2023/24 Quality Improvement Plan
"Improvement Targets and Initiatives"

St. Thomas-Elgin General Hospital 189 Elm Street, St. Thomas , ON, N5R5C4

AIM		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	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 if you are not working on this indicator) C = Custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	**Efficient**	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / other	793*									
	Timely	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / other	793*									
Theme II: Service Excellence	**Patient-centred**	Percentage of respondents who responded "completely" to the following question: 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 / Most recent consecutive 12-month period	793*									using custom indicator
	Patient-centred	Percentage of respondents who responded "completely" to the following question: When you left the hospital, did the hospital staff make sure you knew what would happen next with your care?	C	% / Survey respondents	Local data collection / Jan 2022–Dec 2022	793*	91.7%	> = 90%	Sustain the current target of > = 90%.		In collaboration with Patient Partner(s), review and update the Patient Discharge Profile to ensure the document is patient centred and contains information valuable to the patient, and enhances their understanding of their healthcare journey and awareness of community resources available to them.	Engage stakeholders in the review of the current document, identify oporutnites for improvement and co-design a new discharge form. Draft the revised discharge profile document. Present draft form to Patient Experience Council for feedback. Collaborate with Clinical Informatics (CI) to update the form. Educate staff on the process change.	Schedule meetings with stakeholders (representatives from each clinical unit and patient partner(s)) to co-design an improved patient discharge profile. Complete an updated discharge form in draft. Schedule a presentation at the Patient Experience Council to share the revised form. Schedule meetings with CI to complete and test the updated form in the electronic system. Create and distribute an e-learning module to staff.	By June 30, 2023 complete all stakeholder meetings. By September 30, 2023 develop a final draft of the updated discharge patient document. By December 31, 2023 present updated discharge patient form to the Patient Experience Council. By December 23, 2023 collaborate with CI to upload revised form to electronic system. By March 31, 2024, 85% of active clinical staff will have completed the e-learning module.	Custom indicator as use internal survey for data collection. Directors/CNE to lead.
Theme III: 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 / Oct–Dec 2022 (Q3 2022/23)	793*	92%	> = 90%	Sustaining current process initiated in Q3 of 2022.		Continue onboarding education with providers and residents.	Mandatory Pharmacy Services Education prior to start at STEGH.	Weekly monitoring of percentage of completed medication reconciliation at discharge via emailed report. [Note. Patients who are Expired, Signout Against Medical Advice and Discharges with length of stay of 28 hours or less along with OB will be excluded from the calculation.]	90 % compliance	Sustaining current process initiated in Q3 of 2022. Pharmacy Manager & CNE to lead
		Medication reconciliation at admission: Total number of admitted patients for whom a Best Possible Medication Admission Plan was created as a proportion the total number of patients admitted.	C	Rate per total number of admitted patients / total admitted patients	Hospital collected data / new indicator	793*	CB	CB	New Indicator for STEGH.		Patients admitted to hopsital via the Emergency Department (ED) will have their admission medication reconciliation completed by the most approporiate prescriber. The admission medication reconciliation process will be amended to clarify accountabilities of Emergency Departmtent Physicians and the Most Responsible Physician (MRP).	Update the MRP onboarding package. Update the education guide for Emergency department staff (completed in Q3 2022-23). Plan-Do-Study-Act (PDSA) process change Q4 2022-23 (soft launch) to identify opportunities for improvement. Implement process change Q1 2023-24.	Utilize the updated learning package during MRP onboarding. Provide program metrics to Pharmacy and Therapeutics committee monthly for discussion. Provide program metrics with Medical Advisory Committee annually.	By December 31, 2023, 90% of patients admitted from the ED will have an admission medication reconciliation completed by the MRP within 24 hours.	Custom indicator aligned with hospital focus on creating an accurate Admission BPMH which impacts the quality of Discharge BPMH. Pharmacy Manager & CNE to Lead.
	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	P	Count / All STEGH	Local data collection / Jan 2022–Dec 2022	793*	152	CB	RL6 reporting improvements.		Customize the RL6 reporting software to allow the organization to collect, analyze, evaluate and share key patient and staff safety data with team members. The RL6 submission forms will be customized to include key data points required for improvement purposes, streamline the staff submission process and allow for streamlined reporting of employee and patient safety incidents. Associated policies, procedures and learning documents will be updated to align with all changes.	Internal stakeholder engagement to develop and revise incident submission forms. External stakeholder engagement to draft new forms in test environment. Update associated policies, procedures and learning documents.	Engage internal stakeholders to draft updated submission forms by May 31, 2023. Engage external RL6 representative to draft updated submission forms in test environment by August 31, 2023. Test new submission forms by October 31, 2023. Update policies, procedures and learning documents by October 31, 2023. Educate staff on revised submission forms by October 31, 2023. Create department specific incident auto-reports for managers by December 31, 2023. Create a safety report identifying workplace violence trends to distribute to Workplace Violence Prevention Committee, Joint Health and Safety Committee (JHSC) and leadership by December 31, 2023.	By December 31, 2023 customize the RL6 reporting software.	Risk Manager to Lead and Provide updates to CNE

		Number of never events reported by the hospital within a 12 month period.	C	Count / All STEGH	Local data collection / Jan 2022–Dec 2022	793*	0	0	RL6 reporting improvements and facilitate reporting to Ministry of Health, once process established.		Customize the RL6 reporting software to allow the organization to collect, analyze, evaluate and share key patient safety data with team members. The RL6 submission forms will be customized to include key data points required for improvement purposes, streamline the staff submission process and allow for streamlined reporting of patient safety incidents. Associated policies, procedures and learning documents will be updated to align with all changes.	Internal stakeholder engagement to develop and revise incident submission forms. External stakeholder engagement to draft new forms in test environment. Update associated policies, procedures and learning documents.	Engage internal stakeholders to draft updated submission forms by May 31, 2023. Engage external RL6 representative to draft updated submission forms in test environment by August 31, 2023. Test new submission forms by October 31, 2023. Update policies, procedures and learning documents by October 31, 2023. Educate staff on revised submission forms by October 31, 2023. Create department specific incident auto-reports for managers by December 31, 2023. Continue to track and monitor never events on STEGH's Patient Safety and Quality Scorecard, reported to leadership and Quality Committee of the Board monthly.	By December 31, 2023 customize the RL6 reporting software.	Custom indicator to allow monitoring and tracking of never events to be reported to the Ministry of Health as per their process, once established. Risk Manager to lead and provide progress reports to CNE.
Equity	**Equitable**	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / Other	793*									