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

St.Thomas Elgin General Hospital

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	**Coordinating care**	% Quality Based Procedures(QBP)Order Sets implemented	% / Hospital admitted patients	In house data collection / Aptil to December 2017	793*	CB	CB	Internal target of 80%	1)To implement all relevant Order sets related to QBPs.Provide care based on QBP standards and ensure quality care to patients.	Identify current Order sets related to QBP funded care and adapt Think Research QBP Based Order Sets.	Review Scoping Tool, Project Charter. Tracking Tool chart.	80 %	Collect useful data to guide practice change.
	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**	% / Survey respondents	In-house survey / April to Dec 2017	793*	CB	CB	Internal target is %60. NRC Ont Average is 57% and Top Performer is at 72%.	1)Add question matching NRC Discharge question to in-house patient satisfaction survey, add to post discharge phone calls and patient experience rounds audit too. Educate mangers to know questions being asked on the survey.	i)In House Patient surveys distributed to all discharged patients ii) Post discharge phone calls to medicine patients iii) patient experience audit tool will include this question -to be used 5 audits/month/per nursing unit	Weekly review of % of patients with response "completely" to the question with a monthly roll up per unit.	Establishing baseline. Internal target is 60% with the patients who answered "completely". Overall, the goal is to improve patient experience with focus on the dimension "Information Sharing and Communication".	The data collected in response to this question is also well aligned to sustainment work related to Transfer of Accountability and will be used as part of the PDCA cycle for this CI Initiative.
	Improve Patient Followup by increasing the % of discharge summaries sent from hospital to community care provider	Percentage of Discharge Summaries Dictated within 48 hours over the Total Number of Discharge Summaries (All discharge summaries are sent electronically to primary care provider upon dictation)	Rate / All inpatients	In house data collection / April to December 2017	793*	0.92	0.90	We want to sustain our performance during 17/18.	1)Sustain physicians completing discharge summaries within 48 hours of discharge. Electronic system will automatically distribute the discharge summaries to the primary care providers.	Metric tracked weekly at leadership huddle. Continue to follow-up with Departmental Chiefs and individual physicians to sustain and improve.	Number of discharge summaries completed within 48 hours of discharge.	90% of all discharge summaries will be completed within 48 hours of discharge.	
	Providing Effective patient care	Average Paid Sick Days per month per FTE employee	Days / Health providers in the entire facility	In house data collection / April to December 2017	793*	0.55	0.77	To be less than .77 Days/FTE . The top 25% of OHA hospitals have a rate of .77 or less.	1)Utilizing the tools in place: a revitalized Attendance Program, health & wellness offerings and a weekly focus on sick absence activity at leadership huddle; expect to see a sustained reduction in paid sick days per FT staff member.	Metric tracked monthly, total paid sick time (non-LTD time) of FT staff. Measure against OHA peer group top quartile.	Average Paid Sick Days/ Month per FT Employee	Monthly target to be at or below 0.77 days per FT. Annual target of 9.24 paid sick days per FT employee.	Increase employee health and wellness. Reduce employee illness.

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Efficient	**Access to right level of care**	**% of Choosing Wisely Toolkits implemented (STEGH Applicable)**	% / All inpatients	In house data collection / April to December 2017	793*	0	80.00	Target 80% of Choosing Wisely Toolkits applicable to STEGH	1)Implement 80 % of the appropriate Choosing Wisely Toolkits at STEGH.	Implement the following Choosing Wisely toolkits 1)Drop the Pre-op,2)Why give two when one will do, 3)Loose the tube , 4)Sedatives for Sleep and 5)Anti-psychotic Use in LTC	Measure the number of the toolkits implemented.	80% of the 5 Choosing Wisely toolkits implemented by December 2017.	
		Direct cost per inpatient Day(RN/RPN/PSW/UC hours) per day over census days	Dollars / All inpatients	Hospital collected data / April to December 2017	793*	CB	CB	Collecting baselines and developing targets for like care areas.	1)To monitor the direct cost per inpatient day for all care types to ensure the right level of staffing to meet the patient care needs.	To review the direct labour cost (worked) hours per day over actual patients days on a weekly basis and monthly basis. Direct labour is defined as CRN/RN/RPN/PSW/UC worked hours.	Direct Labour Cost per day over actual patient days per nursing unit.	Establish targets for each nursing unit. Internal target to meet 70% of unit specific targets.	Does not include benefit hours.
Equitable	**Equitable Access to Wellness Programs**	Number of Wellness Opportunities held for Staff and Physicians	Number / Health providers in the entire facility	In house data collection / April to December 2017	793*	CB	CB	Internal target of 6 wellness sessions per year and 2 exercise opportunities per week	1)Occupational Health, Safety and Wellness (OHSW) will offer 6 wellness sessions per quarter focused on improving the health of employees, volunteers and physicians at STEGH. In addition, a minimum of two exercise offerings per week will be available to staff, volunteers and physicians.	OHSW will organize utilize EAFP (Homewood Health) and internal experts to provide 30-60 minute workshops on a variety of wellness topics. Fitness classes will be arranged through HR, using external instructors, focusing on yoga, Zumba and dance fitness.	Number of wellness sessions per quarter. Number of fitness classes per week.	Target 1: 6 wellness sessions per quarter Target 2: 2 exercise opportunities per week	In a report by the Health Communication Unit at the Centre For Health Promotion at the University of Toronto, a Canadian company reported $7 in savings for every $1 invested in health-related programs. The same report found that health promotion programs in the workplace — including ones that create healthy eating environments — have been shown to increase employee productivity, reduce sick leaves and improve employee retention.
	Staff Recognition	Number of Staff recognized corporately at Leadership Huddles	Number / Health providers in the entire facility	In house data collection / April to December 2017	793*	CB	CB	Internal Target of 8 per month	1)Staff are formally recognized for providing excellent patient care or for implementing a continuous improvement (CI) project.	Every two weeks, two employees are chosen to be recognized based on exemplary comments provided by patients through the patient satisfaction scorecard. Every two weeks, two employees or two groups of employees, are chosen by the Transforming Care Office, based on Continuous Improvement submissions received and acknowledged for their CI idea.	Number of employees recognized for exemplary care and number of employees recognized for their continuous improvement.	Recognize 8 employees per month.	
Timely	**Timely access to care/services**	% of ER Patients meeting the 90th percentile Physician Initial Assessment (PIA) Target of 2.0 hours	% / ED patients	CIHI NACRS / April to December 2016	793*	81	90.00	Want to improve the % of patients meeting the provincial 90 Percentile PIA target of 2.0 hours for all ER Patients.	1)To increase the % of ER Patients meeting the 90th percentile PIA target of 2.0 Hours 1)Create processes to monitor and reduce PIA to 2.0 2)Specific trials will be planned and implemented to attempt to reduce the PIA for all patients. 3)Clinical Care Team commitment of Reaching PIA of 2.0 by Dec 2017	1)Dedicated resources and time will be in place to implement processes and trials. 2)PDCA cycles will be used to analyze data and results and make adjustments for next round of trials.	1)Daily tacking on ED Huddle board, 2)Weekly tracking at Leadership huddles, 3)monthly tracking a monthly clinical Care tea meetings, 4)Monthly tracking at Quality Meetings and 5)monthly review of Access to Care P4R standings.	Reduced wait times in ED, specifically, reduce the 90th percentile Physician Initial Assessment time to 2.0 by December 2017.	The completion of construction in the ED allow for new trials for patient flow to be initiated, potentially impacting target time.

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Patient-centred	Person experience	% Baby Friendly Measures implemented for Baby Friendly Certification	% / Pediatric Patients	In house data collection / April to December 2017	793*	CB	CB	Internal Target of 50%	1)Implement 50% of the 10 Baby Friendly Measures.	Implement the 5 out to 10 measures to achieve Baby Friendly Certification (BFI).	Number of the measures implemented	Target to implement 5 out of 10 baby friendly measures.	
		% of Medically Complex Patients with Specialist follow-up appointments booked on discharge from medical units	% / Patients with complex conditions	In house data collection / April to December 2017	793*	CB	CB	Collecting baseline. Internal target of 80%. Same target as 1st year of Family Physicians booked upon discharge for medical patients.	1)To arrange a specialist follow-up appointment for all medical complex patients prior to discharge from hospital.	The hospitalist will refer all medically complex patients to the internal medicine for a follow-up appointment prior to discharge for all the medical units. All medically complex patients will be tracked on the medical unit whiteboard with a complex magnet.	Number of medically complex patients who had a specialist appointment made prior to discharge from hospital. The number of medical complex patients will be identified daily at bullet rounds.	80 % of Medically complex patients will have a specialist follow-up appointment made prior to discharge. (This is in addition to the primary care follow-up appointment).	
		% of Mental Health patients with follow-up plan at discharge	% / Mental health patients	In house data collection / April to December 2017	793*	CB	CB	Internal target of 80%. Same target as 1st year of Follow-up Family Physician phone calls.	1)Patients, prior to discharge, will be provided an agreed upon plan for follow-up care, which will include a scheduled appointment with relevant personal or community resources/supports. Although currently part of current practice to initiate and ensure support services for patients when possible, this initiative provides the opportunity to create and standardize a tool (Discharge Follow-up Plan form) and establish a standard of compliance (80%) for its implementation.	Design a Mental Health Discharge Follow-up Plan form to be implemented April 1,2017 created by inpatient staff. Discharge Follow-up Plan to be determined and completed by staff and patient, and copy of form will be provided to patient and placed in patient chart. Track all patients discharged with a follow-up plan on a weekly and monthly basis.	% of Patients discharged with a signed and dated follow-up plan on discharge over the total number of mental health patients discharged weekly and monthly. Metric to be tracked daily on MH Huddle board. Audits of Discharge Follow-up Plans in patient charts to be completed weekly.	80% of mental health patients will be discharged with a formalized follow-up plan in place.	
Safe	Safe care	**% of Workplace safety events in categories of Violence, Needle Sticks/Sharps, Strains/Sprains where management complete checklist follow-up within 2 business days**	% / Health providers in the entire facility	In house data collection / April to December 2017	793*	CB	CB	Establishing a baseline but Internal target of 75% for the highest volume categories of Violence, Needle Sticks/Sharps and Strains/Sprains for Workplace Injuries.	1)Managers are required to complete safety follow up checklist within two working days of a safety event of type: Sharps, Strain/Sprain or Violence.	Metric tracked weekly at leadership huddle. Safety Specialist will follow up with managers to improve post-incident actions.	The number of workplace incidents in these 3 categories of Sharps, Strain/Sprain or Violence. Ensure timely completion of leader safety incident follow up (within 2 working days.	75% of follow up activity will be completed in two working days of safety incident for incident type: Sharps, Strain/Sprain or Violence.	