2022/23 Quality Improvement Plan
"Improvement Targets and Initiatives"

Norfolk General Hospital 365 West Street, Simcoe , ON, N3Y1T7

AIM		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Data collection
Theme: Timely and Efficient Transitions	Timely	Wait time for CTAS 1,2 3 Admissions	C	Hours / CTAS 1-3 admissions	CIHI NACRS, CCO / April 2021-Dec 22	804*	17.4HR	14HR	High Reliability Organization	CCSO	Admit to ICU bed within 90 minutes	Patient to ICU bed within 90 minutes from decision to admit	% of time meeting 90 min from decision to admit to ICU bed	65%	CCSO data
											Initiate Bed ahead strategy in the ICU	Safety Huddle will indicate if status board accurately updated	Audit completion of status board in ICU through Safety Huddle tool	70%	Manual
											Improve turn around time (TAT) of INR results	Improve TAT for INR from receipt in lab to verification by 10% (meeting 36 min)	% of audits indicating TAT target met	75%	Meditech
Theme : Service Excellence	Patient-centered	Patients received adequate information about their health and care at discharge	C	% / ED patients	NRC Picker / April 2021-Sept 21	804*	82.4%	85.7%	Top box at 75th percentile	NRC	Refresh of Discharge Checklist	Redevelop and roll out of patient Discharge Checklist	% of D/C checklists completed on audit	50%	Manual
											Educate patients with COPD and CHF prior to discharge	RT referral for education indicated on discharge checklist	Number of COPD/CHF patients with RT referrals on discharge	50%	Manual
											Patients have new medications explained to them prior to discharge	Education will be provided to patients with new medicaiton, and documented on checklist, provided verbally and through written instruction (Lexicomp, El Sevier)	Communication with patients about their medicines	68%	NRC 75 percentile top box 72%
Theme: Safe and Effective Care	Effective	Medication discrepencies being addresssed	C	Count / All admitted patients	Hospital collected data / April 2021-March 2022	804*	CB	CB	High Reliability Organization		BPMH conducted on every admission within 48 hrs	Pharmacy completeing inpatient BPMH	% of BPMH completed on admitted patients	50%	Meditech
											Educate ED staff on BPMH process	Develop and roll out education to nursing staff in the ED	% of staff trained	80%	El Sevier
	Safe	Reduction in reportable workplace violence incidents by	C	Count / Worker	Hospital collected data / April 2021-Dec 2021	804*	53	(10% reduction)	Maintain reporting		Educate staff on tools to use in unsafe situations	Purchase and roll out personal safety alarms within ED, 3B, 3E	Education completed and alarms accepted into practice	80%	El Sevier
											Development of deescalation program	Program developed and reviewed	Program developed and approved	Program developed	Manual
											Increase emergency code awareness	Perform Mock Code Silver (person with a weapon) with debrief	Completed 1 mock code silver with debrief within the year	1	Manual
		Hand Hygiene before patient contact	C	%/healthcare providers	Hospital collected data / April 2020-December 2021	804*	84%	maintain 85%	High Reliability Organization		Maintain accountability across the organization	Leaders will audit, post and include monthly rates in safety huddles	Increased compliance at the department level, monthly reports at the leadership	Monthly reports at leadership forum	Minutes
											Increase volume of audits	Leaders to complete 10 audits per month	Over 90 audits submitted/month by leadership team	90/mnth	HH Platform
		Reduction in total number of falls causing harm related to congnitive impairment	C	Number / All patients with cognitive impairment	Hospital collected data / April 2021-Mach 2022	804*	169	152 (10% reduction)	High Reliability Organization		Development of a Basic Need Attainment initiative	Develop initiative focusing on harm reduction strategies, related to falls, for cognitively impaired patients	Initiative developed and approved	initiative developed	Manual
											Embed initiative into practice	Develop and roll out education to PSW, HSA and rehab staff	Create and educate staff	80%	El Sevier
											Initiate utilization of elevated safety huddle template	Completed safety huddle template daily by CPLs	Audit template used at safety huddles	70%	Manual

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)