



# 2023/24 Quality Improvement Plan - Bingham Memorial Hospital

## "Improvement Targets and Initiatives"

AIM		Measure						Change				
Issue	Quality Dimension	Measure/Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process Measures	Target for Process Measure	Comments
Theme II: Service Excellence	Patient-centered	Percentage of respondents who responded “Yes” to the following statement: "Written information about what to look for after I left the hospital was provided to me"	% / In-patient Survey respondents	In-house survey / Most recent consecutive 12-month period (Jan-Dec)	67%	Equal or greater than 77%	10% improvement	1. Implement and monitor the use of Patient Oriented Discharge Summary (PODS)	1. Monitor the use of the PODS at LMH and BMH as they have recently implemented.	% discharged patients with completion of PODS	70% by December 2023	
								2. Monitor and evaluate Post Discharge phone calls	2a. Establish data collection on the implementation of Post Discharge calls. 2b. Modify or tweak script of process to ensure phone calls are as intended. 2c. Formal evaluation of process to be completed in September 2023.	% discharged patients who received post-discharge phone call	80% by December 2023	
								3. Consider implementing a few of the strategies outlined in the IDEAL discharge planning checklist to supplement our current discharge planning process	3a. Care Transitions Coordinator to review toolkit and provide recommendation for implementation. 3b. Implement recommendations and monitor progress.	# strategies implemented	A minimum of two strategies to be implemented by December 2023	

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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.	Rate per total number of discharged patients / Discharged patients	Hospital collected data / Oct–Dec 2022 (Q3 2022/23)	50%	70%	Equal or greater than 70%	1. Conduct monthly audits on medication reconciliation to ensure completeness  2. Involve the patient and caregiver in reconciling medications before discharge	1a. Continue to review quality of auditing process and make necessary changes as needed. 1b. Share results with multidisciplinary team and identify opportunities for improvement.  2. Involve patient and/or their family prior to discharge through discussions and informal meetings.	1. # audits completed  2. Percentage of patients who are involved with medication reconciliation process	Audits will be performed quarterly  100%	*attached to Chief of Staff compensation
	Safe	Workplace Violence Frequency (Lost time claims per 100 full time equivalents)	Rate/Worker	Local data collection / Jan 2022–Dec 2022	0	0	Maintain no claims resulting in lost time	1. Timely assessment of "at-risk" patient or family members  2. Promote the completion of debriefs immediately following any incident of workplace violence  3. Build staff capacity and knowledge to avoid/minimize workplace violence	1. Develop and implement "Identifying and Managing Potential Aggressive Behaviour Patients" policy in collaboration with Nursing Practice Advisory Council and Occupational Health and Safety Committee.  2. Debrief to be completed immediately (or as soon as possible) after an incident of workplace violence (code white, code silver). Debrief form to be completed by involved team members (manager and/or charge staff) and submitted with their employee event in RL6.  3a. Collaborate with external partners or agencies to secure on-site security to assist staff in the management of potentially aggressive patients.  3b. Implement the use of personal alarms along with supporting policy.  3c. Incorporate personal safety guidelines for staff to follow in the management of Form 1 patients including during transportation to schedule 1 facility.	% policy implemented * % admitted patients with completion of screening tool  % of completed debriefs following an incident of workplace violence *  % Emergency Department staff and Inpatient unit staff with education on the use of personal alarms and Management of Form 1 policy	50% by end of December 2023  80% for all of MICs  90% nursing staff will receive education	*2 measures are attached to Executive Compensation