

# Governance Quarterly

## Winter 2011

### Key Indicators of Quality: Understanding the Big Dots

Improving the quality of patient care is a key focus of Trillium's Board of Directors. To do that, Trillium had to define what quality means to the organization, and create specific measures that would show how quality was improving at an organizational level. They have been dubbed the "Big Dot Indicators."

#### Defining Quality

Big Dot Indicators are statements that define Trillium's quality goals in simple terms. They are measurable so that the Board can see specifically how changes implemented affect the indicator. They are also compare-able, so that Trillium can measure its quality standards against other hospitals, and against provincial and national standards.

#### Aligned with Strategic Plan

Trillium's strategic plan is the guiding document for the organization. Each of the five themes in the plan – Quality by Design, Operational Excellence, Integration & Partnerships, Learning & Innovation, and Outstanding People – helps direct the Board, management and staff of Trillium in fulfilling our mission: anticipating and responding to the changing unique and diverse health care needs of our patients and community.

The Big Dot Indicators define and measure success for each of our strategic themes. They show specifically how well we are doing at achieving the goals set out by the strategic plan.

#### Creating Common Goals

Trillium is always searching for new ways to improve the quality of care we provide, and the quality of our organization. By using Big Dot Indicators, Trillium has created common goals for the entire organization. Whenever a quality improvement project is proposed, it must demonstrate how that project aligns with the organization's goals, and how it will affect the Big Dot Indicators. This keeps the entire organization moving in the same direction.

#### Our Big Dot Indicators, and What They Mean

##### Quality By Design

- **ED Wait Times:** Reducing the wait times in the Emergency Department so patients can get the care they need faster.
- **Patient Satisfaction:** Raising the level of service in the hospital so our patients are even more satisfied with the overall level of care and service at Trillium.
- **Pressure Ulcers:** Further reducing the number of pressure ulcers (bed sores) suffered by bed-ridden patients at Trillium.

- **Hospital Standardized Mortality Ratio:** Maintaining and further reducing Trillium's number of annual in-hospital deaths below the expected number of annual in-hospital deaths for a health centre of our size.

### **Operational Excellence**

- **Total Margin:** Maintaining a balanced budget with the targeted ratio between revenues and expenses to ensure proper funding for patient care and operations.
- **Current Ratio:** Managing the hospital's expenditures and maintaining funds to ensure Trillium's short-term assets are sufficient to cover the cost of Trillium's short term financial obligations.

### **Integration & Partnership**

- **% ALC Days:** Reducing the number of days that hospital beds are taken up by patients ready for discharge but requiring an alternative level of care (ALC) in the community.

### **Learning & Innovation**

- **Number of Staff Receiving Training:** Enabling staff to learn new skills and techniques to better serve our patients.

### **Outstanding People**

- **Staff Satisfaction:** Because staff satisfaction directly affects patient satisfaction, ensuring that Trillium staff finds their work environment satisfying and fulfilling.
- **Staff Retention (Turnover) Rate:** Increased our already high staff retention rates to ensure Trillium has qualified, experienced staff to care for its patients.

## **Focusing on Quality**

"It's not what we do but how we do it that will define us as a quality organization." – Janet Davidson, O.C.

At Trillium Health Centre, we know that our constant goal is to better care for our patients. We have been working throughout the organization to make real improvements, and we are seeing very positive results. Below are three of the key quality initiatives that Trillium is undertaking.

### **Organization Wide Quality Improvement**

Redesigning and improving processes and eliminating waste are the focus of Trillium's organization-wide quality improvement processes. Using Lean – a methodology that drives out waste so that all work adds value and serves the customers' needs – Trillium is finding ways to improve the processes in the hospital. When applied throughout an organization, Lean principles can improve our capacity and timely delivery of services.

To begin, we are focusing our efforts on three areas that will have the greatest possible positive impact on the key indicators of success for our strategic plan: Emergency, Critical Care, and Alternate Levels of Care.

In Emergency and Critical Care, we completed value stream mapping – a Lean method of identifying opportunities for process improvements. This led to the development of a

number of projects and Kaizen events – four-day, results-driven events that design, trial and implement changes that improve processes.

The improvements that result from these events are tracked daily and visual monitoring tools are used to show results and ensure ongoing sustainability of the initiatives. The changes that have been implemented to date have demonstrated the strength of this approach and real improvements in the system from the perspective of the patient.

We will continue to work throughout the organization to implant changes that will improve our patients' care and align with our strategic plan. We have begun Value Stream Mapping for Alternate Level of Care and are beginning work in Oncology in the near future.

### **Emergency Department Performance Improvement Plan**

Reducing the time patients spend in the Emergency Department is critical to improving community satisfaction with the health centre. The Emergency Department Performance Improvement Plan (ED-PIP) is focused on doing just that, and the results have been impressive.

Supported by the Ministry of Health and Long Term Care, ED-PIP is not just a Trillium initiative. Rather, 17 hospitals across the province are participating in the initiative, enabling the hospitals to share successful strategies and knowledge.

ED-PIP does not just look at the processes in the Emergency Department. Instead, it looks for long-term, sustainable changes throughout the organization that will reduce patients' Length of Stay (LOS) in the ED, and the flow of patients through the organization.

**The Results:** Even though Emergency Department visits increased six per cent at the Mississauga site and 11 per cent at the West Toronto site between April and October 2010, compared to the same dates in the previous year, Trillium successfully reduced both its overall ED length of stay and average time waiting for a physician's initial assessment. The percentage of patients who "Left Without Being Seen" has also decreased at both sites.

### **The Roadmap to Excellence in Healthcare**

Trillium strives to ensure that every patient receives excellent care. So, rather than developing "centres of excellence" within the hospital, Trillium developed the *Roadmap to Excellence in Healthcare*, a framework within which any health system and business unit can achieve excellence.

When a health system or business unit uses the Roadmap to Excellence framework, The staff use evidence-based criteria to assess where they are today, where they want to be and how they plan to get there. The result is a three-year, mini strategic plan with defined objectives, measurable outcomes and action plans, all of which are in alignment with Trillium's strategic plan.

## Leading the Way on the Excellent Care for All Act

When the Excellent Care for All Act (ECFAA) came into law in spring 2010, Trillium was already compliant with many of the requirements of the Act. Here's an overview of three key parts of the ECFAA:

**Quality Committee:** All hospitals are required to have a quality committee that reports to the Board of Directors on quality issues, makes recommendations and oversees the quality improvement plan.

The Trillium Board already has a Board Quality Monitoring Committee. In addition, the organization has the Medical Advisory Committee and its subcommittees, Clinical Operations, the Nursing Advisory Committee and others.

**Patient Relations and Surveys:** Hospitals must implement a patient relations process and conduct surveys every year of persons who receive service and, their caregivers, staff and service providers, every two years.

Patient Relations has been a part of Trillium's culture for many years. It is highlighted on our website as a resource to patients, families and community members. Trillium staff is well-educated about Patient Relations and refer patients to the service when appropriate. In the past year, Trillium's Patient Relations practices and policies have been reviewed and updated to reflect a continuous drive for quality and shared accountability among all staff, physicians and health systems.

Patient Satisfaction surveys are an important source of rich information. At Trillium, we regularly participate in NRC Picker Surveys of patients who have received care and services. Family members or shared decision makers are invited to complete surveys for patients who are unable to do so on their own.

In addition numerous surveys are conducted within the health systems, including day-of-discharge surveys for all inpatients, post-operative surveys for day surgery and inpatient surgery patients, and surveys of those using Trillium's diagnostic imaging services, to name a few. Trillium also conducts staff satisfaction surveys.

**Patient Declaration of Values and Annual Quality Improvement Plan:** All hospitals are required to undertake public consultations to develop a patient declaration of values and develop an annual quality improvement plan. This plan must take into account the surveys, data from the patient relations process and other incident-related information. The plan must contain performance improvement targets and link to executive compensation.

Trillium developed its Philosophy of Care with input from 19 focus groups made up of recent hospital inpatients, community agency staff, direct care providers, volunteers, administrative staff and other key stakeholders. This document is serving as our Patient Declaration of Values, and is being re-validated through client focus groups, in accordance with the legislation.

A Quality & Patient Safety Plan was developed in spring, 2010. Originally intended to last three years (as a mirror and expansion of our three-year strategic plan), the plan will now be re-examined and approved each year as part annual operating planning cycle.

### **Changing Legislation**

Legislative changes continue to come as the Government of Ontario works to improve the lives of patients and maintain transparency in the working of our hospitals. Recent amendments to the Public Hospitals Act, and the new Broader Public Sector Accountability Act and Freedom of Information and Protection of Privacy Act have resulted in new challenges for health care institutions. Trillium Health Centre is working with the OHA and the Government of Ontario to ensure that, as these changes become law, Trillium will maintain its place as a leader in compliance.