2017/18 Quality Improvement Plan
"Improvement Targets and Initiatives"

HOSPITAL

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Extraordinary Caring. Every Person. Every Time.

Niagara Health System 1200 Fourth Ave

AIM		Measure							Change				
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Effective transitions	Rate of psychiatric (mental health and addiction) discharges that are followed within 30 days by another mental health and addiction admission	Rate per 100 readmissions / Discharged patients with mental health & addiction	CIHI DAD,CIHI OHMRS,MOHTLC RPDB / January 2015 - December 2015	962*	11.40%	10.80%	To achieve a 5% improvement from current result.	Provide evidence informed inpatient care to adequately address and stabilize psychiatric status.	Care pathways have been developed for Schizophrenia, Bipolar Depression and then a general one for Acute/PICU Care. A dementia pathway is in development. The care pathways are evidence informed in terms of standardized processes that align with current research. The pathways are initiated at time of admission to the acute inpatient service and continued upon transfer to the Specialized inpatient unit. Currently monthly audits are completed by the Program Educator who reviews all components of the respective pathway to evaluate compliance. Feedback is then provided to the units and to individual staff if areas for improvement are identified.	1. Number of care pathways implemented and completed for both diagnostic and inpatient service specific populations. 2. Number of audits completed on a monthly basis with feedback provision to units/staff.	1. 100% of patients will have a care pathway implemented and completed by December 31, 2017 2. 100% of patient charts audited for care pathways to inform staff feedback by December 31, 2017	
									Ensure an appropriate discharge plan and delivery of appropriate support services to transition care from an inpatient to outpatient setting.	Outpatient services including Bridging, IMPACT, and CAPS, are available to support patient transition from inpatient to outpatient care. Priority is given to inpatient referrals.	Number of patients referred to outpatient services.	Capacity will be maximized (for all outpatient services) at 100% by December 31, 2017	
									Provide treatment alternatives to rehospitalization in low or no risk situations.	Work is currently underway to create care pathways within the outpatient program consistent with Health Quality Ontario Quality Standards for Dementia, Depression, and Psychosis/Schizophrenia. The care pathways will focus around CBT, DBT and IMR (Illness Management Recovery) and will provide evidence informed therapy access as an alternative to inpatient care.	1. Number of care pathways developed for outpatient services: Schizophrenia, Depression, and Anxiety. 2. Review of alternative service delivery methods for CBT and DBT.	1. Care pathways will be created for diagnostic streams in outpatient services by December 31, 2017 2. Introduction of one treatment modality through use of OTN by December 31, 2017	
									Enhance relapse prevention through use of long acting injectables.	Medication algorithms have been incorporated into the care pathway for Schizophrenia/Psychosis including early use of LAIs consistent with evidence informed care.	Number of patients started on LAIs each month.	3 patients per month will be started on LAIs by December 31, 2017	

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Patient-centred	Person experience	"Would you recommend this emergency department to your friends and family?"	% / Survey respondents	EDPEC / April - June 2016 (Q1 FY 2016/17)	962*	49.60%	51.70%	Maintain 2016/17 QIP target.	Implement DashMD	Mobile patient experience platform that is delivered to patients at the point of care. The platform provides patients with hospital specific and condition specific aftercare resources to help them manage their recovery, and to discover community care that may assist patients once leaving the hospital. The platform includes digitized discharge instructions, a medication manager, healthcare contact manager, as well as a patient experience survey	Development and approval of discharge instruction content by December 2017.	100% approval of discharge instruction content by 12/31/17	
									Implement ED Waiting Room Virtual Queuing	Platform that leverages Connexall to provide enhanced confidentiality in the waiting room queuing process.	ED team education complete for implementation of connexall queuing by December 31, 2017	90% staff completed education by 12/31/17	
									Develop and expansion to volunteer supports provided in the ED	The team will work with volunteer services to expand the volunteer role to the waiting room to improve patient experience. The team will also be reviewing the departmental role for potential expansion opportunities improve the patient/family experience.	Recruitment of volunteers to expanded role. Development of role description. Development of training and communication plan.	Recruitment complete by 12/41/17. Role description complete by 10/31/17.	
									Provide information material related to common topics & Emergency department process	Development of educational content for display on ED monitors to provide information on key topics (including; know your options, what to expect, public health related content etc) Development of a “Step Card” to be distributed at registration to advise the patient on the steps in the ED process (tailored to the care stream) to increase transparency, manage expectations and improve the patients experience	Meet with corporate communications regarding initiative by April 30, 2017. Develop content plan by July 31, 2017. Implementation by February 28, 2018. Meet with corporate communications to develop the step cards. Establish process for distribution. Align initiative with Dash MD roll out.	Meet by 04/30/17. Process plan by 07/31/17. Roll out by 02/28/18.	
		"Would you recommend this hospital to your friends and family?" (Inpatient care)	% / Survey respondents	CIHI CPES / April - June 2016 (Q1 FY 2016/17)	962*	72.70%	74.90%	To achieve a 3% improvement from the current result.	iRounding (Purposeful rounding)	Nursing and Allied Health Staff will conduct regular purposeful rounds to assess patients Pain, Possessions, Personal Needs, Positioning, and Pumps are assessed for any required action.	All units within the Medicine/Surgical and Complex Care programs will institute Purposeful Rounding within 2017.	- 3%	
									Real Time in patient satisfaction survey	Niagara Health Volunteers willcontinue to actively engage inpatients with real time satsifaction surveys conducted on electronic tablets, and contribute to a "real time dashboard".	A direct correlation with patient satisfaction is response to call bells. Patient's will be asked, "When you use the call button, is the time you wait usually reasonable?" The target will be an improvement from 82.81% (Q3 16/17) to 84.81% per quarter in 2017.	2% improvement	
									Post In-Patient Discharge Follow up phone calls.	Post dishcarge follow up calls are made to in-patients within the Medicine, Wome's and Babies, and Children's Health. An additional question will be asked, "How well were you were prepared for discharged"	This new question will be implemented on all in-patient discharge phone calls. The results will be analysed and evaluated to establish a baseline and understanding for further improvement opportunities	This new question will be implemented on all in-patient discharge phone calls	
Safe	Medication safety	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital	Rate per total number of admitted patients / Hospital admitted patients	Hospital collected data / Most recent 3 month period	962*	38.00%	88.00%	To achieve 90% compliance for full implementation	Continue to follow the MedRec roll out plan, continue with the surgical program and introduce admission MedRec to PCG, DMH	MedRec roll out plan.	% of admitted patients with a completed BPMH	43% (90% of patients in roll out plan)	
									Improve the quality of surgical BPMHs completed in the pre-op clinic	direct 1-to-1 education with each pre-op clinic nurse	% of pre-op clinic nurses that have completed the BPMH e-learning modules and certification process number of new hire pre-op nurses completing education and certification	100%	
									Improve community pharmacy awareness around NH MedRec process	education session(s) with Niagara community pharmacies (through the Niagara association); direct communication notice	% of community pharmacies that are informed of NH process	80%	
									Extend SCS pharmacy technician shift coverage in ED on weekends	re-scheduling of weekend rotations to have less overlap, greater hours of coverage	% of weekends with coverage to 11pm at SCS	100% (post-implementation, after notice of shift change)	

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	Safe care	Acute inpatient falls per 1,000 acute inpatient days (harm level 3-6)	Rate per 1,000 / All acute patients	NH Incident Reporting System / January-December	962*	1.78	1.69	Maintain 2016/17 QIP target.	Hardwire standard that Falls Risk Assessment and Intervention Tool (FRAT) is completed within 24 hours of admission	Creation of electronic audit tool (Meditech) that will identify FRATs not completed within 24 hours	% of patients with a completed FRAT assessment within 24 hours of admission	Target of 100%	
									Continue to focus on reducing the average number of falls per month and reducing the severity of all fall incidents to Level 3 or less	Intentional/purposely rounding (iRound) currently being introduced (starting January 2017).	Frequencey of documentation completed (whiteboard + chart)	Staff will fill out sign-in sheet X% of Q2H purposeful rounds.	
		Percent of complex continuing care (CCC) residents who fell in the last 30 days.	% / Complex continuing care residents	CCRS, CIHI (eReports) / TBD	962*	19.20%	10.00%	Maintain 2016/17 QIP target.	Integrate Falls Prevention Strategies & 5P rounding documentation into the complex care daily flow sheet Develop an audit tool to monitor compliance of documention of falls prevention strategies and 5 P rounding Q shift.	1. Confirm data elements to add to daily flow sheet. 2. Update flow sheet to incorporate Falls Prevention Strategies & 5 P rounding Q shift. 2. Working group to develop audit tool. 3. Determine who will be conducting audits -who and when. 4. Test new tool on 1 Complex Care Unit with plan to expand to remaining 3 units.	1. Daily flow sheet updated and live by March 1st, 2017. 2. Audit Tool to be developed and implemented by March 20th on the 1st Complex Care Unit. 3. # of charts reviewed per month by the CC working group. 4. % of falls prevention & 5P rounding strategies documented in the daily flow sheet.	1. Target of 10 chart audits conducted monthly across CC program until Dec. 2017 2. Target of 75% fall prevention/5P compliance rate in daily flow sheets.	This tactic is to monitor compliance of intervention documentation.
									Initiate Post-Fall Medication Reviews For all level 4 falls on one complex care unit.	Complete a medication review in collaboration with Pharmacy for all level 4 falls as identified in the weekly complex care falls report (1 CC unit). Medications potentially attributed to falls will be the focus. In addition: 1. Determine which Complex Care unit to initate tactic (data review underway of level 4 falls). 2. Obtain and review weekly Complex Care Falls report. 3. Investigate opportunity for order entry process to initiate Pharmacy team review. 4. Invite Pharmacist at each site to one Patient review meeting monthly.	# of medication reviews completed each month	Target of 90% of all level 4 falls on selected complex care unit will have medication reviews in collaboration with a Pharamacist.	
									Initiate Monthly Safety Walkabouts With a focus on falls prevention & to share and discuss audit results and/or other identified oppportunites for improvement.	1. Develop a process document to outline content discussion for walkabouts. 2. Develop a report tool for audit result sharing. 3. Determine walkabout schedule and who will be participating. 4. Document summary after each event and PDSA for additional opportunites.	The Complex Care program will ensure one safety walkabout occurs monthly within the Program.	Target of 100% compliance until Dec. 2017 to conduct one safety walkabout on complex care units.	