

2017/18 Quality Improvement Plan for Ontario Hospitals												
"Improvement Targets and Initiatives" - Proposed												
AIM	Measure						Change					
Quality dimension	Measure/Indicator	Period	Unit / Population	Current performance	Target	Comments	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments	
Effective	(NEW) 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? (in-patient unit - 2B acute care)	April - June 2016 (Q1 2016-17)	% patients who received enough information on discharge	33.3%	35.0%	5% improvement	Using Lean methodology, review discharge process to increase number of acute care patients receiving information on their condition or treatment before leaving the hospital by the end of Q4.	Perform a value stream analysis to map out the patient discharge process on the acute care unit, 2B. Identify gaps and develop action plan to address.	The value stream analysis on the discharge process has been completed. Gaps have been identified. 100% of action items identified for 2017/18 have been implemented	The value stream analysis on the discharge process has been completed. Action items due for completion in 2017/18 are completed by the end of Q4.		
							Build patient education information tools by prioritizing and developing 2 additional patient education pamphlets by the end of Q4	Complete the development of 2 additional patient education pamphlets and disseminate information through print and electronic channels.	# of additional patient education pamphlets have been developed and disseminated.	Complete the development of 2 additional patient education pamphlets and have materials available in print and electronic channels by end of Q4		
	Risk-adjusted 30-day all-cause readmission rate for patients with congestive heart failure (CHF) (QBP cohort) (same facility, same admission -for more timely data)	Jan. 2015-Dec. 2015	% of readmissions for patients with CHF	6.9%	6.6%	5% improvement	Increase use of congestive heart failure (CHF) order set in the ED.	Implement electronic order sets for physicians in the ED.	Audit quarterly the number of patients admitted to acute care (2B) with CHF with a completed CHF order set on the chart on admission.	By Q4, 80% of patients admitted to acute care (2B) with a diagnosis of CHF have a completed CHF order set on the chart		
Efficient	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data	July - Sept. 2016 (Q2 2016-17)	Rate per 100 inpatient days	14.09	13.39	5% improvement	Build local awareness of Home First philosophy	Partnering with CCAC develop and begin to implement a multi-year refresh plan of Home First and implement actions designated for year 1.	A multi-year refresh plan of Home First has been developed. Actions for year 1 have been identified and implemented.	The Home First refresh plan is completed by end of Q2. Year 1 actions have been implemented by end of Q4.		
Patient-Centered	"Would you recommend this Emergency Department (ED) to your friends and family?"	April - June 2016 (Q1 2016-17)	% of patients who would recommend the NHH ED to their friends and family.	54.5%	57.3%	5% improvement	Implement manager rounding to engage patient and family at the bedside in ED to resolve patient/family concerns in real time.	Document the number of bedside rounds completed by the manager.	# of manager patient and family rounds in ED per month	The manager completes 24 patient and family rounds in the ED per quarter		

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Patient-Centered	"Would you recommend this Emergency Department (ED) to your friends and family?"	April - June 2016 (Q1 2016-17)	% of patients who would recommend the NHH ED to their friends and family.	54.5%	57.3%	5% improvement	Improve customer service practices in the ED to increase patient satisfaction	Provide Communicate with Heart training to ED staff	# of ED staff who completed the Communicate with Heart training	85% of ED staff have completed Communicate with Heart training by Q4.	
	"Would you recommend this hospital to your friends and family?" (inpatient unit, 2B acute care)	April - June 2016 (Q1 2016-17)	% who would recommend this hospital to their friends and family.	59.5%	62.5%	5% improvement	Implement manager rounding to engage patient and family at the bedside on acute care (2B) to resolve patient/family concerns in real time.	Document the number of bedside rounds completed by the manager	# of manager patient and family rounds on 2B per month	The manager completes 24 patient and family rounds on 2B per quarter	
							Improve customer service practices in acute care (2B) to increase patient satisfaction	Provide Communicate with Heart training to all full-time acute care staff	# of full-time acute care staff who completed the Communicate with Heart training	85% of full-time acute care staff have completed Communicate with Heart training by Q4.	
Safe	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital	Most recent 3 month period	Rate per total number of admitted patients	0.70	0.85	Stretch target	Explore opportunity to move the BPMH to an electronic platform to improve efficiencies and enhance patient safety.	Meet with other facilities and various vendors to assess options for electronic BPMH.	# of options explored and analysis has been completed.	Make recommendations regarding an electronic BPMH solution by Q4.	
	(NEW) Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	Most recent 3 month period	Rate per total number of discharged patients	0.00	0.25	Stretch target	Develop a plan to implement Best Possible Medication Discharge (BPMD) Plan for discharged patients on acute care 2B to improve transition from hospital to home.	Team is formed to develop a process for implementing Best Possible Medication Discharge (BPMD) Plan. Action plan is developed and implemented by end of Q3.	Plan has been developed and implemented for Best Possible Medication Discharge (BPMD) Plan for discharged patients on acute care 2B by the end of Q3.	Complete and implement the plan for Best Possible Medication Discharge (BPMD) for discharged patients by end of Q4 to achieve 0.50 (50%) target for acute care patients and 0.25 (25%) for all discharged patients (organizationally).	
Timely	Total ED length of stay (defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED) where 9 out of 10 complex patients completed their visits	Jan. 2016- Dec. 2016	#hours/# ED Patients	8.1	7.7	5% improvement	Meet the 90 minute turn around time (TAT) from time the bed is assigned to the time the admitted patient is transferred from ED to acute care (2B)	Normalize staffing requirements for increased patient volumes on acute care 2B.	Measure quarterly the # of patients admitted from the Emergency Department to an in-patient bed on acute care (2B) within 90-minutes of the bed being assigned.	75% of the patients admitted from ED to acute care (2B) will meet the 90-minute time frame by end of Q4	