



**Bermuda Hospitals Board**



EXCEPTIONAL CARE. STRONG PARTNERSHIPS. HEALTHY COMMUNITY.

# Quality Improvement and Patient Safety Plan



## Introduction

This document provides a quality improvement and patient safety plan for Bermuda Hospitals Board (BHB) and identifies specific work that will be undertaken or started in the fiscal year 2018/19. The goal will be to update the plan annually, as part of BHB’s strategic planning process.

BHB’s vision is **Exceptional Care. Strong Partnerships. Healthy Community.** Our mission is *delivering safe, high-quality, people-centred, compassionate care, every day* as a provider of healthcare. Published in 2016, BHB’s Strategic Plan gives direction and definition to the vision and mission. The Quality Improvement and Patient Safety Plan will help us achieve this vision and fulfil our mission. It builds on BHB’s triple aim commitment to:

- a) Improve the patient experience of care
- b) Improve the health of our population
- c) Reduce the per capita cost of care

### Defining “Exceptional Care” in Terms of Quality

BHB’s vision is *Exceptional Care. Strong Partnerships. Healthy Community.* But what is exceptional care from a quality perspective? For BHB, exceptional care meets the following six quality dimensions:

Safe	• causes no unnecessary harm
Effective	• provides services based on best practices
Patient Centred	• provides respectful, responsive individualised care
Timely	• reduces waits and harmful delays in care
Equitable	• provides same high-quality care to all patients
Efficient	• provides care that optimises available resources and focuses on eliminating processes that do not add value to our patients

Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century.

## Annual Planning at BHB

The annual planning process takes place each year, where the leadership team agrees on the set of initiatives that will support achievement of the strategic plan. A number of these initiatives are helping to achieve our Quality Improvement and Patient Safety Plan. The Plan is an important lens as the organisation embarks on the development of future annual plans, to help shape and inform the initiatives we take on. (For the 2018/19 Corporate Annual Plan, see Appendix 1.)

## A System-Wide Approach to BHB Quality

International experience over the past 20 years in improving the reliability of healthcare has shown that quality improvement is not achieved by piecemeal change alone. Most patient safety and quality experts agree that the key to understanding and improving the performance of healthcare is to take a systems view and design solutions that recognise the nature of healthcare organisations.

Don Berwick, MD, explained in his foreword to *Transforming Health Care – Virginia Mason Medical Center’s Pursuit of the Perfect Patient Experience*, Productivity Press, 2011:

“Harvesting the full promise of modern system improvement methods requires more than a mere catalog of projects.”

This is because healthcare systems are complex adaptive systems, and our solutions need to harness this adaptive capacity and be designed to manage its complexity.

BHB has worked hard at improving quality and patient safety over many decades, and has been accredited by Accreditation Canada for many years. In this next phase of our journey, our goal is to take a system-wide approach to quality transformation at BHB that will benefit all people living in and visiting Bermuda.

## Implementing the Quality Improvement and Patient Safety Plan at BHB

A coordinated effort across the whole organisation is needed to successfully implement the Quality Improvement and Patient Safety Plan through the vehicle of our strategic plan. This will be led by the BHB Executive Team and supported by all the departments.

The Quality Improvement and Patient Safety Plan will create an environment in which staff live up to BHB’s values of *Respect, Accountability, Integrity, Service* and *Excellence*, and fully involve patients in the course and direction of their care.

### Unit-based Quality & Safety Teams

The Plan recommends the rebuilding and revitalisation of Unit-based Quality & Safety Teams (UBQST) to enhance teamwork and communication to improve patient outcomes and the overall quality performance within the unit/department. This will require an investment of time, training and resources by BHB. The members of the UBQSTs are quality champions. They perform to the best of their ability at all times, make decisions through effective multidisciplinary teams that include physicians, nurses, allied health staff and pharmacy staff, and have access to the information they need.

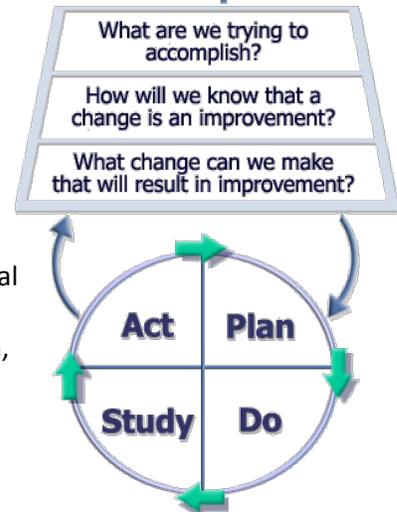
The whole organisation will ensure the UBQSTs have the standards, tools, skills, education, time and resources they need to perform their key function.

### Models and Tools

The prospect for care redesign and performance improvement depends on clinician leadership in units, wards, clinic and practices.

Better organisational performance improves health outcomes and clinical leadership affects performance. To achieve this, the Plan Do Study Act (PDSA) model for improvements will be adopted across the organisation, although for any specific initiative, tools may vary as required.

### Model for Improvement



## Aims of the BHB Quality Improvement and Patient Safety Plan

The Quality Improvement and Patient Safety Plan also has the following measurable quality aims:

- Reduce avoidable deaths
- Reduce patient harm
- Improve staff engagement
- Reduce length of stay
- Improve patient satisfaction
- Improve access to care

There are primary drivers and secondary drivers at BHB that will help us succeed in these aims:

Leadership & Behaviours	<ul style="list-style-type: none"><li>• Regular Executive and Senior Leadership Rounds</li><li>• Collaboration with High Quality Organisation/s</li><li>• "My Name Is..." Promotion</li></ul>
Quality Initiatives	<ul style="list-style-type: none"><li>• Safety Thermometer</li><li>• Rapid Response Teams</li><li>• Unit-based Quality &amp; Safety Teams</li></ul>
Transitions of Care	<ul style="list-style-type: none"><li>• Discharge Planning &amp; Case Management</li><li>• Formalised Handover at Every Transition</li><li>• Coordinated Care for High Utilisers</li><li>• Primary Care Physician Engagement</li></ul>
Staff Capacity	<ul style="list-style-type: none"><li>• Sustainable Staffing Model</li><li>• Trained QI Champions as Project Leads</li></ul>
Staff Skills	<ul style="list-style-type: none"><li>• Quality Improvement Clinical Training Programme</li><li>• Institute of Healthcare Improvement Open School</li><li>• Improvement Advisor Training</li></ul>
Measurement & Benchmarking	<ul style="list-style-type: none"><li>• Clinical Business Intelligence Unit for Data and Analysis Support</li><li>• Quality Indicator Impact Analysis on Length of Stay</li><li>• Electronic Medical Record</li></ul>

## Achieving System-wide Quality Transformation

Based on the best available evidence and advice, consistently delivering the best possible care to patients requires that the organisation and its staff:

1. Design and build resilient, high-reliability patient care teams, which put patients' needs first
2. Create the conditions in which these patient care teams (clinical microsystems) can perform to their maximum ability, by growing the right organisational and team culture, establishing comprehensive and effective governance structures at all levels, ensuring all staff have the right knowledge and skills, providing them with the necessary tools and equipment, and resourcing them adequately
3. Establish systems that ensure patients are treated by the right patient care teams for their needs, when they need it, and that coordinate their patient journey according their needs

Based on the approach described, the BHB Quality Improvement and Patient Safety Plan has two main elements:

1. **Foundational strategies** that underpin high performance and are necessary to deliver all the elements of the Quality Improvement and Patient Safety Plan of appropriateness, effectiveness, acceptability, safety, efficiency and reliability
2. **Priority improvement strategies** that target high-priority issues with high-yield systems and models of care

## Foundational Strategies for High Performance

Based on the review of strategies and frameworks there are essential foundations for high performance. Each of these foundational elements requires a specific plan for delivery, which BHB is developing. These foundations are:

### 1. Organisational vision

Having a clear sense of direction and galvanising the organisation behind this direction is a necessary condition for high performance. BHB has a strategic plan that clearly articulates its vision. The challenge is to translate this vision into an actionable strategy that transforms the organisation over time. The Quality Improvement and Patient Safety Plan will help to deliver the strategic transformation in quality.

### 2. Leadership development

High performance depends on good leadership, which creates the climate and conditions for resilience and high reliability in an organisation, at all levels and particularly in the patient care teams. BHB will continue to develop its leadership capacity to achieve its transformation goals.

### 3. Operational and governance systems

In healthcare systems, operational and governance systems (including risk management systems, standards, policies and procedures) are as important as, or more important than, in other types of organisations. In BHB, this is a particularly significant area requiring attention. BHB will continue working towards implementing a clear operational and governance structure and that those with operational roles have the authority to act on their delegated responsibilities.

#### **4. Staff engagement**

Engaged staff are high-performing staff. BHB recognises this and has ‘strategic staff engagement’ as a project in its annual plan to help achieve the BHB Strategic Plan 2016-2021. Engagement includes involving staff in decision making, respecting them, supporting them and demonstrating that they are valued, by acknowledging their work and their contributions, and creating the conditions in which they can thrive. Staff working conditions, healthcare, mentoring and rewards mechanisms should all be reviewed.

#### **5. Performance measurement and benchmarking**

High-performance organisations have standards and measures against which they judge their performance. Accreditation against external standards is one means of doing this, and auditing against internal standards is another. It is important that these standards are consistent with the organisation’s vision and goals.

#### **6. Information systems to support decision makers**

Good decisions depend on reliable information as well as strong decision makers (leadership). BHB needs to ensure the right decision makers, at all levels of the system, have accurate, relevant, timely information, particularly at the level of the patient care teams. Information viewed at the corporate level should also enable the Executive Team to understand the performance of the patient care teams because this will empower them to provide the organisational support that is needed by these teams, who provide direct care to patients.

#### **7. Human resource capacity and capability**

BHB’s strategy has a People column, where it is recognised that staff are the organisation’s most important resource. Having appropriately skilled and motivated staff is critical to the transformation agenda. BHB particularly needs to further develop its capability for improvement, based on existing foundations.

## **Priority Improvement Strategies**

In addition to having well-developed and effective foundations for high performance, healthcare organisations need to identify the organisational improvement strategies that will yield the greatest benefits provided for the available resources.

### **Leadership and Behaviour**

The BHB Board, Executive Team and Senior Leadership Team will fully endorse the goals set out in the Quality Improvement and Patient Safety Plan and actively participate in its execution. BHB will deliver its Clinical Services Plan and Financial Recovery Plan, as well as ensure these plans and the Quality Improvement and Patient Safety Plan are aligned. BHB will collaborate strategically with a credible quality-focused organisation.

### **Capacity and Capability Building**

Strategies that build the organisation’s capacity and capability for quality improvement will provide important foundations for all priority improvement strategies. This building of a talent pool will have to be multivariate in its approach at different levels within the organisation and be established at pace.

## Quality Initiatives (2018/2019)

BHB will focus on three key areas likely to have the quickest results:

1. Failures in planning and communication, and failure to recognise when a patient's condition is deteriorating, can lead to failure to rescue and become a key contributor to in-hospital mortality. If identified in a timely fashion, unnecessary deaths can often be prevented. **The Rapid Response Team** is a team of clinicians who bring critical care expertise to the bedside. Simply put, the purpose of the Rapid Response Team is to bring critical care expertise to the patient bedside (or wherever it's needed).  
**ACTION:** Rapid Response Team to be in place by the end of Q3 (December 2018)
2. **Unit-based Quality & Safety Teams'** (UBQST) mandate is to enhance teamwork and communication to improve patient outcomes and the overall quality performance within the unit/department. The Plan recommends rebuilding and revitalising the UBQST and ensuring consistency of approach throughout the organization, with clearly defined Terms of Reference.  
**ACTION:** UBQSTs to be identified organisation wide by 30 June 2018. Training for UBQSTs by 1 September 2018
3. The **Safety Thermometer** enables you to take a "temperature check" on a daily basis through measuring common harms at the point of care. Data is collected as part of the daily workflow wherever the patient is being cared for and can be used to understand the proportion of patients affected by harm, agree baselines, set improvement goals and detect change over time.  
**ACTION:** To be rolled out to the organisation by Q1. We will achieve a 50% reduction in all measures of harm (pressure injuries, falls, catheter-associated urinary tract infections and VTE) by March 2019

## Conclusion

BHB will continue build on our approach to improving the quality and reliability of healthcare we provide to our patients. We will continue to adopt the Triple Aim, using a comprehensive whole-system approach. We will focus on building an effective multidisciplinary team that creates a resilient, high-reliability health system.

The Quality Improvement and Patient Safety Plan aims to raise the performance of BHB to become a safer, more effective and compassionate provider of care. It will help BHB deliver on its pursuit of excellence and meet care standards determined internally by BHB and externally by international bodies, such as Accreditation Canada.

These are realistic expectations. This plan can be achieved, but staff engagement and frontline staff involvement will be critical to the success of this plan. We must get staff buy-in so that Board, Executive Team and Senior Leadership can work in tandem as we pursue our quality journey. BHB's challenge is to sustainably replicate this high-performance model across the whole organisation.

## Next Steps

