



Alexandra Hospital Ingersoll
Tillsonburg District Memorial Hospital

Quality Strategic Plan

Alexandra Hospital, Ingersoll and Tillsonburg District
Memorial Hospital

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1. INTRODUCTION

Alexandra Hospital, Ingersoll (AHI) and Tillsonburg District Memorial Hospital (TDMH) have a rich history of providing excellent, compassionate care. As small community hospitals, we pride ourselves in providing high quality and safe patient care. In order to support and sustain quality care in our communities in this complex and constrained environment, as well as meet our patients' and their family's expectations, it is imperative that AHI and TDMH define a quality strategy.

In order to be effective, this quality management system needs to support the foundation of our business and permeate the organization from top to bottom, corner to corner, Board to bedside. With a quality approach being adopted organization-wide, AHI and TDMH will have the vision and the platform in place to: identify clearly and visibly responsibility and accountability for quality; understand our successes and where quality can be improved; encourage staff to challenge status quo, no matter how good the organizations are perceived to be; and, strive to continually implement improved processes with the goal of better quality outcomes.

The following quality strategy outlines our vision, strategy and key recommendations. It is meant to signal to the hospitals, our patients, their families and our community what our commitment to quality improvement is and what we will need to put in place to enable this work.

2. OUR JOURNEY

Defining Quality

Quality of care has different meanings to different people. These differences are not wrong rather reflect the notion that quality is complex and can be viewed in many ways. As we embarked on our quality journey, we determined it necessary to craft a formal definition of quality to create common language and understanding; to achieve staff and physician buy-in; and, to enable a comprehensive and systematic approach to make real gains in quality.

The first step in our refreshed quality journey began with a Quality Advance which took place in April 2018. The goal of this facilitated exercise was to collectively focus on the present and ever-present future. Through the engagement of Board members, physicians, leadership to front line we were able to understand the science of quality; explore what quality healthcare meant to each of us; celebrate what our organizations were currently doing to ensure quality care and outcomes; and, define our vision and what will be necessary to get us there.

As an outcome to this session, TDMH and AHI will be known for providing *exceptional care close to home, to every patient, every time and by everyone*. This definition fosters our commitment to our patients and their families with a goal to provide the best care possible.

The following further defines our vision:

Exceptional Care Close to Home: AHI and TDMH will provide care that is safe, effective, patient-centred, efficient, timely and equitable. We will work to understand the needs of our patients and their families and do our very best to exceed their expectations.

Every Patient: We will ensure that every individual seeking healthcare at AHI and TDMH receives the highest quality care. We will ensure that their care is patient-centred, fair and appropriate regardless of gender, age, sexuality, race, ethnicity, geographic location and socioeconomic status.

Every Time: We will foster a quality culture that is nimble and focuses on creating an environment that supports quality through empowered quality leaders, healthy staff, effective teams and supporting structures.

By Everyone: We will ensure that each and every person who enters our doors has a role to play in quality and that they understand this role. The quality of care provided at TDMH and AHI will be the outcome of positive experiences and positive outcomes by staff, volunteers and patients and families.

[The Next Phase of our Journey](#)

Now that our vision has been established, the following short, medium and longer term strategies (as outlined in *Appendix A*) will be formalized to help us move toward our desired future state where there is a relentless focus on quality and safety woven into the fabric of our hospitals:

1. A great vision for change is only as good as how effectively it is communicated. To ensure that our vision is impactful, AHI and TDMH will allocate resources and time to create, define and communicate our vision. AHI/TDMH will utilize a number of communication strategies including: branding, awareness videos, posters, banners, website, media, etc. Our goal will be to communicate our vision in a way in which it is powerful, understood and where our patients, their families and staff can envision the outcome. To support organizational transformation, communication will be frequent and ongoing. Feedback will be sought from staff, volunteers, patients and families and AHI/TDMH will ensure that communication is encouraged, top down and bottom up.
2. In June 2010, the *Excellent Care for All Act* required all hospitals to develop a patient declaration of values through public consultation. AHI/TDMH will demonstrate our commitment to our



patients by seeking input from them about our new vision. Our goal will be to understand what this commitment means to them as individuals receiving care at our organizations. With this feedback, we will engage our teams and work together to understand what it is that AHI and TDMH can do to meet the expectations of our patients. The outcome of this exercise is an updated declaration that truly reflects the values of our patients and what we will commit to do to support them and their outcome.

3. In order to deliver the best patient experience, we must create a culture of continuous quality improvement. A key priority will be to embed quality improvement and the patient and family perspective in our corporate strategy and objective setting and to further align corporate plans with new/ongoing local and provincial priorities. As AHI/TDMH pursues partnership activities, we will ensure that the best possible patient experience is always the goal and that a quality improvement lens underpins all new activities. On an ongoing basis we will hold each other accountable for our role in quality by incorporating quality improvement goal setting into our performance management system.
4. AHI and TDMH have purposefully identified quality as a focus. Quality improvement activities will be driven by the passion of staff and physicians on the front line and supported by leadership and the Board. A critical next step will be to develop the capability of our people across all departments and disciplines to successfully support quality improvement.
 - As an introduction to the organization, each new Board member, staff, student, physician, volunteer and affiliate will be orientated to our quality vision. We will develop a ‘customer service’ orientation targeted at what matters most for our patients based on their experience. It will be our goal that everyone interacting with our patients understands and can articulate the role they play in quality.
 - We will build capacity for staff and physicians at all levels of the organization to understand and explore his or her ideas about quality improvement as well as actively participate in continuous quality improvement. We will assess learning needs, develop and implement an education and professional development strategy to support quality improvement capacity. To encourage involvement, and to raise awareness, each department will be encouraged to implement at least one quality improvement initiative annually. To support this, quality improvement will be a standing item on all department agendas.
 - Organizations change when people change. Change efforts often fail when we fail to pay attention to the people side of change. Going forward, we will develop a change leadership framework that will support quality improvement and ensure our success. Our framework will include assessing the readiness for change of those who are meant to implement and adopt the new initiative. We will also ensure that each quality improvement initiative is championed by internal experts, at all levels of the organization, who will guide the development of the action plans.

- In order to create a dialogue, and to share ideas for improvement, we will develop and implement a plan for ongoing and intentional leadership engagement with front line staff and patients. Leadership at all levels will make it a priority to be visible and present.
 - To facilitate the creation of a strong quality improvement culture we will develop and implement a communication and recognition strategy that celebrates both significant and day-to-day achievements. Sharing and celebrating our successes both internally and externally will inspire new ideas and recognize people for their achievements. This will require the commitment of everyone in the hospital - from Board to bedside.
5. A key element of our vision is the importance of patient and family centredness. We commit to advancing patient and family centredness so that we can make solid gains and ensure that patients and their families are firmly placed as partners in their care. We will identify opportunities to incorporate the patient and family voice in decision making at the unit, department, and organizational levels and we will seek ways to better leverage and embed our patient declaration of values across the hospital. We will continue to engage our patients, their families and staff to obtain feedback and to make meaningful changes in process and/or systems.
6. To ensure a coordinated approach to quality improvement we will adopt standardized tools, templates and guidelines to support quality improvement projects while improving the capacity of our people to own and lead quality improvement in their areas.
- To support our key priority, we will establish a formal process to approve, prioritize and allocate resources for quality improvement initiatives.
 - We will utilize quality improvement tools that are informed by best practice for project management and embrace quality improvement principles. These supports will lead to higher quality processes and outputs and in turn improve patient and staff satisfaction. It will be our priority to provide standardized quality education and tools to all staff, physicians and volunteers.
 - We will devise a clear and defined process that will assist in the prioritization of quality improvement projects and ensure that this work is multidisciplinary. As initiatives are identified, we will continually assess and coordinate alignment of expertise to support front line champions. To track our success, we will create and maintain an up-to-date inventory of expertise and quality improvement activities.
 - To measure and benchmark our success, as well as to support quality improvement, we will develop and implement a strategy for data management and analysis. We will use a combination of scorecards (strategic) and dashboards (operational) to present meaningful data and to allow all staff and physicians to track their quality improvement goals.

Encouraging each department to monitor its performance across a range of quality indicators promotes engagement, encourages accountability and provides opportunities to share learnings.

- o To be successful, internal structures to support and sustain quality improvement are necessary. At AHI and TDMH, the *Integrated Quality and Patient Safety Committee* assumes accountability for quality improvement activities and maintains open communication with the *Medical Advisory Committees*. This committee reports to the *Integrated Board Quality Committee* which actively partners in quality and patient safety while providing overall strategic guidance and leadership to quality governance. AHI and TDMH are committed to conducting a review of existing quality committee structures to ensure appropriate composition, process and reporting structures are in place to support quality.

3. FINAL THOUGHTS

It was important to AHI and TDMH to develop a vision that provides clarity and direction and builds on the great work and culture of our organizations. This strategy captures our definition of quality improvement and clarifies our priorities. Our ongoing commitment to quality will drive an internal focus on quality improvement and positions AHI and TDMH well to respond to changes in legislation and other external initiatives that develop.

Developing and sustaining a quality improvement culture will be a long journey. However, our ability to have visualized and articulated a possible future state for our organizations will be a vital component of our success. We will continue to leverage our successes and learn from our experiences, and from each other, in order to drive quality improvement in a systematic and meaningful way.

Appendix A: Quality Improvement (QI) Strategy Roadmap

ACTIVITY	PERIODS							
	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4
PHASE 1: Develop a Clear Vision on Quality at All Levels								
Conduct comprehensive internal/external scan & engagement	■							
Synthesize information & develop formal strategic framework	■							
Seek input, approve & communicate quality improvement vision	■	■	■	■				
PHASE 2: Create Internal Structures to Support & Sustain Quality Improvement								
Embed QI and the patient perspective in corporate strategy and objective setting								■
Align corporate plans with new/ongoing local and provincial priorities.				■				
Enhance QI committee structures. Incorporate patient voice in decision making.		■	■					
Establish a formal process to approve, prioritize and allocate resources for QI initiatives				■				
Adopt standardized tools, templates and guidelines to support QI projects					■			
Develop a change leadership framework to support QI					■			
Develop and implement a strategy for data management and analysis to support QI				■	■	■	■	
PHASE 3: Quality Improvement Accountability, Engagement & Awareness								
Build capacity for Board, Physicians, Leaders and staff at all levels to understand and actively participate in continuous QI					■	■	■	■
Develop & implement a system for providing continued support, communication and recognition of our shared QI vision and success stories					■	■	■	■
Develop and implement a plan for ongoing leadership engagement with front line staff					■	■	■	■