



# **2015-16 Quality and Enterprise Risk Management Plan**



Brockville  
General Hospital

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## About Brockville General Hospital

Brockville General Hospital is a community hospital, serving residents of Leeds Grenville and Lanark since 1885. Accredited with Exemplary Standing, the highest bestowed by Accreditation Canada we are committed to providing outstanding quality care to our patients, creating healthy people and healthy communities. Our services include acute and complex care, rehabilitation, palliative, mental health services, plus ambulatory and specialty clinics. We are leaders in restorative care/enhanced activation, post-episode cardiovascular rehabilitation, and are pioneers in community-based hospice palliative care. For more information, follow us on Facebook ([www.facebook.com/brockvillegeneralhospital](http://www.facebook.com/brockvillegeneralhospital)) or twitter (@BrockvilleGener).

### Vision

- Outstanding Quality Care – Healthy People – Healthy Communities

### Mission

- A progressive community partner delivering an outstanding health care experience, guided by the people we serve, provided by people who care.

### Core Values

- Compassionate Care
- Quality and Patient Safety
- Honesty
- Respect
- Accountability
- Teamwork
- Continuous Improvement

### Our Reach\*

- 850 Employees
- 160 Physicians
- 350 Volunteers

### Our Impact\*

- \$2,400,000 Raised through the Brockville and District Hospital Foundation (Foundation)
- \$102,000 Raised through Brockville General Volunteer Association (BGVA)
- 88.2% Patient Satisfaction

\*Source 2014 Annual Report

## Quality & Improvement – An Organization United and Committed

Brockville General Hospital has a significant budget challenge ahead, but one that is not insurmountable. Evidence suggests that there is opportunity at BGH, but it will be incumbent upon our leadership to effect change.

It is important to acknowledge that BGH has been very successful at reducing the operating budget over the past few years. Unfortunately, those changes are not keeping pace with funding decreases.

As we enter into a time where tough decisions will need to be made, it is important that we accept our current environment, and that we agree on how we will work with each other throughout the changes.

### **We accept (our environment):**

1. That we have an unwavering focus on safe quality patient care
2. That we are required to have a balanced budget (total margin)
3. That the funding levels are decreasing
4. That there isn't new money to access at this time
5. That the data indicates we are not always delivering services at the best possible cost
6. That change is needed to address budgetary shortfalls - status quo is unsustainable
7. That we must engage people who work at the hospital to develop collaborative, knowledgeable solutions to our tough decisions
8. That we talk with the community in an open and caring way as a key leg in deployment of the changes we make
9. That the health system is changing around us, at an increasing pace
10. That we are not alone – this is a challenge faced by all Ontario hospitals

### **We accept (our approach):**

1. That the Board of Governors and the Senior Leadership Team are united
2. That it is better for BGH to control its own future, without external intervention
3. That the delivery of services may need to change - redefining care close to home
4. That changes may result in the dissolution of existing relationships (current contracts, etc.)
5. That we will maintain quality and safety throughout any change we make
6. That we will make decisions based on best available information, knowledge and evidence with balanced input from clinical and operational resources
7. That no decision will ever be entirely risk free
8. That we will be as transparent and engaging as possible for each decision being explored
9. That we will bring to the table the right people at the right time to help with decisions, regardless if those decisions are within BGH, or beyond
10. That we are part of a broader hospital and health system - take a lead role in effecting change within and beyond the walls of BGH

## Supporting Quality and Improvement at BGH

The Quality & Improvement Office was formed in 2015 with the aim of improving patient safety and quality, and to mitigate risk. The department consists of a Quality and Risk Specialist, a Process Improvement and Transformation Specialist, and a Project Management Specialist. The goal of the team is to drive a culture of patient safety, and continuous quality improvement throughout the organization. This is achieved by supporting the organization to meet its strategic goals through maximizing efficiencies, stimulating innovation, and sharing best practices.

The Core Competencies of the Quality and Improvement Office are advising and supporting teams to:

- ✓ Think strategically about their purpose to continuously improve patient safety and quality and how to achieve their desired state
- ✓ Identify and mitigate risk throughout the organization
- ✓ Understand the flow of work and streamline it to make it more efficient and effective
- ✓ Define, organize and achieve the goals of projects and initiatives

The Quality and Improvement Office is led by the Vice President and Chief Nursing Officer with support from the other members of the Senior Leadership team who are the President and Chief Executive Officer, the Chief of Staff, the Vice President and Chief Human Resources Officer and the Chief Financial Officer. The Senior Leadership Team meets with Directors and Managers, Quality and Patient Care Committee Chair and Co-Chair, and Physicians with the goal of understanding our patients' experience. This is accomplished by trending data, identifying areas for improvement and areas of risk to enhance patient care, providing the highest quality of care, organizational performance, patient satisfaction, and minimizing critical events.

The 2014 - 2017 Strategic Plan was built on Brockville General Hospital's track record and reputation for providing high quality patient focused care that meets the needs of our community's evolving needs. It is our goal to provide an excellent hospital experience to our patients as well as to our staff, volunteers, and physicians. Delivery of our services and care are important to us. By understanding and engaging with those who use our services, and their needs, we are able to continuously improve our delivery of safe, quality care that is close to home.

The hospital is committed to quality by ensuring high performance in everything we do. We define this as being a practice ready, high performing, and engaged workforce with a focus on better quality care, patient safety, better efficiencies, and lower waits, as well as being in a healthy and responsive financial position that allows for creativity in the delivery of care. We demonstrate our commitment to continuous improvement through daily and weekly team huddles (as applicable to the team), a weekly senior

leadership huddle, a weekly leadership Wall Walk utilizing our Visibility Room, and the Quality and Improvement Office process improvement projects.

As we strive internally to improve safety and quality, and mitigate risk, we are also engaging our community partners. In support of our strategic goal of being a Champion of Health Care Evolution, we are committed to partnering in external projects. For example, the Eastern Ontario Clinical Document Repository (EOCDR) and Connecting Northern and Eastern Ontario (CNEO) will ensure patient information is available to the service provider at the time they require it. We will seek out and strive to be a catalyst for new partnerships as they arise, in order to continue to provide safe and quality care that is close to home for our patients. This will ensure our patients receive the right service, in the right place, and at the right time.

We strive to be transparent and accountable by providing timely and accurate information to our people, our communities, our patients, and our families. We will achieve this through enhanced analytics, decision support, and the development of standardized reporting tools such as lean project documents and business cases. We demonstrate this by reporting just in time and ministry data at huddles and use this data to facilitate decisions. By linking the Quality & Improvement Office with the Clinical, Business, and Information Analysts, we developed a data repository enabling teams to regularly review and evaluate data as it is required.

As professionals, we are accountable for compliance with the standards articulated by Accreditation Canada and external regulatory organizations. (College of Nurses of Ontario, College of Physicians and Surgeons of Ontario, Ontario College of Pharmacists, College of Medical Radiation Technologist of Ontario, College of Medical Laboratory Technologists of Ontario, Canadian Association of Registered Diagnostic Ultrasound Professionals, Canadian Society of Diagnostic Medical Sonographers, Ontario Society of Cardiology Technologists, American Registry for Diagnostic Medical Sonographers, College of Respiratory Therapists of Ontario, College of Physiotherapists of Ontario, College of Occupational Therapists of Ontario, College of Audiologist and Speech Language Pathologists of Ontario, College of Dietitians of Ontario)

The all-encompassing Quality & Risk Management Framework supports our strategic plan. It promotes a systematic, organization-wide approach inclusive of board of governors, leadership, physicians, quality committees, and the staff of the organization for continuous quality improvement.

The Quality and the Enterprise Risk Management Plan is based on the priorities from the 2014 – 2017 BGH Strategic Plan, *Excellent Care For All Act 2010* and annual Quality Improvement Plan, and upon the foundation of Accreditation Canada's 8 Quality Dimensions and six patient safety areas.

## Strategic Planning

The 2014 – 2017 Strategic Plan includes service based patient safety and risk priority indicators and benchmarks. The Leadership team has identified quality initiatives and projects that align with the Strategic Plan. Operational Goals provide and enhance efficient and safe quality focused care to our patients and families. We are accomplishing this by incorporating the use of Required Organizational Practices (ROPs) as defined by Accreditation Canada, RNAO Best Practices, and CQI concepts such as: Brainstorming; Control Charts; Flow Charting; FMEA; LEAN methodologies such as value stream mapping; elimination of waste; Practical Problem Solving and PDSA Cycles;.

The Quality, Risk and Patient Safety Priorities related to BGH Strategic Plan 2014 - 2017 – are clearly defined:

### Goal 1 - Excellence In The Whole Hospital Experience

#### Directions

- ✓ Better engage, listen, and inform our people, families, and patients
- ✓ Enhanced customer service, performance, recognition, and supporting audit programs

Overall Satisfaction	Market Share
<ul style="list-style-type: none"> <li>❖ Patient Satisfaction</li> <li>❖ Staff Satisfaction</li> <li>❖ Volunteer Satisfaction</li> <li>❖ Physician Satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>❖ ED Visits – Share of Catchment Area choosing BGH</li> </ul>

### Goal 2 - High Performance in Everything We Do

#### Directions

- ✓ Practice-ready, high performing, and engaged workforce. Continuous improvement with a focus on better quality patient care and safety, better efficiency, and lower waits
- ✓ Healthy and responsive financial position that allows for creativity in delivery of care

Clinical Flow	Financial Health
<ul style="list-style-type: none"> <li>❖ High acuity ED wait times</li> </ul>	<ul style="list-style-type: none"> <li>❖ Total margin variance</li> </ul>

<ul style="list-style-type: none"> <li>❖ Low acuity ED wait times</li> <li>❖ Conservable days</li> <li>❖ Post-surgical complications</li> <li>❖ Readmission rates within 28 days (to BGH for same diagnosis)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Working Capital</li> <li>❖ Ancillary Revenue Variance</li> </ul>
<p><b>Goal 3 - Champion of Health System Evolution</b></p> <p><b>Directions</b></p> <ul style="list-style-type: none"> <li>✓ Seek out and be a catalyst for partnerships that support patient-first, better patient-outcomes, and better efficiency</li> <li>✓ An advocate for the right services in the right place at the right time</li> </ul>	
<b>Number of New Partnerships</b>	<b>Right Service, Right Place, Right Time</b>
<ul style="list-style-type: none"> <li>❖ Number of new partnerships meeting prescribed definition</li> </ul>	<ul style="list-style-type: none"> <li>❖ Ambulatory Care Sensitive Condition Admissions</li> <li>❖ Admissions to Acute Stroke Unit</li> <li>❖ Chemotherapy Volumes</li> <li>❖ Repeat MH &amp; Substance Abuse within 30 days at BGH ED</li> </ul>
<p><b>Goal 4 - Mastery of Information</b></p> <p><b>Directions</b></p> <ul style="list-style-type: none"> <li>✓ Transparency and accountability through timely information to our people, our community, our patients and their families</li> <li>✓ Enhanced analytics, decision support, report writing and adoption</li> </ul>	
<b>Technology Adoption</b>	<b>Business Analytics</b>
<ul style="list-style-type: none"> <li>❖ Leadership Profix Usage</li> <li>❖ SharePoint Usage</li> <li>❖ Social Media Following</li> <li>❖ EOCDR Update</li> </ul>	<ul style="list-style-type: none"> <li>❖ Deployment of Finance Module</li> <li>❖ Deployment of Lean Module</li> <li>❖ Deployment of Clinical Data Analysis Model</li> </ul>



## Enterprise Risk Management

Enterprise Risk Management (ERM) is a dynamic process that is considered an integral part of all management and decision making functions within BGH. The Board of Governors provide the oversight to proactively consider the types of potential or actual risk that will impact BGH achieving strategic objectives and ensuring the long term sustainability of the organization. Senior Leadership sets out key priorities and ensures current risk control strategies are integrated across the organization; a culture of ERM is established and oversees implementation and follow-up of risk reduction and mitigation strategies by Senior Leadership, Directors, and Managers. All physicians and staff have a significant role in the management of risk which may range from initially identifying and reporting risks associated with their own jobs to participation in risk management processes.

## Integrating the BGH Strategic Plan into the Quality and Risk Management Framework

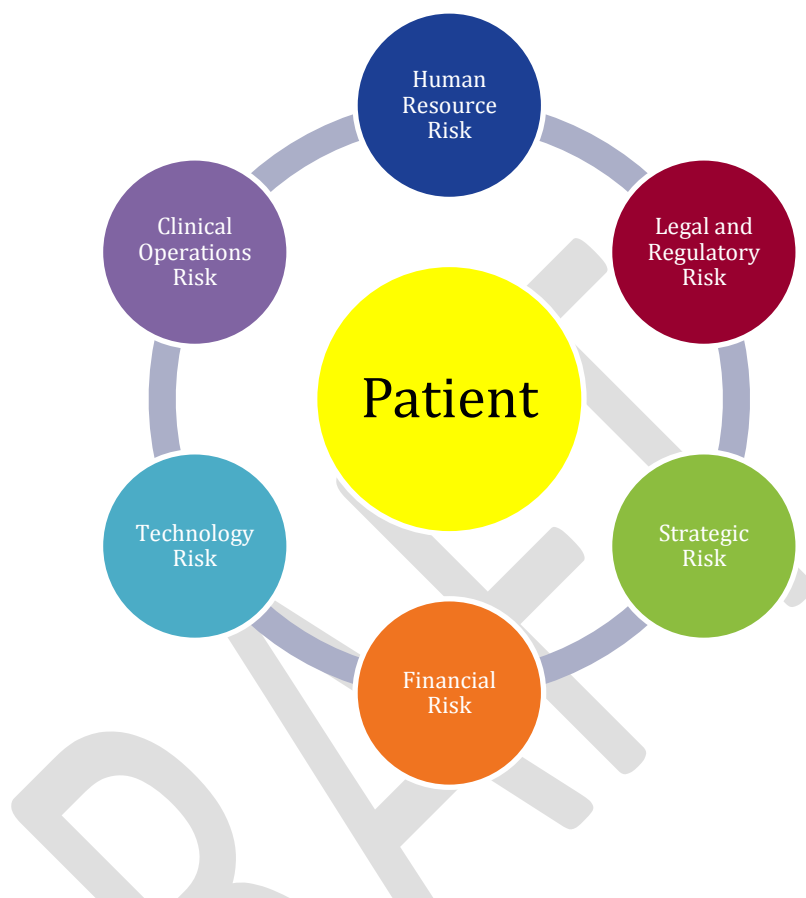
We are committed to achieving an integrated approach to Quality Management, Enterprise Risk Management, and Patient Safety. Our integrated program has numerous levels of leadership:

- ✓ Governance
- ✓ Physicians
- ✓ Senior Team
- ✓ Directors
- ✓ Managers
- ✓ Staff

The BGH 2014 - 17 Strategic Plan prioritizes excellence in the hospital experience by ensuring high performance and high quality. Safe quality patient care is a core value of BGH. Our goal is to continue to develop and further implement a culture of patient safety. An integrated quality, risk and patient safety framework ensures all levels of the organization are committed to patient safety and operate on the basis of the quality components within the framework to ensure our goals are achieved.

Research supports and demonstrates that Quality and Risk Management Goals are enhanced and achieved with the active measurement and monitoring of indicators supported by leadership, education, training, and accountability. The following diagram and framework illustrate the interdependence of the quality and risk priorities. BGH recognizes it is a delicate act to balance efficiency, effectiveness, safety, quality, patient satisfaction, and stakeholder accountability. Sustainable system improvements require working together. All health care providers at all levels are responsible for fostering a

culture of safety and quality to promote and support quality management, risk management, and patient safety.



ENTERPRISE RISK MANAGEMENT FRAMEWORK		
BUSINESS RISKS	RESOURCE RISKS	COMPLIANCE RISKS
<i>Risks that may relate to the delivery of health care that include internal and external factors impacting on the operations of the department</i>	<i>Risks that relate to the resources used by the organization to accomplish its objectives</i>	<i>Risks that originate from the requirement to comply with regulatory framework, policies, directives or legal agreements</i>
<b>Quality Care &amp; Patient Safety</b>	<b>Human Resources &amp; Staff Relations</b>	<b>Environment, Health &amp; Safety</b>
Admissions, Transfer & Discharge Patient assessment Care & Service Accessibility Care Plans/Service Plans Informed Consent Treatment, Procedures &	Human Resources Planning Competency & Staff Development Performance Management Compensation & Benefits Labour Relations	Environmental Impact Hazardous Material Handling Occupational Health & Safety Infection Control

Surgery Consults, Referrals		
<i>Dr. David Goldstein, COS Cathy Cassidy-Gifford, VP &amp; CNO</i>	<i>Cameron McLennan, VP &amp; CHRO</i>	<i>Cameron McLennan, VP &amp; CHRO</i>
<i>MAC Quality &amp; Patient Care Committee</i>	<i>Resources Committee</i>	<i>Resources Committee</i>
<b>Corporate Governance</b>	<b>Financial</b>	<b>Legal &amp; Regulatory</b>
Strategic Goals & Objectives Performance Reporting & Measurement Culture Research & Ethics Community Partnerships & Alliances Organizational Structure	Funding Allocation Planning & Budgeting – Operating Planning & Budgeting – Capital Financial Management & Reporting Insurance Internal Controls Fraud	Medical Staff By-laws Legislation & Regulations Contracts & Agreements Professional Licensing & Credentialing
<i>Tony Weeks, CEO</i>	<i>Matthew Armstrong, CFO</i>	<i>Dr. David Goldstein, COS Cathy Cassidy-Gifford, VP &amp; CNO</i>
<i>Board of Governors</i>	<i>Resources Committee Fiscal Advisory Committee Audit Committee</i>	<i>MAC Resources Committee</i>
<b>Operations &amp; Business Support</b>	<b>Information Systems &amp; Technology</b>	<b>Policies</b>
Quality & Risk Management Supply Chain Food & Laundry Services Facilities Management Health Information Management Communication Disaster Management Security Services	E-Health Strategy Infrastructure Access Control Network Security Data Integrity User Support	Clinical Policies Administrative Policies Internal Guidelines External Directives
<i>Cameron McLennan, VP &amp; CHRO</i>	<i>Cameron McLennan, VP &amp; CHRO</i>	<i>Cathy Cassidy-Gifford, VP &amp; CNO</i>
<i>Resources Committee</i>	<i>Resources Committee</i>	<i>Governance Committee</i>
<b>Reputation &amp; Public Image</b>	<b>Physical Assets</b>	<b>Standards</b>

Public/Media relations Patient Relations Government Relations	Asset Management Capital Construction Equipment Acquisition & Prev. Maint. Equipment Obsolescence & Replacement	Accreditation Standards Professional Regulatory Bodies Standards Committees
<i>Tony Weeks, CEO</i>	<i>Cameron McLennan, VP &amp; CHRO</i>	<i>Cathy Cassidy-Gifford, VP &amp; CNO</i>
<i>Board of Governors</i>	<i>Resources Committee Phase 2 Building Sub- Committee</i>	<i>Quality &amp; Patient Care Committee</i>

## Excellent Care for All Act 2010

BGH has met the expectations for the Board of Governors in the *Ontario's Excellent Care for All Act 2010*.

- The Quality and Patient Care Committee of the Board meets legislative requirements for membership and for implementing an annual quality improvement plan.
- The President and Chief Executive Officer proactively aligns strategic priorities with an Operating Plan which includes a Human Resources Plan as well as a Communication Plan. Operational projects and priorities support leadership, management, physicians, quality committee(s), and front line staff in meeting the prioritized quality, risk, and patient safety goals.
- The Vice President and Chief Nursing Officer and the Chief of Staff are responsible and accountable for the management of Sentinel Events. The most responsible physician/delegate ensures disclosure to the patient and family and documents disclosure in the patient's chart. The Quality & Risk Specialist supports and aggregates Sentinel Events for the Vice President and Chief Nursing Officer, the Chief of Staff, and the Quality and Patient Care Committee (QPCC) of the Board. The Chief of Staff reports Sentinel Events to Medical Advisory Committee and the QPCC and ensures aggregated critical incident data is reported at least two times per year to the board of governors.
- The Quality & Risk Specialist manages the patient relations process that reflects the content of May 2011 BGH Patient's Bill of Rights and Responsibilities, and the 2012 BGH Code of Conduct.

## Quality Improvement Plan 2015/16

Our 2015/16 Quality Improvement Plan (QIP) builds upon our 2014/15 QIP by including the indicators requiring further improvement as well as new indicators to align with Health Quality Ontario's priority indicators.

1. Reduce 90th Percentile ED Length of Stay for Admitted Patients.  
Current Performance = 12.67 hours (January 1 - December 31, 2014)  
Target Performance = 12.0 hours  
Target Justification: Our target is based on incremental, achievable improvement.
2. Improve Organizational Financial Health (Total Margin).  
Current Performance = -2.29% (cumulative from April 1 - December 31, 2014)  
Target Performance = 0% or greater  
Target Justification: Requirement to have a non-negative Total Margin as per the Hospital Service Accountability Agreement (HSAA).
3. Reduce Acute Alternative Level of Care (ALC) Rate.  
Current Performance = 7.74% (October 31, 2013 - September 30, 2014)  
Target Performance = 7%  
Target Justification: As per the 2013/14 HSAA.
4. Reduce 30 day Readmission Rate for Selected Case Mix Groups to any Hospital  
Current Performance = 16.88% (July 1, 2013 - June 30, 2014)  
Target Performance = 16.00%  
Target Justification: Our target is based on incremental, achievable improvement.
5. Improve Overall ED Patient Satisfaction (% patients who respond "Excellent", "Very Good", and "Good" to the question "Overall, how would you rate the care and services you received at the ED")  
Current Performance = 87% (October 1, 2013 - September 30, 2014)  
Target Performance = 89%  
Target Justification: Our target is based on incremental, achievable improvement.
6. Increase Proportion of Patients Receiving Medication Reconciliation upon Admission.  
Current Performance = 60% (November 2014 - February 2015)  
Target Performance = 75%  
Target Justification: A 25% increase in compliance is an achievable stretch goal, based on the organization moving to a hospitalist model of inpatient care.


## Accreditation Canada

Accreditation Canada's required organizational practice (ROPs), standards, and criteria within the eight quality dimensions will guide and support high quality patient focused care, services, and programs provided by BGH. As a patient moves through our hospital from admission to discharge one or more quality dimensions are inherent to the assessment and care of a patient.

For example, medication reconciliation would recognize the following dimensions:

- Client Centered service – Partner with me and my family in our care
- Appropriateness – Do the right thing to achieve the best results
- Safety – Keep me safe
- Continuity – Coordinate my care across the continuum

## Quality Dimensions

DIMENSION	TAG LINE
 Safety	Keep me safe
 Client-Centred Services	Partner with me and my family in our care
 Worklife	Take care of those who take care of me
 Efficiency	Make the best use of resources
 Appropriateness	Do the right thing to achieve the best results
 Accessibility	Give me timely and equitable services
 Population Focus	Work with my community to anticipate and meet our needs
 Continuity	Coordinate my care across the continuum

## Patient Safety Areas

1. Safety Culture	Create a culture of safety within the organization
2. Communication	Improve the effectiveness and coordination of communication among care/service providers
3. Medication Use	Ensure the safe use of high-risk medications
4. Worklife/Workforce	Create a worklife and physical environment that supports the safe delivery of care/service
5. Infection Control	Reduce the risk of health service organization-acquired infections and their impact across the continuum of care/service
6. Risk Assessment	The organization identifies safety risks inherent to its client population

There is an extensive organizational structure which includes committees, programs and services that formally and informally supports quality, risk and patient safety at BGH. Quality and Risk Management is accomplished through collaboration and communication amongst the board, leadership, physicians, management, staff and stakeholder groups.

### Formal Quality Committees

Quality and Patient Care Committee	Standing Committee of BGH Board of Governors; responsible for oversight of Quality practices for the hospital Terms of Reference within Policy of the Board <b>Access:</b> Sharepoint → Committee
Medical Advisory Committee	Supervision of the Medical Staff and Committee (s) Terms of Reference within Policy of the Board
Pharmacy and Therapeutics/ASP Committee	Reports to MAC Serves in an advisory capacity to MAC. Responsible to assess medication policy and procedures; policy recommendations for safe, effective, economical use of drug utilization, and the antimicrobial stewardship program to MAC.
Ethics Committee	Reports to Board of Governors and to MAC The Ethics Committee addresses ethical issues involving research and health care provision through education, policy development & review and consultation.

Privacy Committee	Reports to Senior Leadership Team The Privacy Committee is responsible for overseeing all matters where privacy issues are relevant.
Q CPR Development Team	Reports to IM/IT Steering Committee The QPCR/CPOE Committee is responsible for overseeing development of our Electronic Medical Record
Infection Prevention & Control	Reports to MAC Responsible for infection control programs
Joint Occupational Health and Safety Committee	Reports to Director of Human Resources and OH&S The Committee works collaboratively and proactively to identify and resolve health and safety issues and meet legislative requirements
Credentials Committee	Reports to the Medical Advisory Committee. Responsibilities include: Investigation of applicants for appointment, re-appointments, recording qualifications of professional staff and investigations.
Nursing Practice Council	Reports to Vice President and Chief Nursing Officer
Emergency Preparedness Committee	Reports to: Vice President and Chief Human Resources Officer Includes: the development and regular review of EP plans to deal with emergency situations and disruptions. Additionally, failure of persons who ordinarily provide services.

### BGH Safety Programs

Fire Safety Program	Fire Safety Program – ensures fire emergency plan is in place, fire prevention safeguards and devices are installed and properly maintained and staff training in prevention, safety and patient evacuation.
Lab Quality Coordination	BGH Lab is accredited by OLA



OLA	
Bill 21 Pharmacy Accreditation	Pharmacies are to be accredited by the College of Pharmacists of Ontario starting in 2015
Preventative Maintenance	Director of Facilities and BioMedical Equipment Specialist manage preventative maintenance scheduling and completion.

#### Quality and Enterprise Risk Management Schematic (next page)



## BGH Quality & ERM Schematic

