# 2022/23 Quality Improvement Plan
## "Improvement Targets and Initiatives"

Niagara Health System 1200 Fourth Ave, St. Catharines , ON, L2S0A9

| AIM | | Measure | | | | | | | | Change | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Issue | Quality dimension | Measure/Indicator | Type | Unit / Population | Source / Period | Organization Id | Current performance | Target | Target justification | Executive Compensation | Collaboration Status | Planned improvement initiatives (Change Ideas) | Methods | Process measures | Target for process measure | Comments |

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Service Excellence | Patient Centred | ECP program: Increase average number of trained ECPs per week | C | Average number of ECPs trained per week | Hospital collected data / baseline July 2021 to Nov 2021 | 962* | 2.33 | 5.00 | 114.6% Increase from July 2021 to Nov 2021 average when visitor restrictions were relaxed | | | Increase ECP program awareness for all admitted patients | Include ECP information booklet and postcard in every patient admission package | % of patients/caregivers who indicate on the feedback survey they received information on their admission package<br><br>% of ECPs who call to be enrolled, who identify they heard of the program through the admission package | baseline capture | The ECP program is new (12 months) and baseline data is required to understand how patients/caregivers become aware of the program |
| | | | | | | | | | | | | Increasing enrolment through augmented education | HUDDLES: Target 5 clinical areas per week at to provide education to staff and provide resources<br><br>PATIENT EDUCATION: Target 5 clinical areas per week to meet with patients to discuss the benefits of the ECP program | % completed huddles weekly<br><br>% completed clinic area contact weekly | 80%<br><br>80% | As this will be labour intensive with the Patient Partnership and Relations team going to sites weekly, variation is expected with vacation time or illness which may result in missed rounds. |
| 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. | P | Rate per total number of discharged patients/ Discharged patients | Hospital collected data / October 2021-December 2021 | 962* | 79.25% | 79.25% | Maintain current performance while balancing expected COVID and Health Human Resource impacts | | | Updated compliance data shared with site surgical leads | Decision Support Analyst will sort and distribute data by service - the med rec compliance data for each site | The program will choose a target to meet every quarter starting with the top 10 surgeons with the highest volumes of discharges | Each top surgeon maintains or improve compliance by 5% per quarter | |
| | | | | | | | | | | | | Targets will be identified to meet compliance set for each quarter | Program will meet with key stakeholders to set quarterly targets including pharmacy | Number of med rec forms documented as complete in the hospital system before discharge for surgery | Maintain each quarter | |
| | | | | | | | | | | | | Improve prescriber engagement with the medrec discharge process | Review discharge medrec with low-compliance prescribers | Site surgical chief to review process with 3 lowest performing physicians per site monthly (medrec pharmacist can assist with discussion as needed) | Schedule 9 meetings/discussions per month = 3/site | |
| | | | | | | | | | | | | Evaluate, and improve as needed, the quality of MedRec Discharge prescription | Complete quality audit by med rec pharmacist on randomly selected MedRec Discharge Prescriptions.(60/quarter) - Share data with regional perioperative director and physician lead | % of criteria meeting the quality requirement | 75% | |
| | | | | | | | | | | | | Improve data capture compliance | Confirm medrec discharge prescriptions are being scanned to pharmacy. Shared responsibility between ward clerk and charge nurse | Surgical manager and quality specialist at each site to complete monthly random audits of 20 charts to ensure a copy of the medrec discharge prescription is in the chart | Complete 60 total chart audits per month (20 per site) | |
| Safe and Effective Care | Effective | Elective Surgery Ramp Up: Increase % of elective Cataract, Vascular and Unilateral Joint QBP procedures. | C | % of total number of elective QBP cases / total number of 2019 cases for elective cataracts, vascular and unilateral hips & knee procedures. | Hospital collected data / Jan to Dec 2020 | 962* | Jan-Dec 2020 67.11%<br><br>(Jan-Dec 2021 99.53%) | 81.80% | 21.9%<br><br>Increase from 2020 baseline while balancing expected COVID pandemic slow downs and Health Human Resource impacts | | | Utilize slow down periods to perform high wait list procedures and backlogged QBP procedures | OR Business Manager working in collaboration with site surgery leads identified where additional procedures can be performed | Reduce wait times and backlogged surgical volumes | OR Utilization increase during slowdowns | |
| | | | | | | | | | | | | Block release time evaluated to determine which service is in most need | When blocks are released the service will identify high wait list and backlogged procedures to be booked | Improve wait times and reduce the number of backlogged surgical procedures | No unfilled OR blocks | |
| | | | | | | | | | | | | Virtual care will enhance and streamline processes for pre and post op care | Pre and post op virtual care will assist with education and compliance to treatment plans | Tracking and trending report back data through Seamless MD to identify areas of improvement | | |