



CREDIT VALLEY
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Enhancing Emergency Department Patient Experiences through Strategic Quality Improvement

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The Credit Valley Hospital

Ontario Hospital Association Webinar

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Presentation Overview



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- **Our Strategy: Together We Create Better Health Care**
 - Our 5 Year Plan and the ED Strategic Imperative
 - Quality Improvement Plan: It's a Big Dot
- **Our Emergency Department (ED)**
 - ED Scope and Size
 - Challenges and Opportunities
- **Our Approach**
 - Past, Present & Future Improvement Initiatives
- **Measurement and Engagement Tools**
 - Performance Reporting
 - Patient Experience on a Page
- **Lessons Learned and Next Steps**





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Our Strategy



Together We Create Better Health Care



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STRATEGIC PLAN 2010-2015

The Credit Valley Hospital Strategic Plan 2010-2015

OUR MISSION

To deliver safe, quality and patient centred hospital care, directly and through partnerships

OUR VISION

Together We Create
Better **H**Health Care



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OUR VALUES

Excellence
Diversity
Leadership
Partnership

Quality

STRATEGIC GOALS

Access

Sustainability

STRATEGIC DIRECTIONS



Patient Centred Care



Quality Hospital Care



Leadership, Partnership, Integration

STRATEGIC FOUNDATIONS

Enabling Services



People

Clinical Supports





The ED is the Front Door of the Hospital

- Emergency Department success relies on everyone
- Strategic directions include:
 - Continued improvement in ED outcomes (*Quality*)
 - Focus on Reducing ED Wait Times (*Access*)
 - Desire to integrate services to better deliver care where most appropriate (*Sustainability*)
- Quality Improvement Plan (QIP) was tailored to fit plan already underway across organization and in ED

Quality Improvement Plan



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Goal 3: PATIENT EXPERIENCE

- To continually improve and enhance the patient's experience as measured by Emergency Department patient satisfaction being at or above our peer scores by March 31, 2012.

Planned Actions

- Improve Time to Physician Initial Assessment
- Improve Pain Management
- Improve Communication related to Reasons for Waits
- Enhance our Patient Relations Process
- Implement the Living Our Promise program to improve the leadership and customer service skills of each and every staff member and physician

INDICATOR	CURRENT RESULT	TARGET YEAR 1	TARGET YEAR 2	TARGET YEAR 3
Emergency Department – Percentage Satisfied with Overall Care Received	80.2%	82%	84%	86%

It's a Big Dot!



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- **Strategic Measurement:**
 - ED Satisfaction and Wait Times are Big Dots
- **Strategic Leadership:**
 - Demonstrates each programs connection, role and responsibility for ED issues
- **Strategic Accountability:**
 - Included as part of QIP Executive Compensation
 - Enabled issue to be raised and highlighted per above
 - Focused Board, MAC and creates accountability for all executives





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Our Scope, Challenges and Opportunities

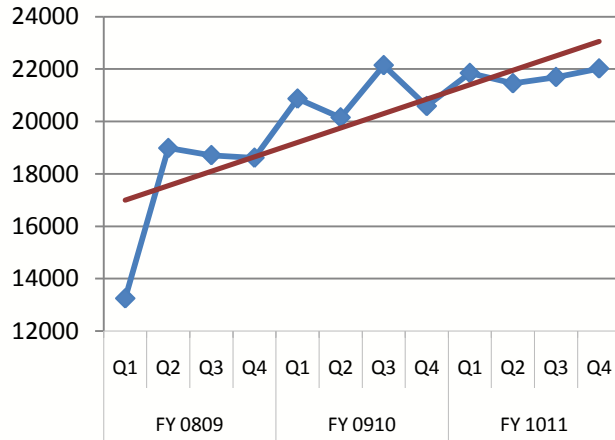


Emergency Program: Performance Graphs

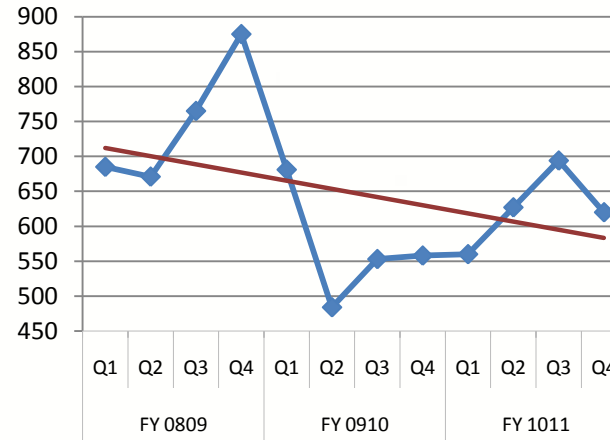


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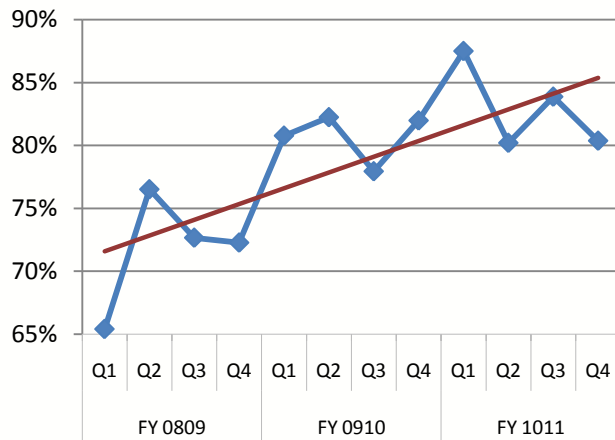
Volume



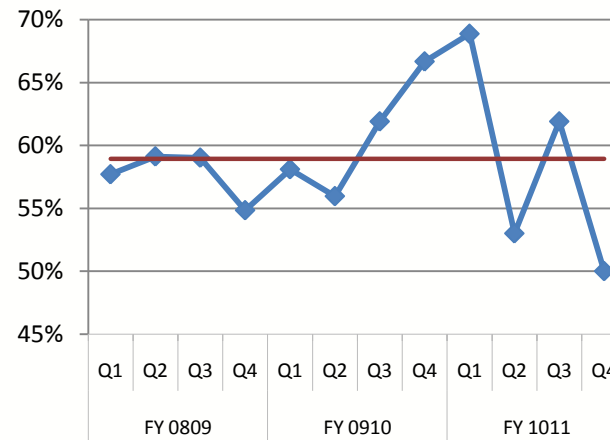
Left Without Being Seen



Overall Quality of Care (%)



Physical Comfort (%)



2010-11 Stats

- \$13.1 Million budget
- 112 FTEs
- 87,010 visits
- 11.7% Admitted
- 2.7% Left Without Being Seen
- Low Acuity Non-Admitted Wait Time: 94.8% within 4 hours
- High Acuity Non-Admitted Wait Time: 95.7% within 8 hours
- ED Admit Length of Stay within 8 hours = 35.1%
- Satisfaction with Overall Care Received = 82.9%

ED Challenges and Opportunities



Challenges

- Physical plant (ED built in 1986 to accommodate 45,000 visits; in FY 2010/11 saw over 87,000 pts)
- Population in Mississauga has increased approx. 51% since 1986 and is forecasted to grow an additional 8% by 2031
- No affiliated Urgent Care Centre
- No designated area to stream paediatric patients
- Support services not available 24/7 (Crisis Team, DI services)
- High volumes of ER Admit patients
- Regional Call System
- Providing appropriate care settings for Mental Health patients

Opportunities

- Development of an organization-wide Patient Flow Strategy including optimization of 'Express Beds'
- Explore alternate care settings for Regional Call System
- Enhance and replicate 'follow-up clinics' to facilitate safe and timely discharge of certain patient groups
- LHIN Initiative Funding
- Optimize scope of practice of Nurse Practitioner and expand role of Emergency Psychiatric Nurse
- CVH – Trillium Merger (standardized care and processes between sites)



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Our Approach





- Philosophical shift (circa 2005)
 - Organization-wide adoption of patient & family-centred care
 - Use of data to influence change
 - Physician engagement & alignment
 - Enhancing volunteer roles and patient engagement
- Sequential vs. parallel processing
 - Implementation of cycling areas:
 - Rapid Assessment Zone (RAZ)
 - Treatment & Assessment Care Centre (TACC)
- LEAN initiatives to achieve efficiencies
 - Value stream mapping
 - 5S (Sort, Straighten, Shine, Standardize, Sustain)



Current and Future Activity



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New initiatives underway include:

- Empowering staff & physicians
 - Quality Board (focusing on our 3 areas earmarked for improvement – hand hygiene, pain management and AIDET)
- Empowering patients & families
 - Printed Patient Discharge Folder (including ED visit summary, discharge instructions, medication template; instructions to bring to next appointment with family physician)
- Empowering accountability
 - Introduction of Quality, Safety & Risk (QSR) Sub-committee, co-chaired by RN and MD, with quarterly focus on patient satisfaction (NRC Picker results + pt relations data)



Quality Board Huddles: Daily Improvement



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Three Daily QI Projects

- Pain Management
- Hand Hygiene
- AIDET Communication
(Acknowledge, Introduce, Duration, Explanation, Thanks)

Our Next Steps...



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- Visual communication of real-time information to patients & families
 - Electronic dashboard of data including wait times, infection control, public health & promotion initiatives, etc.
- Evidence-based tools to enhance patient experience including:
 - Discharge follow-up phone calls strategy (prioritizing patients if 100% calls cannot be achieved)
 - Hourly rounding on all patients in each of the cycling areas





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Measurement and Tools: Focusing on What Matters



Performance Reporting “On A Page”



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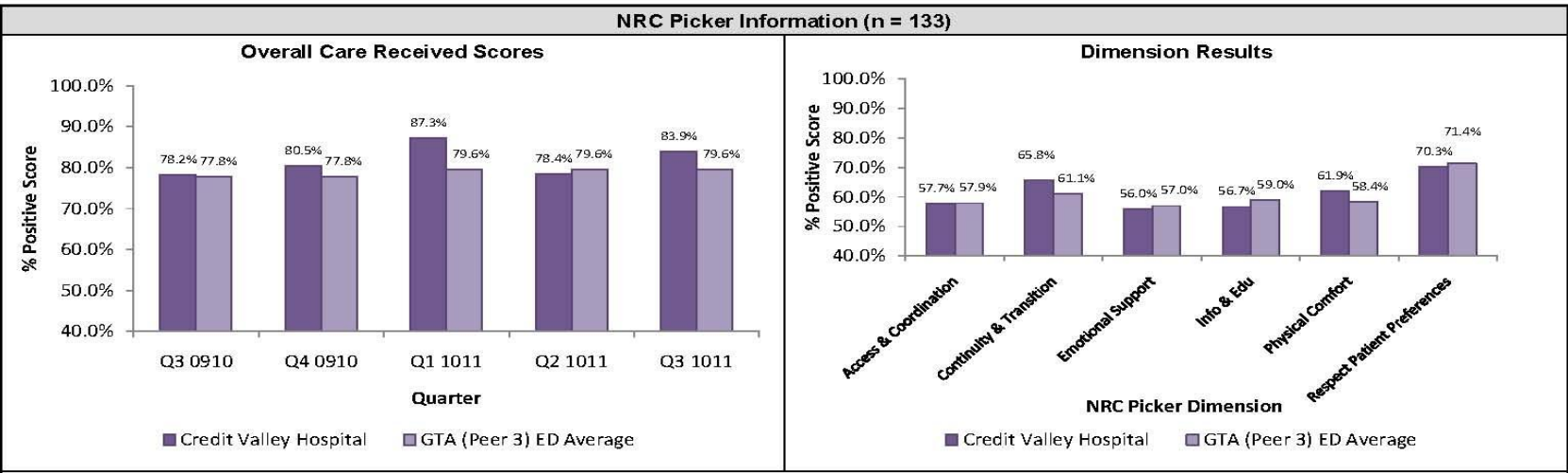
- Previous to 2009, performance reporting was regulatory in nature, based on accreditation cycle, board reporting or the squeaky wheel theory.
- CVH adopted a standardized reporting model in 2010
- 5 standard products are issued:
 - Program on a Page (Goal Snap Shot – Semi-Annual)
 - Scorecards (Overall Performance – Quarterly)
 - ***Patient Experience on a Page (Survey & Patient Relations Data – Quarterly)***
 - Safety Events and Risk on a Page (Incident Data – Quarterly)
 - Physician Performance on a Page

Performance Report	April	May	June	July	August	September	October	November	December	January	February	March
Program on a Page												
Scorecard												
Patient Experience on a Page												
Safety Events on a Page												
Physician Performance on a Page												
Government Accountability Reports	Desk Top	Desk Top	Desk Top	Desk Top	Desk Top	Desk Top	Desk Top	Desk Top	Desk Top	Desk Top	Desk Top	Desk Top

Patient Experience on a Page



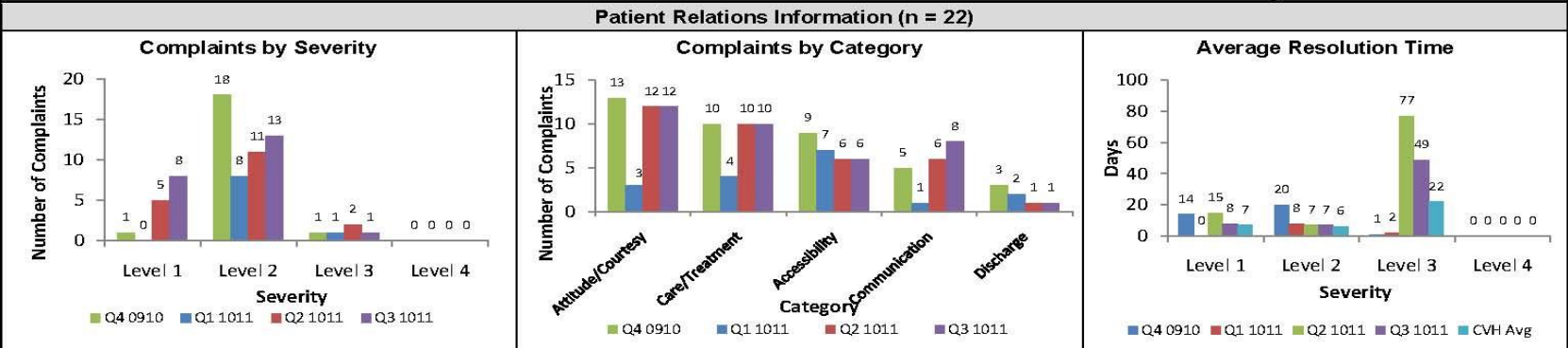
 CREDIT VALLEY <small>THE CREDIT VALLEY HOSPITAL</small>	<h2 style="margin: 0;">Patient Experience on a Page: Emergency Department</h2>	Q3 FY1011
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Recurring themes from the NRC Priority Matrix (example on Page 2) over past 5 quarters:

Opportunities for Improvement

1. Explained reason for ED wait
2. ED nurse discussed fears/anxieties
3. ED did all it could to control pain
4. Waited too long to see ED Dr



L1= lowest severity & L4 = highest severity



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Lessons Learned



Lessons Learned



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- ***Leadership Matters***
 - Emergency Chief, Director and Manager jointly sponsor the QIP agenda
- ***Corporate Alignment: It's a Big Dot***
 - Quality Improvement Plan and Metrics designed to address flow, quality, and patient centred care broke down silo between Emergency Department and inpatient units.
- ***Tools: A Standard Approach***
 - Quality Board enables Front Line Daily Engagement on Issues that Matter
 - “On a Page” presentation enabled data to be read easily
- ***Patients speak in one voice but two ways: Survey Data & Patient Relations***
 - Combining patient relations information with data enabled greater understanding of entire experience
- ***Staff and Physician Engagement***
 - Communication of ‘the why’ is critical
 - Recognition of achievements



Contact Information



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