2019/20 Quality Improvement Plan
"Improvement Targets and Initiatives"
Anson General Hospital 58 Anson Drive

AIM		Measure								Change				
Issue	Quality dimension	Measure / Indicator	Type	Unit / Population	Source / Period	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Theme I: Timely and Efficient Transitions	**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	C	Rate per 100 inpatient days / All inpatients	In house data collection / July-September 2018	56	50.40	We are striving to decrease our current performance by 10%	Home and Community Care	1)Reintroduce screening tool (ISAR) in the ED to predict subsequent functional decline. This will allow early deployment of additional support services through Home and Community Care	Positive ISAR score prompts referral Care Transitions Coordinator	Number of referrals to Care Transition Coordinator (CTC)	50% of positive ISAR score patients will be referred to CTC by December 2019	
										2)Consider the implementation of "huddle boards" to enhance team communication to enable patient flow and care coordination	Assess on a daily basis to remove barriers to discharge. Methods to improve communication are very important as often patients' length of stay is impacted due to lack of discharge planning. Consider adding section for discharge planning on care plan	Percentage of communication tool (huddle board) implemented/completed	100% implemented/completed by December 2019	
										3)Partner with Home and Community Care case managers to transition patients from the hospital back to the community	Hold meetings with Care Transitions Coordinator, Case Managers and Patient Care managers. Involve patient and family in meetings	Number of meetings held	70% of positive ISAR patients will have meeting arranged between Home and Community Care and Hospital	

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	Timely	Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital.	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	CB	CB	We will be collecting our baseline data for this upcoming year	Primary Care Providers	1)Review/revise current discharge summary tool, develop process for sending information to Primary Care provider	Establish an ad-hoc group to review/update current discharge summary tool and implement Process to include: 1. Evaluation of patient and assess for appropriate follow-up care 2. Scheduling an appointment prior to the patient leaving the hospital 3. Sending discharge notification to primary care provider	Percentage of project completion	100% completion by September 2019	
										2)Provide education to physicians/nurses on EMR discharge summary requirements/fields	Education to be provided through staff meetings, learning huddles and Medical Advisory Committee (MAC) meetings	Percentage of staff who received education	100% nurses/physicians will receive education by September 2019	
										3)Develop process for auditing practice in order to collect baseline	To be developed in collaboration with Patient Care Managers and Charge Nurses	Percentage of audits completed	100% audit will be completed by October 2019	
										4)Share discharge summary performance data with staff on a monthly basis.	To be shared at staff meetings, clinical utilisation meetings and MAC	Percentage of performance data shared with staff	100% performance data will be shared with staff by October 2019	

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Theme II: Service Excellence	**Patient-centred**	Percentage of complaints acknowledged to the individual who made a complaint within five business days	P	% / All patients	Local data collection / Most recent 12 month period	100	100.00	We will be striving to maintain 100% compliance for this indicator		1)Review patient relations process policy and database to ensure concerns are addressed in a timely fashion and continue to track and trend patient relations activity using the database	Review/update policy as needed. Ensure process is clear to ensure complaints/concerns are acknowledged when individuals are away Patient Relations delegate to continue to populate the existing database and share aggregate data at the Quality Committee of the board	Percentage of project completion	100% completed by July 2019	
		Percentage of respondents who responded positively (agree and strongly agree) to the following question: "When I left, I had a good understanding of the things I was responsible for in managing my health"	C	% / ED patients	In-house survey / January-Decembe 2018	99	90.00	We are striving to achieve equal or greater than 90%		1)Collect continuous feedback from ED patients: 1. Use feedback to determine whether experiences were patient-centered 2. Utilize feedback to make improvements in the care provided	Feedback is collected from experience surveys and patient relations process	Survey response rate	Increase response rate by 10%	
										2)Share aggregate data re: patient experience with staff, physicians, board members and patient advisors	Experience Scorecard is shared at staff meetings, clinical utilization, Quality Committee of the Board and Patient and Family Advisory Council	Number of meetings who received aggregate data	Aggregate data will be shared 100% of meetings mentioned under methods	

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Theme III: Safe and Effective Care	**Effective**	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.	P	Rate per total number of discharged patients / Discharged patients	Hospital collected data / October - December 2018	100	100.00	We are striving to maintain 100%	Primary Care Providers, Local Pharmacies	1)Have patients and family caregivers create their own medication record out of this list to share with the healthcare providers in the community	Explore mobile applications such as "MyMedRec" or consider developing a tool in house and give to patients	Percentage of patients who create their own medication record	40% of patients will have own medication record	
										2)Involve physicians and Pharmacy staff in identifying their roles and determining appropriate workflow processes	Bring to Pharmacy meeting and Medical Advisory Council. Involve Pharmacy staff and physicians in process	Percentage of project completion	100% completed by October 2019	
										3)Involve the patient and caregiver in reconciling medications before discharge	Involve patient and/or their family prior to discharge through discussions and informal meetings	Percentage of patients who are involved with medication reconciliation process	50% of patients will be involved in med rec prior to discharge by October 2019	
		Rate of mental health or addiction episodes of care that are followed within 30 days by another mental health and addiction admission.	P	Rate per 100 discharges / Discharged patients with mental health & addiction	CIHI DAD,CIHI OHMRS,MOHTLC RPDB / January - December 2017	0	5.00	We are striving to maintain below 5%	Primary Care Providers, Mental Health Community Services	1)Ensure information transfer from clinician to clinician when patient is transitioning from hospital to community setting	Schedule the patient's primary care visit as a follow up before they leave the hospital. Ensure availability of discharge summary for community providers within 48 hours of discharge	Percentage of patients with follow up appointments and discharge summaries shared with primary care provider	100% of mental health or addiction patients will have follow-up appointments within 48 hours of discharge	

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										2)Ensure all patients have a Primary Care Physician	Discuss options with primary care providers to ensure high risk patients have appropriate resources and linkages with community partners	Percentage of patients with primary care physician	100% patients will be linked with a primary care physician	Orphan patients may bring a challenge. We will need to ensure discussions with primary care providers are occurring for that population
										3)Continue to develop working relationships with addiction services, Minto Counselling etc. community services provides	Attend collaborative table meetings or ad-hoc meetings as required	Number meetings attended	We are striving to attend at least 50% of meetings	
										4)Increase staff knowledge regarding mental health and addictions	Continue to explore educational programs such as "Mental Health First Aid" and develop a plan to deliver in-house	Percentage of staff who attended or received education	50% of staff to attend education re: mental health and addictions	

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	Safe	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	M A N D A T O R Y	Count / Worker	Local data collection / January - December 2018	12	13.00	We are striving to increase the number of reported incidents of workplace violence. While our ultimate goal is to reducer the number of workplace violence incidents, we are focusing on improving the reporting culture		1)Review/revise multiple policies which address violence in the workplace to streamline process	Determine meeting date, bring various policies to review/update. Communicate changes to Executive Council and once approved, share with team members	Percentage of project completion	100% completion by August 2019	FTE=79
										2)Establish a Workplace Violence Prevention Working Group (which includes a mix of staff, patients and families / caregivers)	Recruit individuals with a keen interest in this area and organize meeting frequency, tasks and timelines to complete •Create consistent communication protocols to address and document: Transitions between care environments, Patient triggers (flagging), Responsive behaviours, Interventions to minimize workplace violence. •Engage patients, families and caregivers in identifying triggers, behaviours and interventions	Percentage of project completion	100% completion by Dec 2019	

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										3)Identify worker learning needs and provide them with appropriate workplace violence prevention education and training (use the Workplace Violence Prevention in Health Care Leadership Table's Training Matrix)	Provide education/training to team members and share the importance of reporting incidents of workplace violence	Percentage of staff who received education	80% of staff will receive education re: workplace violence by January 2020	

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