2022/23 Quality Improvement Plan-ANSON GENERAL HOSPITAL
"Improvement Targets and Initiatives"

AIM		Measure							Change			
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Comments
Theme I: Timely and Efficient Transitions	Timely	Percentage of patients discharged from hospital for which discharge summaries are delivered to their primary care provider within 48 hours of patient's discharge from hospital	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	AGH-57%	AGH-66%	Our goal is to improve by 15% or greater	1. Explore the development of a standardized discharge summary template	1. Work with Administrative Assistant to develop discharge summary template. Present information during staff meetings, MAC	100% completion	*COSEC= Chief of Staff Executive Compensation
Theme II: Service Excellence	Patient-centered	Percentage of respondents who responded “agree” and "strongly agree" to the following statement: **"I have a good understanding of the things I am responsible for in managing my health."**	P	% / in patient Survey respondents	Hospital collected data / Most recent 12 months	AGH-98%	AGH-equal or greater than 90%	Our goal is to achieve equal or greater than 90% compliance	Implement Patient Oriented Discharge Summary (PODS) at Bingham Memorial Hospital and Lady Minto Hospital	1. Have initial meeting/discussion with Patient Care Managers to discuss timelines for implementation 2. Provide education to staff regarding the use and completion of the tool 3. Identify implementation date	Goal to meet by end of January 2023 (100% completion) % staff who received education /instructions about the tool	
Theme III: Safe and Effective Care	Effective	Total number of discharged patients for whom a Best Possible Medication Discharge Plan (BPMDP) was created as a proportion of the total number of patients discharged	P	Rate per total number of discharged patients	Hospital data collection / October - December 2021 (Q3 2021/22)	AGH-44%	AGH-80%	Our goal is to achieve equal or greater than 80% compliance	1. Increase staff's knowledge of medication reconciliation at care transitions 2. Conduct monthly audits on medication reconciliation to ensure completeness 3. Involve the patient and caregiver in reconciling medications before discharge	1. Education via Surge Learning, huddles and staff meetings 2. Audit process to be reviewed and share results with staff 3. Involve patient and/or their family prior to discharge through discussions and informal meetings	1. % staff who completed education 2. # audits completed 3. Percentage of patients who are involved with medication reconciliation process	
	Safety	Number of reported workplace violence incidents by hospital workers within a 12-month period	P	Count / Worker	Hospital collected data/ January - December 2021	MICs overall- 19	MICs overall- 17.1	Our goal is to reduce our overall incidents of WV by 10%	1. Continue to have dialogue about Workplace Violence during monthly Leadership Walkrounds 2. Conduct Risk Assessments in all areas of the hospital and develop action plan to address top three priorities 3. Conduct a debrief following workplace violence events and share learnings/recommendation with Emergency Preparedness and OH&S committee	1. Develop Leadership Walkround schedule for 22/23 and remind each Executive to include within process 2. Discuss with OH&S lead and committee members. Once risk assessments are completed, develop action plan 3. To develop process to ensure all debrief reports are shared with Emergency Preparedness and OH&S committee members	1. % Leadership Walkround where Workplace Violence is discussed (goal 90%) 2. 100% completion 3. # debrief reports shared	***EC=Executive Compensation** *FTE-234.19 (MICs)