

**Carleton Place & District Memorial Hospital "Improvement Targets and Initiatives"**  
**2020/21 Quality Improvement Plan**

AIM		Measure						Change			
Quality dimension	Theme	Measure / Indicator	Unit / Population	Source / Period	Current performance	Target	Q1	Planned improvement initiatives (Change Ideas)	Process measures	Target for process measure	Status
Safety	Safe and Effective Care	Number of reported workplace violence incidents (overall)	Number of reported workplace violence incidents by hospital workers (as defined by OHSA) within a 12 month period.	Internal Data Collection	10 Total for Jan 1, 2019 to Dec 31, 2019	11 (increase of 10%)		CPI Training for all front line staff	Total number of hospital (FTE) FT 50 PT 56 CS 86	90% by March 31, 2020	
	Patient-Centered	Service Excellence	Patient Experience: Did you receive enough information when you left the hospital?  % of survey 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?	NRC Data & Internal Data Collection through the Post Discharge phone calls	CPDMH 48.6% NRC Avg 58.5% Most recent consecutive 12 month period	70%	CPDMH 54.5% NRC Avg 59.8%	The question, "Did you receive adequate information regarding your condition, treatment and who to contact prior to discharge?" was added to the Post Discharge phone call form. It has the same 4 options for answers as the NRC question.	The number of qualifying discharge MS patients who responded to a post discharge call and the number of respondents who choose "completely" to the question.	70% of eligible discharged M/S patient will choose the most positive response to the question	
Effective	Safe and Effective Care	Repeat emergency visits for mental health	% of unscheduled repeat emergency visits following an emergency visit for a mental health condition (within 30 days)	Ontario Health	18.68% as per Health Quality Ontario	15.88%		hand out information pamphlets to discharged MH pts. which include information regarding community resources for MH patients	record number of repeat visits and document whether or not pt. received information regarding community resources	decrease in MH repeat visits to 15.88% (current performance is 18.68%)	
	Safe and Effective Care	Medication reconciliation at admission: Average Med Rec quality score at admission (Based on Safer Healthcare Now Patient Safety Metrics Score)	Med Surg Unit	Internal Data Collection	60% (No data yet as we have not implemented our change. Use baseline from previous QIP).	75% in Q3 and Q4		BPMH training and certification of ER/RR/Pre-Op nursing staff. Use of Meditech to record information and meditech generated admission medication orders. Develop a process to ensure certification of new staff and annual confirmation of certification. Note: certification requirements will be different for pre-op/RR staff. Education of pharmacy technicians to complete electronic bpmh for repatriated patients and for patients upon discharge.	% of nursing staff who successfully completed certification % pharmacy technicians educated	60% of ER nursing staff certified and 60% of pharmacy technicians educated by June 30, 2020.  80% of ER/pre-op/RR nursing staff and 100% of pharmacy technicians educated by Sept 30 2020 100% of ER/pre-op/RR nursing staff by December 30, 2020.	

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	Safe and Effective Care	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.	Med Surg Unit	Internal Data Collection	71% Q3 2019 / 20	80% in Q3 and Q4		Use of Meditech generated discharge medication reconciliation prescription. Training for physicians on completion of new form. Pharmacy to update home meds after discharge.	% of Prescribers trained	30% of Prescriber's trained by June 30 2020, 60% of Prescriber's trained by Sept 30, 2020, 100% of Prescriber's trained by Dec 30, 2020	
Timely	Timely and Efficient Transitions	Discharge summaries sent from hospital to primary care provider within 48 hours of discharge	% of patients discharged from hospital for which discharge summaries are delivered to their primary care provider within 48 hours of patient's discharge from hospital	Internal Data Collection	59.3% D & T 7.4% D not T due to weekend/vacation/sick 33.3% not dictated (Most recent 3 month period)	80%	91.4% D & T 8.6% D not T due to weekend/vacation/sick 10.6% not dictated	A Discharge Summary template will be ready to implement for the physicians for April 1, 2020.	% of time target is met.		
	Timely and Efficient Transitions	Emergency department wait time for inpatient bed	Measures the time interval between the disposition date / time and date / time patient left emergency department for admission to an inpatient bed or operating room (hours)	CIHI	5.3 hours Q3 2019 / 20 (open)	n/a		We will track as it's a mandatory indicator but will not have planned initiatives.			