“Delivering on our promise of quality is what will distinguish us as an organization. It’s not what we do, but how we do it that will define us as a quality organization.”

Janet Davidson, O.C.
President and CEO, Trillium Health Centre

Quality is more than a word. It’s a promise of excellence. And that’s exactly what Trillium Health Centre’s patients have come to expect every time they use our services.

Building upon a well-earned reputation for clinical excellence and quality performance, we will do everything possible to achieve quality in all that we do.

Achieving quality means that we consistently deliver exceptional clinical outcomes and exemplary patient and family experiences using evidence-based practices.

Quality by Design is one of five strategic themes to help us advance our vision, Your Health. Our Passion - for Life.
Our Quality Framework

The Quality Framework is a continuous improvement model. We will measure, monitor and refine our efforts in the relentless pursuit of the highest quality care for our patients.

**Set Strategic Aims** – Our aims are to ensure our patients experience:

- No needless death
- No needless harm
- No needless pain
- No needless wait

These strategic aims are the foundation of the Big Dot Indicators set by the highest governing body - our board.

**Managing Local Improvements** – We will intentionally enable quality and patient safety through organizational design, improvement by design and reliability by design. Through intentional design, we can align and mobilize our care delivery, provide teams with the skills required for continuous improvement and hardwire improvement processes and best practice to ensure care is right the first time, all the time for everyone.

**Drive Organizational Commitment** – Everyone has a role to play in providing patients with an exceptional experience that delivers superior outcomes. We will do this through establishing healthy workplaces, role maps/accountability, distributive leadership, a just culture and quality recognition.

Strategic Directions

Improving patient safety and quality care are central to Trillium Health Centre’s strategic plan. To act on these strategic priorities, Trillium has set four specific directions with clearly defined objectives to chart the course for the organization over the span of three years. This will provide all areas of Trillium with guidance for improving the quality of care we provide our patients.

Our **Overarching Direction** is to be at the 75th percentile or better for all quality dimensions. As such, we will set leading standards for safe, high quality care and service delivery. We will achieve superior outcomes for our patients while continually seeking improvements in care.

| Direction 1 | We will develop and implement an organization-wide quality imperative and approach to reduce waste, drive process improvements and redesign across the organization. By doing so, we will improve quality and timely delivery of services to provide the best possible care for our patients. |
| Direction 2 | We will develop and sustain our “Roadmap to Excellence”. This will allow us to build on the organization’s existing strengths and further cultivate excellence across the entire organization to achieve the best outcomes for our patients. |
| Direction 3 | We will deliver care and services through a culture of humanity and compassion. In so doing, we will continue to be known for the best patient care experience through treating our patients with respect, compassion and dignity. |
| Direction 4 | We will develop and implement an integrated information management system that includes the Electronic Patient Record (EPR). This will help us seamlessly connect the dots between all facets of interdisciplinary care and will ensure information is effectively shared between members of our team so that there are no gaps in our continuum of care. |
Strategic Directions & Objectives

<table>
<thead>
<tr>
<th>Overarching Direction</th>
<th>Objective</th>
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| We are at the 75th percentile or better for all quality dimensions | 09/10  
  - Select Big Dot Indicators at the Board Level  
  - Create Driver Diagrams and Implementation Plan to achieve aim  
  - Increase the Board’s role in quality and patient safety |
| 10/11  
  - Each Health System/SBU selects 3-5 indicators to monitor performance that aligns with the Big Dots when possible  
  - Engage in “Roadmap to Excellence” |
| 11/12  
  - “Getting to Zero” Monitor performance and improvement |

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<tr>
<th>Strategic Directions</th>
<th>Objectives</th>
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<td><strong>Direction 1</strong></td>
<td>By 2012, fully implement LEAN Six Sigma as the standard way of approaching quality improvement/process redesign, and redesign a maximum of 12 major system processes (e.g. processes for discharge, admission, scheduling, supply chain, capital equipment planning, acquisition, etc.)</td>
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| Develop and implement an organization-wide quality imperative and approach to reduce waste, drive process improvements and redesign across the organization. | 09/10  
  - 3 processes completed |
| 10/11  
  - An additional 4 processes completed |
| 11/12  
  - An additional 5 processes completed |
| **Direction 2** | 09/10  
  - Complete the process of defining, developing decision making criteria |
| Develop and sustain identified “Roadmap to Excellence”. | 10/11  
  - The “Roadmap to Excellence” has a developed toolkit and team assessment  
  - 50% Health Systems and SBUs have completed their own self assessment and have a strategic plan developed. |
| 11/12  
  - The external/internal panel to review each health system/SBU has been established and has been engaged in the system performance  
  - 100% have completed strategic plans and 25% are implementing |
| **Direction 3** | 09/10  
  - Prepare plans and readiness for the Accreditation Canada – Qmentum in May 2010  
  - Collaborative Care by Design – Issue RFP  
  - Apply for the EXTRÁ project to evaluate the impact of changes to the model of care |
| Deliver care and services through a culture of humanity and compassion. | 10/11  
  - Receive full accreditation  
  - There is a dedicated resource that continuously monitors compliance with Accreditation Canada.  
  - Complete Accreditation Canada’s Patient Safety Survey annually  
  - Complete Healthy Workplace Survey annually  
  - Design and pilot the new Collaborative Care design on 3 inpatient units  
  - Spread Releasing Time to Care© “Safety Crosses” across all inpatient units |
| 11/12  
  - Evaluate, modify and spread the new Collaborative Care design |
| **Direction 4** | 09/10  
  - Stage 3 Clinical Documentation |
| Develop and implement an integrated information management system that includes the Electronic Patient Record (EPR). | 10/11  
  - Stage 4 CPOE Clinical Profiles  
  - Implement Entry Point as the bridge prior to full CPOE  
  - Implement Patient Flow as a key enabler to improve ED Wait Time  
  - Measure Nursing Outcomes through HOBIC |
| 11/12  
  - Stage 5 Closed loop medication administration |
Strategic Aims: Trillium’s Big Dot Indicators

Trillium Health Centre’s Big Dot Indicators are set by the highest governing body – our Board. These Big Dot Indicators drive the Quality and Patient Safety Plan and help the organization focus on improvement in specifically selected areas. Each Big Dot Indicator will have a Driver Diagram and provides the plan and framework for improvement.

ED Wait Times
By monitoring our ED wait times, we focus on ensuring full access to our community and our patients experience no needless wait. This is a good indication of organization-wide patient flow.

Patient Satisfaction
By monitoring our patient satisfaction scores in relation to pain management, we can ensure our patients experience no needless pain.

Pressure Ulcers
By monitoring pressure ulcers we can ensure our patients experience no needless harm. This is a good indicator for overall care at the bedside.

HSMR
By monitoring our Hospital Standardized Mortality Ratio (HSMR), we can ensure our patients experience no needless death. This is a good indicator for teamwork, evidence-based care.

### 4 Big Dot Indicators

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<tr>
<th>Indicator</th>
<th>Description</th>
<th>Strategic Aim: No Needless Death</th>
<th>Measure:</th>
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| **HSMR: Hospital Standardized Mortality Ratio** | This indicator assesses if our actual mortality (death) rate is higher or lower than what we should expect when the acuity of our patients is taken into account. As such, it reflects overall quality and reliability of care. Many factors contribute to this indicator, including, but not limited to:  
  - evidence-based practice, all the time  
  - interdisciplinary teamwork, handoffs and communications  
  - physician models of care  
  - nursing care at the bedside  
  - palliative care systems  
  - active Medical Emergency Team  
  - Infection, Prevention and Control | **No Needless Death** | by 2012, HSMR at Trillium will at the 75th percentile |
| **Pressure Ulcer** | Pressure Ulcers are a result of occlusion of blood vessels, leading to tissue injury and eventually necrosis or death of the tissue. Many factors contribute to this indicator, including, but not limited to:  
  - ambulating, repositioning  
  - skin warm and dry  
  - nutritional status and overall well-being  
  - mattress condition | **No Needless Harm** | by 2012, Hospital-Acquired Pressure Ulcers will be 0. |
| **Patient Satisfaction** | Patients are the decision-makers of their care. To optimize the patient experience, we will treat patients as part of the team, informing and involving them in their care. This includes continual assessment and responsiveness to their needs, with a special focus on pain management. Many factors contribute to patient satisfaction, including, but not limited to:  
  - Transfer of Accountability at the Bedside  
  - Daily goal setting  
  - Ongoing assessment, intervention and treatment  
  - Technology enablers to facilitate communication | **No Needless Pain** | by 2012, Patient Satisfaction will be at the 75th percentile (as measured by NRC Picker). |
| **ED Wait Times** | Access to emergency care must be timely. To guarantee our community access to emergency care when they need it, the organization must have optimal patient flow. Patients’ discharge needs must be met through a variety of means to optimize their independence while ensuring a safe transition. Many factors contribute to this, including, but not limited to:  
  - Population Demand  
  - Communicated Care Plan for all patients  
  - Home First considerations  
  - Admission, Transfer and Discharge Processes designed and monitored  
  - Adequate Inpatient Bed Capacity  
  - Emergency Department Internal Process Flows | **No Needless Wait** | by 2012, ED Wait Time targets have been met |
Manage Local Improvement

Managing Local Improvement is the second element of the Quality and Patient Safety Framework.

“Managing local improvement” means we intentionally enable quality and patient safety through:

a. Organization by Design
b. Improvement by Design
c. Reliability by Design

a. Organization by Design

Organization by Design is how we organize or structure our teams to align, mobilize and govern care delivery. Trillium’s organizational chart is a structure that is strategically designed to ensure all teams are connected to each other. This ensures consistency of purpose, process and support. It ensures the strategic aims and work of the organization are aligned. It enables focus to achieve superior results.

At Trillium, every Health System is monitored for quality and patient safety by its Executive Team, Operations Team and Staff Council. Each Health System is accountable for its own Quality and Patient Safety results.

Organization-wide systems are in place to minimize gaps between systems and promote continuity and standardization of care. Organization-wide systems include:

- Medical Advisory Committee (MAC), Nursing Advisory Committee (NAC), Professional Advisory Committee
- Quality & Patient Safety Committee
- Medical & Hospital Quality of Care Committee
- Decision Support
- Risk, Ethics and Patient Relations
- Employee Health Safety and Wellness
- Infection Prevention and Control
- DI, Lab and Pharmacy

b. Improvement by Design

Workforce Improvement Capability provides teams with the skills required for continuous improvement. This includes skills in leadership and a wide variety of quality and design improvement processes.

Workforce Improvement Capability includes, but is not limited to:

- Rapid Cycle Improvement Workshops
- Lean Events
- Foundations of Leadership
Trillium’s Quality & Patient Safety Program is led by an Administrative Director and a Physician Lead. This leadership team co-chairs the Medical Quality of Care Committee, the Hospital Quality of Care Committee. This co-leadership team also participates in the Board Quality Monitoring Committee, the Clinical Operations Committee, MAC and PVP (when necessary).

Trillium’s quality consultants have specific expertise in improvement methodologies, and support Trillium’s priority organizational initiatives. This small team has expertise in numerous Quality Improvement tools, including, but not limited to: Patient Flow, PDSA, Engagement, Lean, Process Design, FMEA, Reflective Learning, and Statistical Process Control. This team supports cross-organizational priorities and teams who are engaged in improvement. Educational programs are offered to enable capacity building and bring quality improvement to life within teams at all levels. The strength of encouraging teams to own their quality improvement (QI) processes is that change and improvement become real to them and imbedded in their daily activities, rather than housed in a single overseeing department.

Examples of quality initiatives led by the quality consultants include the improvement of patient flow with concentration on team involvement and the development of visual aids such as tools to track patient readiness for discharge or transfer. These tools, fashioned like a traffic signal with red, yellow and green indicators engage patients and families with the care team in the discharge process. Other examples include process re-design to enhance efficiencies through improved workflows.

Sustainability and spread are essential components of any improvement process. Particular attention is paid to communication of successes, recognition of team involvement and maintaining gains made through quality improvement projects and initiatives.

Trillium’s Quality & Patient Safety team work in collaboration with the Organizational Development and Decision Support teams. “Foundations of Leadership” is a program led by Organizational Development and focuses on the development of skills necessary to promote leadership at all levels. In addition, quality is an overall theme throughout the program to encourage awareness and understanding of the impact even one person can have within their team.

Hardwiring improvement in processes and best practices is critical for ensuring care is right the first time, all the time, for everyone. Reliability at Trillium is supported through three primary means:

- Evidence Based Practices – Order Sets
- Policies and Procedures – Policies and Procedures are available on the Decision – Support Guide which is accessible for all staff on the I-Care portal
- Professional Standards of Practice
Driver Diagrams: How can the Big Dots drive quality and improvement?

Each Big Dot has “drivers” or “root causes”. A “driver diagram” assists staff and physicians in understanding their role in improving outcomes for patients. This further helps the Board understand how improvement is planned and what potential barriers for improvement might be.
By providing focus, appropriate attention is paid to the various elements contained within the continuous improvement cycle. Each change idea must be measurable to identify their impact on the “big dot”. It is essential that the linkages among the key drivers and the actions intended to support change are made explicit in order to monitor progress.

Note: The driver diagrams for Patient Satisfaction and HSMR are currently in development.
OUR MISSION:
At Trillium, we anticipate and respond to the changing unique and diverse health care needs of our patients and communities.

OUR VISION:
*Your Health. Our Passion - for Life*
Every day, we will positively impact the lives of our patients and their families by providing the best care right here in our community.