

2016/17 Quality Improvement Plan

"Improvement Targets and Initiatives"

AIM		Measure						
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Effective	Reduce 30 day readmission rates for select HIGs	Percentage of acute hospital inpatients discharged with selected HBAM Inpatient Grouper (HIG) that are readmitted to any acute inpatient hospital for non-elective patient care	% / All acute patients	DAD, CIHI / July 2014 – June 2015	718*	14.55	15.50	Maintain performance at or better than provincial target.
	Reduce readmission rates for patients with CHF	Risk-Adjusted 30-Day All-Cause Readmission Rate for Patients with CHF (QBP cohort)	% / CHF QBP Cohort	DAD, CIHI / January 2014 – December 2014	718*	23.84	22.65	5% improvement on current performance
Efficient	Reduce unnecessary time spent in acute care	Total number of ALC inpatient days contributed by ALC patients within the specific reporting	% / All acute patients	WTIS, CCO, BCS, MOHLTC / July 2015 – September 2015	718*	18.5	16.60	10% year over year improvement; 3 year strategy to achieve HSAA

Patient-centred	Improve patient satisfaction	"Overall, how would you rate the care and services you received at the ED?", add the number of respondents who responded "Excellent", "Very good" and "Good" and divide by number	% / ED patients	NRC Picker / October 2014 - September 2015	718*	74	77.70	5% improvement on current performance
Safe	Increase proportion of patients receiving medication reconciliation upon admission	Medication reconciliation at admission: The total number of patients with medications	% / All patients	Hospital collected data / most recent quarter available	718*	CB	75.00	System wide standard. Target is for the Pilot
	Reduce hospital acquired infection rates	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI during the reporting period, divided by the number of patient days in the reporting period, multiplied by	Rate per 1,000 patient days / All patients	Publicly Reported, MOH / January 2015 – December 2015	718*	0.31	0.26	HSAA target
Timely	Reduce wait times in the ED	ED Wait times: 90th percentile ED length of stay for Admitted patients.	Hours / ED patients	CCO iPort Access / January 2015 - December 2015	718*	42.7	28.00	Prior year H-SAA target
		ED Wait Times: 90th Percentile Emergency Room (ER) Length of Stay for Non-Admitted Complex	Hours / ED patients	CCO iPort Access / January 2015 – December 2015	718*	8.8	7.90	10% improvement on current performance

Change				
Planned improvement initiatives (Change Ideas)			Goal for change ideas	Comments
	Methods	Process measures		
1)GIMRAC - new clinic opening to promote admission avoidance reduced ED length of stay, right care, right patient ,	Patients are referred from ED for urgent follow up versus admission or readmission to hospital.	Implement new GIMRAC clinic and establish process to track performance measures. Track % of patients presenting to ED referred to GIMRAC ; 90% wait time from referral to first available clinic appt time: % change in admission rate for medicine service	1) Established process to track/monitor GIMRAC data. Determine baseline	Focus on reducing ALC could trigger increase in readmission rate.
2)Integrated Comprehensive Care (ICC) Project focused on preventing readmissions for CHF, COPD	Patients are screened for eligibility; enrollment in the ICC program is voluntary. Onsite integrated care coordinators mon-fri to support transition and monitoring in community for 60 days post discharge.	Percent of patients screened and approached for enrollment in the program.	Less than 30% of ICC patients with 30 day readmission	Focus on reducing ALC could trigger increase in readmission rate.
1)GIMRAC - new clinic opening to promote admission avoidance reduced ED length of stay, right care, right patient ,	Patients are referred from ED for urgent follow up versus admission or readmission to hospital	Implement new GIMRAC clinic and establish process to track performance measures. Track % of CHF patients presenting to ED referred to GIMRAC ; 90% wait time from referral to first available clinic appt time; % change in admission rate for CHF patients.	1) Establish process to track/monitor GIMRAC data. Determine baseline to support future	
2)Integrated Comprehensive Care (ICC) Project for CHF patients	Patients are screened for eligibility; enrollment in the ICC program is voluntary. Onsite integrated care coordinators mon -fri to support transition and monitoring in community for 60 days post discharge.	Percent of patients screened and approached for enrollment in the program.	less than 30% of ICC pts with 30 day readmission	
1)Short stay unit to support patients with "no medical reason to admit" upon presentation to the ED but with complex psycho-social	Provide up to 72 hours for patients/families to access appropriate community supports when immediate discharge home is not possible.	1) % patients transitioned to commnity within 72 hours of admission to Short Stay Unit 2) number of patients deemed ALC within 48 hours of admission from ED	1) 50% of patients referred to the short stay unit transitioned to community within	

1)Gather real-time patient feedback at discharge.	Implement the use of iPads to capture real-time feedback from discharged emergency patients	# real time surveys completed	Established survey process implemented.	
2)Pre- and post- volume of patient compliments following Performance Improvement work in ED (Implemented Jan 21, 2016)	Compare volume of compliment from Jan-Dec 2015 to Jan-Dec 2016	% increase in compliments following process improvement activities	10% improvement in number of compliments.	
1)Create a standardized process to complete BPMH and medication reconciliation on admission through the use of the	1. Project team to oversee development and implementation of medstracker software. 2. Demonstrate effectiveness of medstracker through pilot.	1) New processes established for electronic med rec. 2) Percentage of patients with med rec completed within 24 hours of admission for the pilot.	1) New documented standard work for electronic med rec process 2) 75% of	
1)Debrief every CDI case.	Debrief every CDI case with teams for learning	% of new CDI cases in which a debrief occurred	Debrief Target - 100%	
2)Creation of a CDI task force.	Learning from debriefs to be reviewed by CDI task force.	Number of ideas implemented arising from CDI task force	New ideas implemented to reduce rate - 2	
1)Short stay unit to support patients with "no medical reason to admit" upon presentation to the ED but with complex psycho-social	CCAC and hospital collaboration - daily rounding of patients, expedited patient and family meetings with community partners. Patient specific transitional care plan in keeping with Acute Care of the Elderly principles.	1) % patients transitioned to community within 72 hours of admission to Short Stay Unit 2) number of patients deemed ALC within 48 hours of admission from ED	1) 50% of patients transitioned to community within 72 hours. 2) 5% reduction in	Direct link between # of ALCs and performance on 90P
1)ED ambulatory model of care to increase patient flow and efficiency. "Patients who present ambulatory, stay ambulatory"	1) Kaizen events with ED staff, physicians, and leadership. 2) Implement new acuity zones - right patient, right care, right place, right provider - to improve ED flow	1) Create new standard work for process flows 2) Achieve 7.9 hours	1) New documented standard work for ED processes 2) Achieve 90P target of 7.9 hours for complex patients	