

2019/20 Quality Improvement Plan "Improvement Targets and Initiatives"

AIM		MEASURE/INDICATOR									CHANGE				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Most Responsible Person	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Timely	The time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room.	M A N D A T O R Y	Hours / All patients	CIHI NACRS / October 2018 – December 2018	804*	4.92	4	Provincial Target	Ben Speers	1)Utilization of Medical Directives	Determine the Medical Directives that would improve patient flow	Increase use of medical directives	Improve patient flow early in patient journey through ED	
											2)Timely completion of orders for all admitted patients in the ED	Using LEAN methodology map the patient journey from time of decision to admit until patient leaves the ED	Admission order set completed at time of decision to admit	Medical admission orders completed when admission is determined and called to registration services	
											3)Bed-ahead Strategy for inpatient units	During daily rounds identify where the next admission will be located	Number of beds identified each day	All units will have a daily bed-ahead plan	
Theme II: Service Excellence	Patient-centred	Percentage of respondents who responded positively to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	P R I O R I T Y	% / Survey respondents	CIHI CPES / Most recent consecutive 12-month period	804*	50	65	NRC Top Box at 75th Percentile	Amanda Sonnenberg	1)Standardized discharge rounding	Standard checklist developed to be used at all discharges	Number of patients who have the opportunity to share their experience through rounding	All discharged patients will have the information they need to	
											2)Patient information regarding healthcare supports identified at discharge	Provide a list of support services for patients at the time of discharge	Develop a robust list of community services to support patients through their transition to home	All discharged patients will receive information about resources to support them during their transition out of hospital	
											3)Patient questions will be answered prior to discharge	In house patient experience survey at time of discharge	"In-the-moment" survey of discharged patients with goal to answer all questions during transition out of hospital	Timely response to all patient questions prior to discharge	
Theme III: Safe and Effective Care	Effective	Patients readmitted to same hospital within 30 days of discharge who have primary diagnosis of Congestive Heart Failure	C U S T O M	% / Discharged patients with selected HIG conditions	CIHI DAD / Q2 2018 19	804*	8.2	7	10% decrease	Robin Varnes	1)Patients with diagnosis of Congestive Heart Failure will receive focused information to support healthy living	Development and implementation of CHF focused information package	Patients with diagnosis of CHF will receive information package to support their safe transition out of hospital	All patients with diagnosis of CHF will receive information package about their health condition	
											2)Follow up contact with discharged patients who have a diagnosis of CHF	Standardized post discharge phone call to discharged patients with diagnosis of CHF	Number of post discharge phone calls	All patients with diagnosis of CHF will receive a post discharge phone call	
		Patients readmitted to the same hospital within 30 days of discharge who have a primary diagnosis of Chronic Obstructive Pulmonary Disease	C U S T O M	% / Discharged patients with selected HIG conditions	CIHI DAD / Q2 2018 19	804*	7	6	10% decrease	Sherry Chambers	1)Chronic Obstructive Pulmonary disease information package for all COPD patients	Development and implementation of COPD information package for all COPD patients	Information package provided to patients with diagnosis of COPD	All patients with diagnosis of COPD will receive diagnosis specific patient information	
											2)Patient with diagnosis will be offered follow up education through a partner organization	Referral to the Grand River My COPD Clinic	All COPD patients will be offered a referral to the outpatient COPD clinic	Number of COPD patients who attend the My COPD Clinic	

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		Patients who are treated in the ED for substance abuse who return to the same ED within 30 days	CUSTOM	% / ED patients	CIHI NACRS / Q2 2018 19	804*	25	20	20% decrease	Philip Kuva	1)Community services offered to all ED patient who are treated in the ED for substance abuse	Community supports offered to all clients treated in ED for substance abuse	Referrals to Community Services	ED patients receive contacts for Community Services	
											2)Evidence informed therapy provided to patients who attend the ED for substance abuse	Order set for pharmaceutical intervention	Development and implementation of standard order set for patients attending the ED for substance abuse	Standardized order set for pharmaceutical intervention	
	Safe	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	MANDATORY	Count / Worker	Local data collection / January - December 2018	804*	13	CB	Increase in reporting of incidents	Sarah-Jane Irvine	1)Enhanced reporting of workplace violence incidents	Improved incident reporting tool for workplace violence	New incident reporting tool	Increase in incident reporting of workplace violence	FTE=338
2)Timely debriefing for all workplace violence incidents											Communication to a Debriefing Team at time of incident	Timeliness for providing debriefing for staff	100% of workplace violence incidents will have a debriefing opportunity		
3)Non violence Crisis Intervention training for staff											Maintain our NVCi education	Number of staff trained	Increase number of staff trained in NVCi		
		Catheter Associated Urinary Tract Infections	CUSTOM	Number / All patients	CIHI DAD / 2018 19	804*	28	14	Decrease by 50%	Jennifer Edwards	1)Standard practice for Nurse Practitioner to use Choosing Wisely guidelines	Embed choosing wisely guidelines into daily practice	Reason for use of catheters	Decrease in use of catheters	
2)Enhanced knowledge for staff regarding catheter use											Education for nurses during Skills Fair regarding Choosing Wisely guidelines for catheter insertion	Number of staff attending Skills Fair who receive education	100% of nurses attending Skills Fair		
3)Order set for catheterization											Develop an orderset for catheterization that included Choosing Wisely Guidelines	Use of orderset for Catheterization	Order set available electronically		
		Reduce injury from falls	CUSTOM	% / All patients	Hospital collected data / 2018 19	804*	52	40	Decrease by 20%	Patti Bruder	1)Visual awareness for falls	Implementation of Safety Cross on all inpatient units	Safety Cross developed and posted on Quality Boards	Enhanced awareness of staff as to falls on the inpatient unit	
2)Standardized approach to addressing all falls											Development and implementation of post fall order set	Post fall orderset completed	Post fall orderset utilized for all falls		
3)Maintain patient functional status											Develop and implement the Move On program for inpatient units to maintain patient functional abilities	Patient functional status assessed	Patient functional status maintained		
4)Education for staff regarding Senior Sensitive Environment											Senior Sensitivity Training provided during Skills Fair	Improved understanding by staff of impact of environment on patient safety	All staff attending Skills Fair will receive Senior Sensitivity Training		