2018/19 Quality Improvement Plan
"Improvement Targets and Initiatives"

St. Thomas-Elgin General Hospital 189 Elm Street

AIM		Measure								Change				
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Current performance	Target	Target justification	Priority level	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) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)

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Effective	Effective transitions	Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	P	% / Survey respondents	CIHI CPES / April - June 2017(Q1 FY 2017/18)	CB	85.00	Using our internal inhouse survey we have been able to achieve 83% who responded Yes-Completely.		1)Transition to NRC CPES Survey. 2)Improve the discharge information patients receive prior to discharge from hospital.	Using Inhouse Patient Satifaction Survey currently. We are measuring weekly. We will be utilizing NRC CPES survey in April 2018 for Surgical, Medicine,Acute Stroke, ICU and Obstetrical patients.	The percent of patients responding Yes-completely that they received enough information on discharge.	85% by December 2018	
	Lean Training	% of Employees who have completed the Lean LMS Module	C	% / Health providers in the entire facility	Local data collection / By Dec 2018	CB	80.00	Need to have at least 80% od staff complete Lean LMS Learning Education module to continue to move hospital forward on the lean journey.		1) To provide lean training to all employees in the organization enabling a foundation of lean.	Utilizing our learning education system a universal lean training program will be developed and cascaded to all employees.	The percent of employees who have completed the learning module on lean education.	80% of all employees completed Lean module.	
	Utilizing Lean Training amongst Staff	Number of Problems solved by Employees. The number of Continuous Improvement (CI) Tickets completed.	C	Number / Health providers in the entire facility	Local data collection / By December 2018	700	1325.00	Target is to have 2 Continuous Improvement(CI)/problems solved per staff . We want to have staff utilize their Lean training by improving care across the hospital.		1)To increase the number of staff problem solving using Lean techniques.	Track the number of completed Continuous Improvements made by Staff as demonstrated by completed CI Tickets.	The number of Continuous Improvement (CI) Tickets completed. Source of CI tickets: Huddle Boards and Staff Rounding.	1325 completed CI Tickets by Dec 2018.	
Efficient	Fiscal stewardship	Maintain expenses to no more than 100% of Budget	C	% / Total Expense to Total Budget	All Care / April to Dec 2018	101	100.00			1)1) Improve the leaders understanding of costs and volumes indicators	Develop and rollout monthly financial and statistical reporting, KPIs to all leaders responsible for operational budgets.	Day 8 - of month end cycle, financial and statistical reports will be released to all leaders, monthly financial analyst and leaders meeting to review results and progress to budget, 3rd ET mtg of month organizational operating results to Executive Leadership	Maintain expenses at or below budget year to date April 1 - Dec 31, 2018	
	Staff satisfaction with STEGH as a place to work	% of Staff respondents who would rate STEGH for work as Excellent or Very Good	C	% / Health providers in the entire facility	In-house survey / By Dec 2018	43	50.00			1) Improve the number of staff who rate STEGH Excellent or Very Good as a place of work.	Staff Rounding, Recognition Thank You Cards and Implementation of ideas from staff focus groups.	% of Staff respondents who would rate STEGH for work as Excellent or Very Good	50% by Dec 2018	
Patient-centred	Person experience	Implementation of Evidence Based Patient and Internal Customer Rounding	C	Completion of steps / All inpatients	Local data collection / By Dec 2018	0	100.00	Need to have Evidence Based Patient and Internal Customer Rounding implemented by Dec 2018.		1)Step 1. Educate all leaders on patient/customer rounding by June 2018. Step 2. Complete test of patient rounding by September 2018. Step 3. Complete Implementation of all areas by December 2018.	Education	Completion of above steps.	All inpatient areas and all non clinical areas have patient /customer rounding implemented by Dec 2018.	

Quality Dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Current	Target	Target Justification	Change Ideas	Methods	Process Measures	Goal	FTE
Safe	**Workplace Violence**	**Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.**	**M A N D A T O R Y**	**Count / Worker**	**Local data collection / January - December 2017**	**41**			**1)Educate staff on what is workplace violence.**	**Using Risk Monitor Pro to report incidents of staff violence.**	**Number of workplace violence incidents broken down by verbal abuse and physical.**		**FTE=624.5**
	Safe work environment	Number of Safety Focused Executive Gemba Walks. Perception from staff survey that Executive is not doing enough around staff safety.	C	Number / Staff areas	In house Tracking / By Dec 2018	0	18.00	Complete at least 2 safety focused Executive Gemba walks per month.	1)Inform staff of safety focused Gemba walks. Schedule Gemba walks.	Schedule Executive lead Safety focused Gemba walks.	Record number of Executive lead Safety Focused Gemba walks. Track the issues identified on these walks.	2 per month. 18 to occur before end of Dec 2018.	
Timely	Improve ER Performance for Pay for Results (P4R)	Improve ER Performance for Pay for Results (P4R). Three of 6 ER P4R measures will be at MoHLTC 90th target by Dec 2018.	C	90th percentile / ED patients	CIHI NACRS / April to Dec 2018	CB	50.00		1) New Triage Process 2)New Emergency Department Assistant (EDA)role started in Jan 2018 3)Use of Results Pending Waiting Room	Utilize above new practices to reduce overall times in ED. The New EDA will complete non-nursing duties such as portering, sample transportation, cleaning and other non-medical duties, freeing nurses to do nursing tasks.	Measure the six P4R measures 90th percentiles in comparison the provinicial target for each of these measures.	To meet the provincial target for at least 3 out of 6 measures by Dec 2018.	