

# **From Boardroom to Bedside: Building a Quality Culture**

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# Presentation Overview

- 3 Years Ago...
- Strategic Plan Reporting
- Board Scorecard: Cascading Quality
- Quality Committee and the Patient Credo
- Key Enablers
- Lessons Learned

# What have I gotten myself into?

HSMR

Strategic Planning

VAP

SSI

CTAS

NRC+Picker

Wgt Case

**Board Member**

Wait Times

DAD/NACRS



MCC

Readmission Rates

CLI

RIW

ALOS & ELOS

CMG+

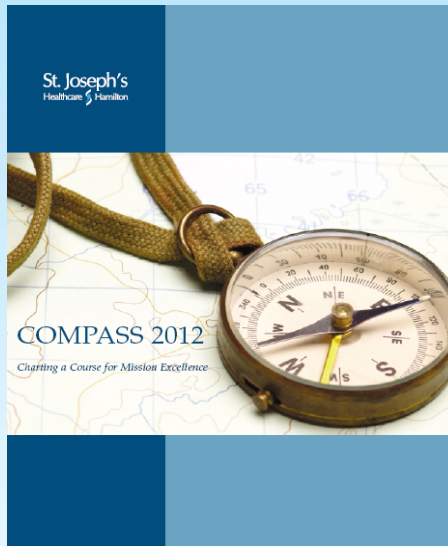
Typical vs. Atypical

No-Net Bed Day

ALC Days

# A New Plan – A New Culture

## Board Requests



- Reporting = Educating
- Strategic Information
  - Plan Update
  - Metrics Update
- Simplify Information
- Remind us of Outcomes

# Strategic Plan Updates

- Embed Strategic Planning into Agenda
- Quarterly Reporting
- Created Strategic Plan Tracking Board
  - Clinical Goals
  - Corporate Goals
- Provides the “Qualitative” Information

# Strategic Goal Tracking Board



## Strategic Goal Tracking Board: CORPORATE

The Strategic Goal Tracking Board is a tool used by the SJHH Board of Trustees to track the progress of goals outlined in the Compass 2012 Strategic Plan.

Strategic Initiative	Initiative Vision Statement & Current Strategic Goals			
<b>Information Management</b>	We will enhance our information systems to play a greater role in delivering quality patient care.			
	Implement the Electronic Health Record	Support Performance Measurement and business sustainability	Strengthen Core Systems	
<b>Patient Safety</b>	We will become one of Canada's safest academic hospitals by building on our culture of shared responsibility through open communication and teamwork among our healthcare professionals, patients, and families.			
	Implement medication reconciliation across the continuum of care	Implement a strategy to reduce Code White Calls	Become leaders in Hospital Standardized Mortality Ratio & Mortality Reviews	Enhance the role of the Board in Patient Safety & Quality Oversight
<b>Performance Measurement</b>	St. Joseph's Healthcare will be a leader in measuring performance and using evidence to improve quality of care.			
	Improve data documentation to improve RIW	Enhance our Quality Management Framework by conducting Quality Improvement Projects in each of our clinical areas	<b>Corporate Patient Flow</b>	
<b>Quality of Work Life</b>	Our workplace will retain, attract, and inspire the best and brightest.			
	Implement an organization-wide wellness strategy	Align compensation with performance for non-union employees	Invest in formal salary administration program	
<b>Service Excellence</b>	Built on the historical roots of the Sisters, we will create an environment where communication, learning, and performance lead to greater accountability.			
	Implement standard corporate-wide patient and staff surveys	Establish a central compliments depository and complaint recovery process	Launch organization-wide Standards of Behaviour and process	
<b>Research Excellence</b>	We will foster a culture of research excellence by connecting research resources with multidisciplinary teams who are uniquely equipped to explore complex questions relevant to SJHH.			
	Establish new laboratory space	Co-locate all research areas into one space to enhance synergies and efficiencies	Partner with McMaster University to establish salary support program for basic scientists	<b>Bridge Finance FSORC for 2008-09 Base Budget Year</b>
<b>Resource Management - "Green Program"</b>	We are committed to using our human, fiscal and time resources responsibly and to protecting the environment.			
	Implement a Green Program to: Protect the Environment, Conserve Resources, Promote Healing, and Encourage Healthy Work Spaces			
<b>Legend:</b>	Not Started	In Progress, Not on Target	In Progress, On Target	Achieved

# **The Scorecard & Quality**

**How Boardroom discussions  
cascade to the Bedside**

# Scorecard Dynamic



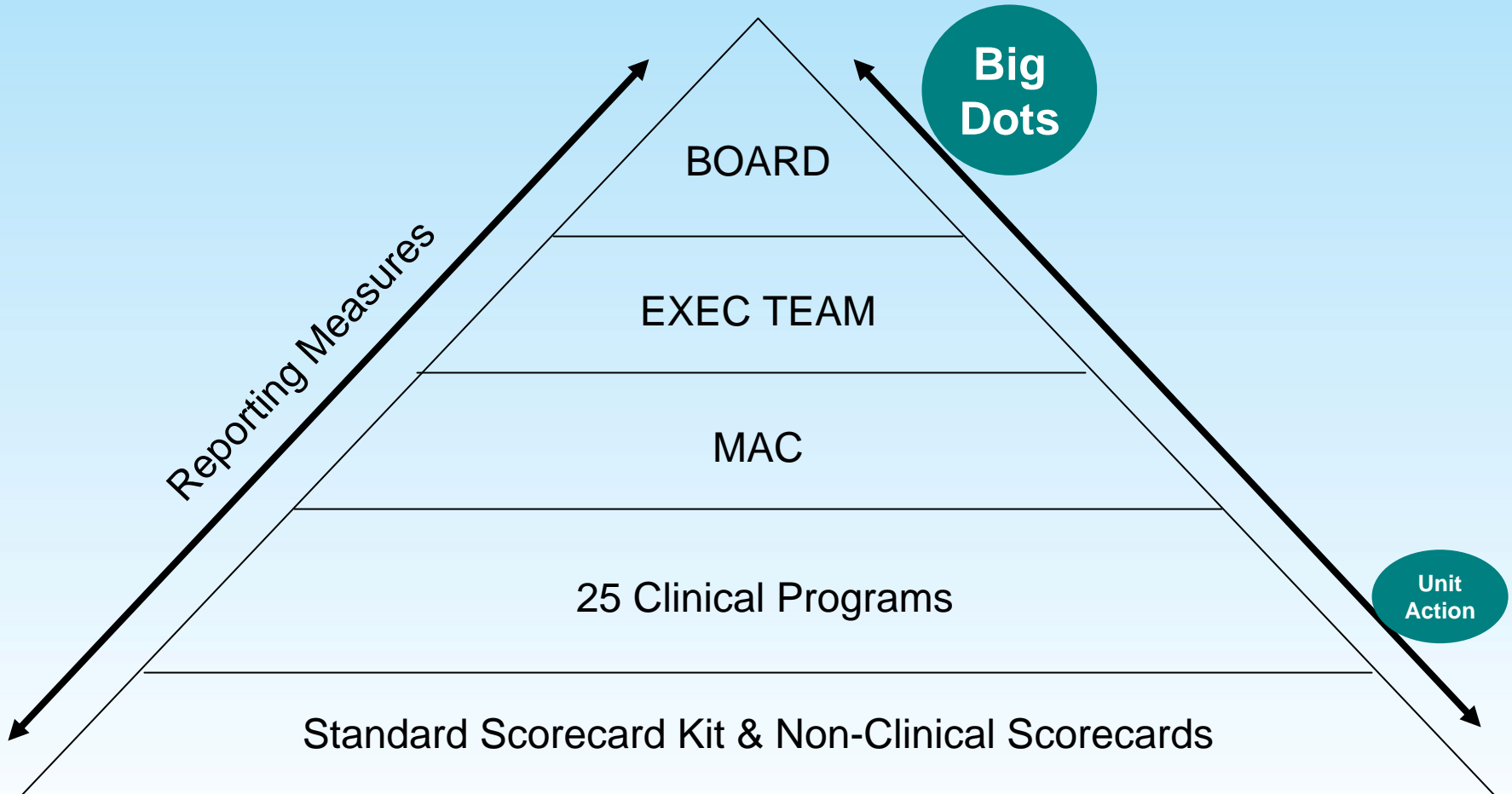
## St. Joseph's Healthcare Hamilton Mission Excellence Scorecard

SJHH is dedicated to providing compassionate, sensitive care to our patients and their families and to achieving clinical, research, and academic excellence in health care through integrated health services and on-going commitment to education and research.

PERIOD: FY 2008-09 Q1 (April-June 2008)

Service and Mission Excellence <i>Living our CARE commitment through: Compassion, Attitude, Responsiveness, and Excellence</i>				Excellence in Patient Care <i>Providing improved access to safe and high quality care through innovation and evidence based practice</i>			
	Previous Q	Current Q	Target		Previous Q	Current Q	Target
<b>Patient Satisfaction Overall Care Received</b>				<b>Patient Access &amp; Quality</b>			
Patient Satisfaction - Acute Care	91.1%	94.3%	93.4%	Volumes: Inpatient Cases	3,612	3,705	3,626
Patient Satisfaction - Surgical Care	91.9%	95.7%	93.4%	Volumes: Day Surgery Cases	9,238	10,246	8,894
Patient Satisfaction - Emergency Care	79.2%	73.8%	82.7%	Volumes: Emergency Department (ED) Visits	26,120	27,623	25,667
<b>Wait Times (in days)</b>				Acute Average Length of Stay (LOS)	4.80	4.70	5.00
Cancer Surgery (see graphs for detailed information)	75	74	84	Total Average Length of Stay (ALOS)	6.2	6.1	5
Cataract Surgery	104	93	182	Readmission Rate	3.5%	3.3%	3.3%
Hip Replacement	168	87	182	Average Resource Intensity Weight	1.66	1.67	1.91
Knee Replacement	248	137	182	Number of ALC Equivalent Beds	98	107	88
MRI	179	74	28	<b>Patient Safety</b>			
CT Scans	28	29	28	Hospital Standard Mortality Rate (HSMR)	98	66	76
<b>Emergency Department</b>				Ventilator associated Pneumonia Rates	7.77	7.34	15
Wait without being seen	5.2%	4.9%	2.0%	CCRT - Rate of Inpatient Codes per 1,000 admissions	2.48	4.83	5.00
ER LOS Less than 8 Hours - CTAS Levels I, II	55.9%	57.6%	60.9%	Infection Rate - MRSA	0.40	0.50	0.70
ER LOS Less than 6 Hours - CTAS Levels III	59.9%	63.0%	63.0%	Infection Rate - VRE	0.90	2.10	0.15
ER LOS Less than 4 Hours - CTAS Levels IV, V	58.9%	66.7%	64.1%	Infection Rate - c.Difficile	0.50	0.10	0.77
Wait Time to Inpatient Bed (Admitted Patients)	10.1	10.4	6.5	Central Line Infection Rate	3.2	1.4	6.9
% of patients with ED LOS beyond 24 hrs	5.3%	4.7%	2.0%	Surgical Site Infection Rates	1.45%	0.00%	1.45%
<b>Research</b>				% of chronic patients with new stage 2 or greater skin ulcers	8.5%	0.0%	8.6%
Total Research Funding	\$ 19,819,214.00	\$ -	TBD	Number of Reported Patient Incidents	572	523	500
Percentage of External Peer-Reviewed Funding	54.00%	0.00%	TBD	<b>Mental Health</b>			
Research Staff Repatriated to Campus	4	0	26	Acute Inpatient Volumes	438	436	430
				Acute Average Length of Stay (LOS)	15.97	15.51	16.00
				Acute Readmission Rate	4.38%	6.77%	7.50%
				Specialized MH Inpatient Volumes	168	189	198
				Specialized MH Average LOS	80.53	79.85	72.00
				Specialized MH Average LOS (excl. Forensics)	80.46	78.43	72.00
				Number of Physical, Chemical Restraints and Seclusions	25/208/88	682/75/368	TBD
<b>Financial Health</b> <i>Providing excellence in care through sound fiscal management</i>				<b>Work Life and Learning</b> <i>Promoting a healthy workplace environment, employee engagement, and continuous learning</i>			
	Previous Q	Current Q	Target		Previous Q	Current Q	Target
Total Margin (per GAAP)	-0.15%	-3.34%	-2.36%	Avg Sick Days per Full Time Employee	4.10	3.98	2.59
Revenue	\$ 118,612,020	\$ 104,246,488	\$ 103,381,095	Turnover Rate	1.70%	2.28%	2.00%
Expenses	\$ 118,784,426	\$ 107,733,346	\$ 105,815,728	HAA Target: % of Full Time Nurses	73.5%	72.3%	70.0%
Costs	0.25	0.18	0.23	Overall Average Vacancy Rate - Nursing	7.81%	9.04%	0.00%
Total Margin (per Hospital Operations)	-1.33%	-2.22%	0.00%	Number of Employee Incident Reports	247	260	0

# Scorecard & Quality Cascade



# HSMR – Board Quality Example

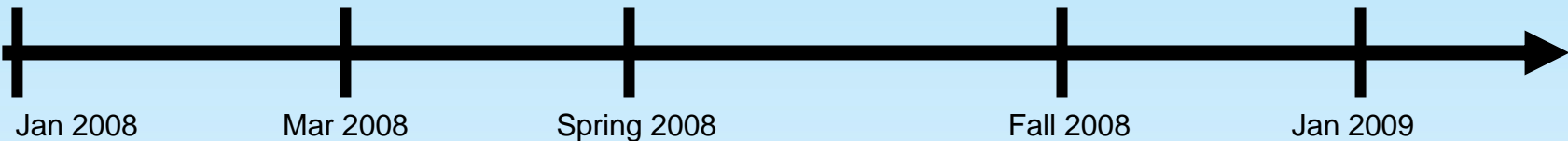
HSMR Score  
of 88 to Board

Exec & MAC  
Discussions

Internal  
Analysis

MAC &  
Program  
Discussions

Action: Sepsis  
Management Project  
in ER & ICU



- Question: Why is target 76 if benchmark is 100?

- Answer: Top Quartile

- Question: How do we get there?

- Mgmt examines data by death type, unit location, and researches other peers across globe
- Mgmt Findings: Sepsis & safety campaigns including infections & hand-washing key to lowering HSMR
- Number 1 cause of death at SJHH: Sepsis

# **So what about the Quality Committee of the Board?**

# Strategic Governance

Agenda Item	September	October	November	December	January	February	March	April	May	June
<b>Clinical Program Scorecard</b>	ER	Medical Quality	Orthopedics	General Medicine	Mental Health		Eye Medicine	Maternal Newborn-Child	Kidney-Urinary	Chest Program
<b>Board Scorecard</b>		Balanced Scorecard			Balanced Scorecard	Board Retreat Review		Balanced Scorecard		Balanced Scorecard
<b>Patient Safety</b>										
<b>Infection Control</b>										
<b>Patient Story</b>										
<b>Service Excellence</b>			SJHS Mission Report							

# Quality Committee

- Patient Story on Adverse Event
- Presentations - no acronyms
- Data framed using Patient Credo
  - Don't Hurt Me (Patient Safety)
  - Heal Me (Quality Outcomes)
  - Be Nice to Me (Patient Satisfaction)
- Data must include Raw Numbers

## 5 Impact Questions

1. How many patients is that?
2. Are we on plan to achieve our aim?
3. How was the target chosen?
4. How do we reach it?
5. How do we compare in our LHIN?  
Ontario? Canada?

# What Tools & Why?



## Tools

- Tracking Board
- Scorecard
- Patient Credo
- Big Dots & Raw Numbers
- Acronym Sheets
- 5 Impact Questions

## Why?

- Education
- Patient Focus
- Accountability
  - Force Function for Senior Mgmt
  - Cascade to Front Line

# Key Enablers

1. Systematic Approach – Standing Item Quarterly
2. Identify Board Champions – Ownership
3. Resource The Process – It's a Journey
4. Outcomes – Show they provide value
5. Team Unity – Education with Exec & MAC

# Key Message

- Boards Matter
- Boards represent the people we serve – our communities
- By building simple tools they understand, we increase their value
- By promoting questions and holding senior management & medical staff accountable, change can happen at the bedside

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