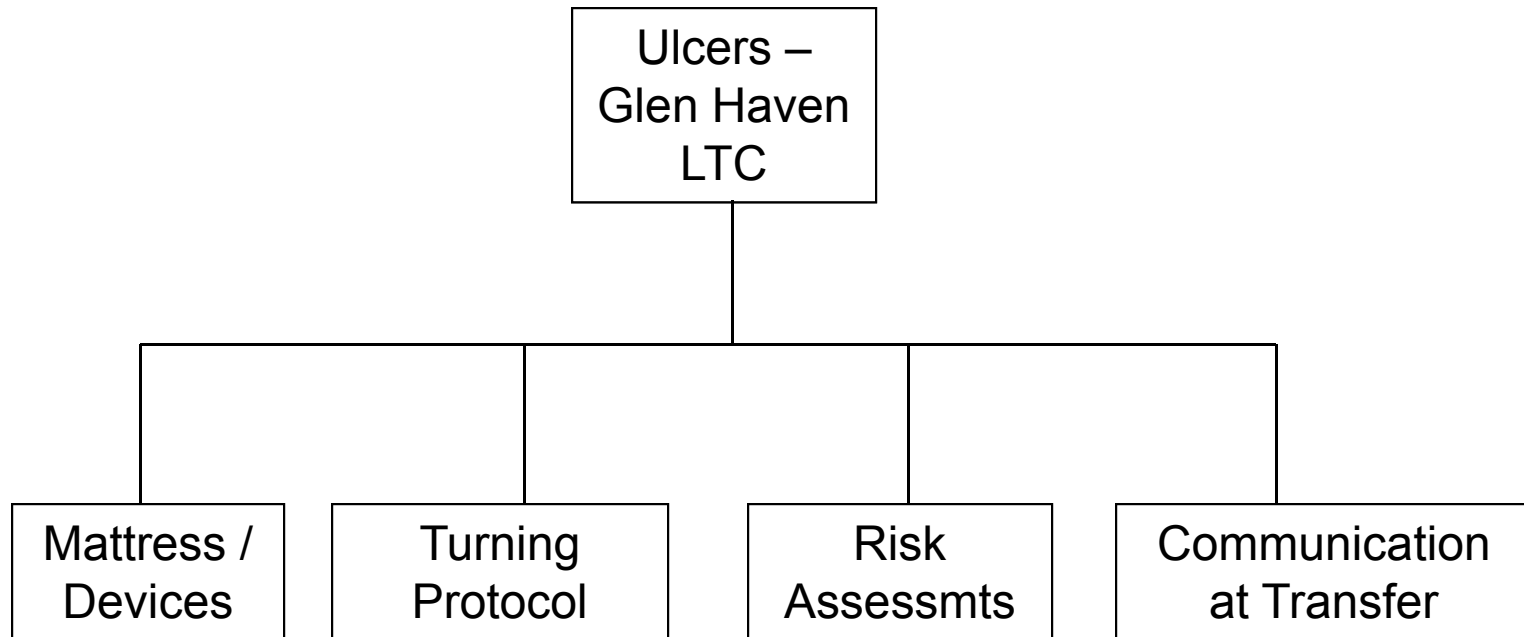


Are there measures, targets, responsibilities at each level that contribute to the big vision?

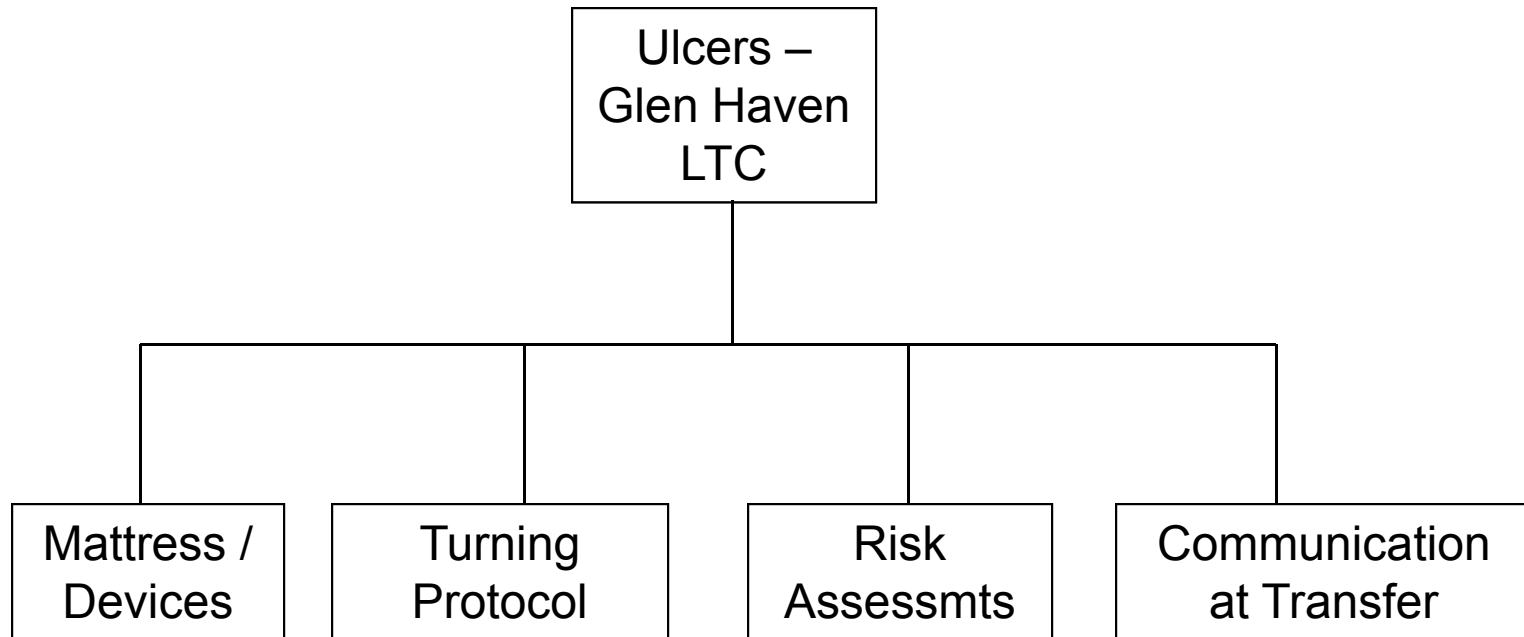
Pressure Ulcers

- Why not the best? Why not eliminate?
- Strong business case for prevention
- Basics needed:
 - Risk scoring
 - Turning if high risk
 - Proper surface / mattress or padding
 - Nutrition, continence management
- Transition points are a problem (e.g. LTC->ED)

Internal Strategy - Ulcers



Internal Strategy - Ulcers

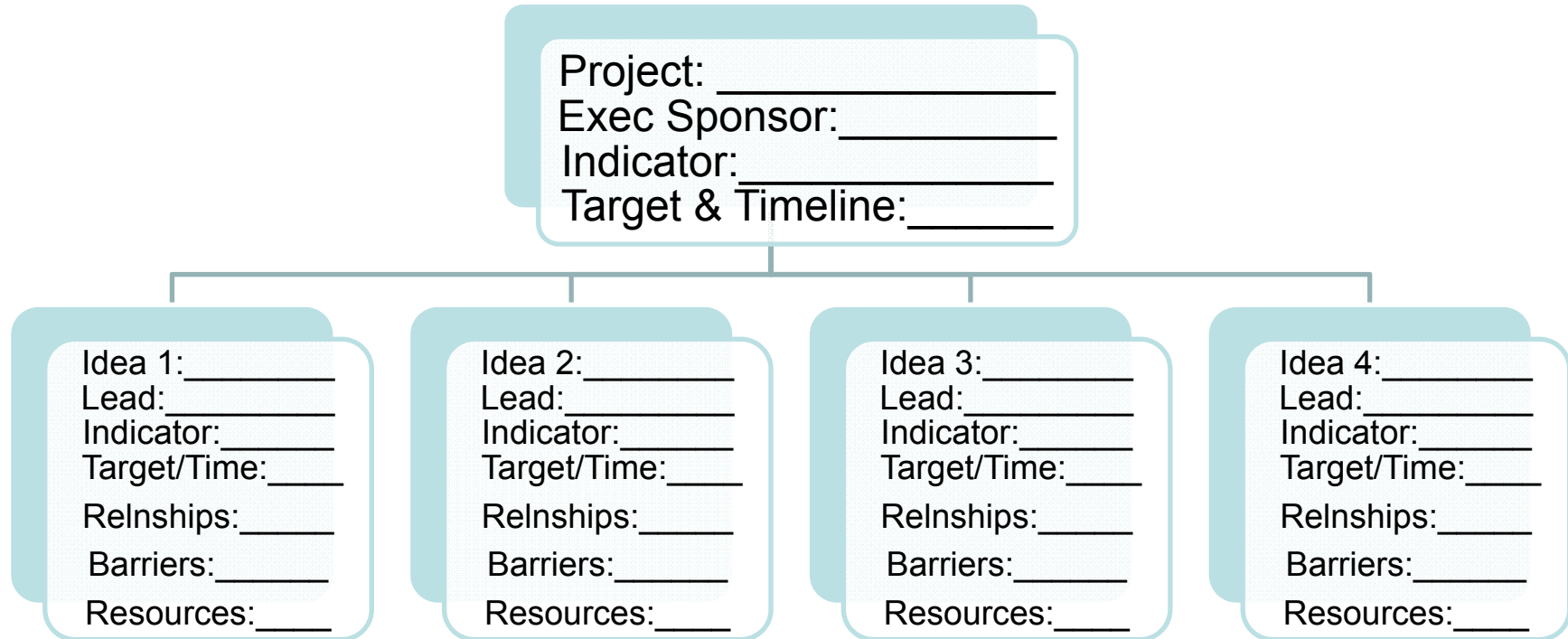


Who's responsible? Indicator? Target? Plan? Resources?

Exercise

- Recruit one volunteer from the audience who is a CEO or senior management.
- Think of one key strategic area of quality and safety in your organization, and a particular project (e.g. hospital acquired infections, falls prevention, wait times reduction).
- Map out part of the strategy cascade (next slide).

Exercise



Map out box at first level (project), list each idea (1-4) at second level and fill in detailed info at the second level for just the first idea.

Reflections

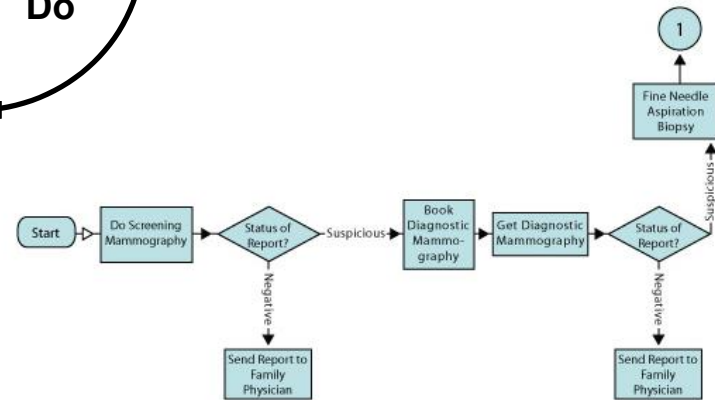
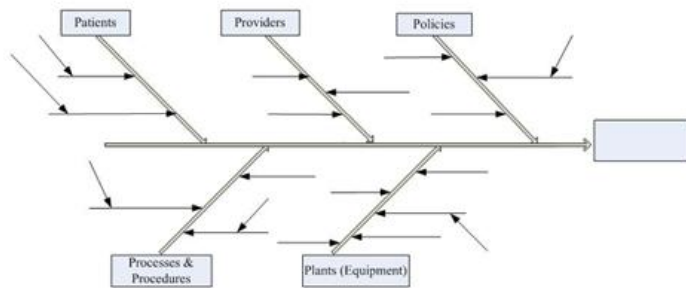
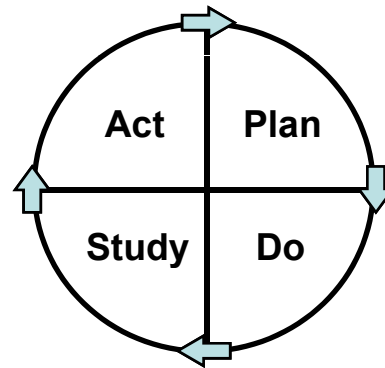
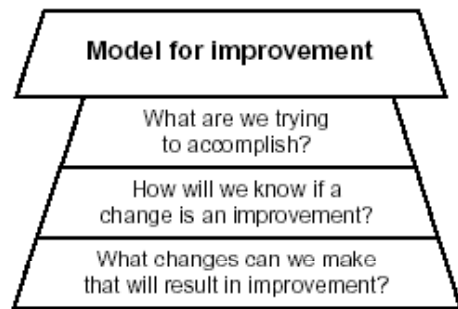
- Is this useful?
- How does this compare with current level of detail of discussion at the Board quality committee?
- What is the management's role and what is the Board's role in the development of this cascade?

What Do You Need To You Get To Your Destination?



Develop QI Skills at Front Line

- Core skills needed throughout workforce



QI Skills Inventory

- Questions for Reflection:
 - What is your current capacity among staff and leaders with advanced QI skills?
 - What % of staff?
 - What level of skill?

QI Skills Inventory

- Questions for Reflection:
 - What is your current capacity among staff and leaders with advanced QI skills?
 - What % of staff?
 - What level of skill?
- Industry guidelines:
 - 1-2% of staff as QI experts?
- What's your goal for QI skills development? What training will you need to get there? Is this part of your strategic / operating plan?

Practice Guidelines AND TOOLS

- What could help adoption of best practices? Remind providers to do the right thing?
 - Evidence-based standardized order sets for the province
 - Checklists
 - Decision trees, tools
 - Design of clinical reminders in electronic records
 - Simple tools to measure compliance with best practices at a granular level
- OHQC's proposed activities in support of ECFA
 - An inventory of tools for the province
 - Tips, tools on how to use all of the above
 - Structured activities to share experiences on how to use tools
 - Developing physician champions of tools for province

Incentives & Funding

- What are the ways in which incentives support or inhibit quality improvement?
 - In LTC, the more stage 3+ pressure ulcers, the more money you receive
 - Hospital X is penalized in capital redevelopment funding for doing a good job avoiding hospitalizations
 - Physicians at hospital Y are worried that because they've diverted patients from the ED, their AFA payments will drop
- Role for OHQC in ECFA to identify misalignment, suggest options at a system level

Questions to Boards to Ask

- What incentives exist for providers to follow best practices, or to use tools as they become available?

Questions to Boards to Ask

- What incentives exist for providers to follow best practices?
- What is management's plan for incentives to increase adoption of best practices?
 - Recognition
 - Reduced “hassle factor”, better work environment
 - Friendly competition (who's got the best results?)
 - Prime access to limited resources for best performers
 - Culture, clear expectations
 - Financial

Lead With Quality Dashboard



- Balance quality across different dimensions
- Balance between quality & financial indicators
- Quality committee of Boards for more detail
- Focus on big dot indicators first

Comparison Dashboard

- Examine key indicators compared to other peer organizations
- Often reported as rates, case-mix adjusted
- Useful for general priority setting
 - E.g. annual refresh of operating plan

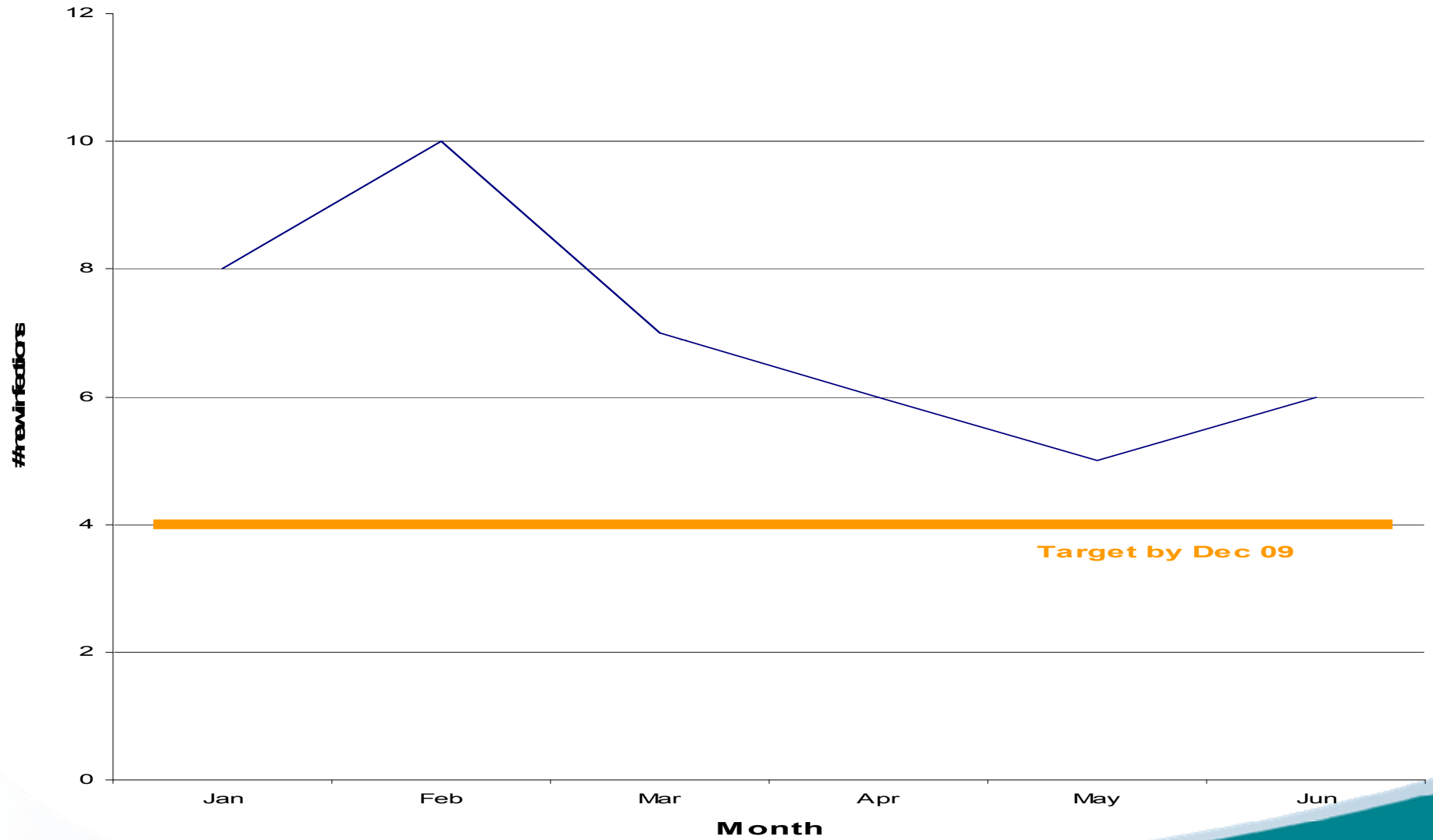
Improvement Dashboard

- Focus on small # of key aims
- Remove the denominator – focus on harm
- Plot with annotated run chart
- Put a story to the data

What's More Effective?

Indicator	FY2009, Q2	Prov Avg	Target	% chg f last quarter
MRSA rate per 1000 bed day	0.8	0.9	0.8	0%
C. Difficile rate per 1000 bed day	1.19	1.10	1.10	-2%

of new hospital acquired infections



Alice B., 73 yrs
Stage IV ulcer

Ron T., 77 yrs
Catheter infxn

John M, 68 yrs
Post-op infxn

Jan B., 22 yrs
Post-C-section
infxn

Art B., 83 yrs
Insulin wrong
dose

Anna B., 76 yrs
Fall in ED, # hip

Mamie S., 67 yrs
C. difficile

Key Points for Boards & CEOs

- **Developing a compelling vision**
 - Clear, inspiring, memorable targets
 - “promise for the patient”
- **Implementation strategy**
 - Capacity for QI skills – QI leaders, physician champions
 - Infrastructure – tools
 - Incentives
 - Monitoring – improvement dashboard

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