

Excellent Care For All.



BEFORE YOU BEGIN...

As part of the **ECFAA Legislation**, the annual quality improvement plan must be developed having regard to:

- The results of the surveys (patient and staff - if available)
- Data relating to the patient relations process
- Aggregated critical incident data

Please ensure this information is reviewed and considered in the process of developing your plan.

Helpful hints for how to review this information are provided in the guidance document.

[Link to Online Updates](#)

Key messages	Technical Information
PART B: Improvement Targets and Initiatives	
<p>Measures (columns B-F) –There is a core set of measures identified within this spreadsheet. This is to ensure alignment, consistency and standardization of reporting. There is however, an expectation that measures will be added that align with your own hospital and regional priorities</p>	<p><u>Current performance</u>: What is your organization’s current performance data/rate? A timeframe is specified within the table for core indicators.</p> <p><u>Performance goal 2011/12</u>: At the end of the improvement initiative, what is the outcome your organization expects to achieve?</p> <p><u>Priority</u>: Only indicators assigned as Priority 1 require a change plan (columns G-K). Please see the guidance document for more information.</p>
<p>Change plan (columns G-K) – These columns should be completed where you have flagged a measure as Priority 1 (column F). Understanding that hospitals do not all have the same priorities, we expect these plans to be developed with your own hospital's priorities in mind. Change priorities should be focused on areas where improvement is necessary.</p>	<p><u>High-level improvement plan</u>: This section defines the details of the quality improvement initiative. Hospitals are required to complete the change section for all high priority (1) initiatives.</p> <p><u>Methods and results tracking</u>: Include your measures/current data (i.e. process measures) as appropriate</p> <p><u>Target for 2011/12</u>: All Priority 1 indicators must have a target defined for 2011/2012. Organizations should aim to review their existing data over time to set “stretch targets” on a select number of objectives. Please see the Guidance document for more information on target setting.</p> <p><u>Target justification</u>: Why was the specific target selected? i.e. is the target based on research literature; best practice; provincial or other defined benchmarks; scientific evidence; organizational targeting exercise?</p> <p><u>Comments</u>: If there are any additional comments that you would like to make about the initiative, please indicate these here.</p>