

2018/19 Quality Improvement Plan

Carleton Place & District Memorial Hospital 211 Lake Ave. E.

"Improvement Targets and Initiatives"

DOCUMENT

AIM		Measure							Change			
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure
<p>M = Mandatory (all cells must be completed)</p> <p>P = Priority (complete ONLY the comments cell if you are not working on this indicator)</p> <p>A= Additional (do not select from drop down menu if you are not working on this indicator)</p> <p>C = custom (add any other indicators you are working on)</p>												
Effective	Coordinating care	Percentage of patients identified with multiple conditions and complex needs (Health Link criteria) who are offered access to Health Links approach	A	% / Patients meeting Health Link criteria	Hospital collected data / most recent 3 month period	1/3 = 33%	50%		Implement Health Links referrals by ED nursing and physicians using the following criteria: 1. Individuals with 2+ admissions. 2. Individulas with a hospital stay >19 days. 3. Individuals with 7 or more ER visits. 4. Individuals with Level 3/4 comorbidities. Criteria number 3 - 7 or more ER visits, gives us the opportunity to educate ER staff to complete a referral and notifiy Manager of Patient Flow.	Roll out education for ED nursing and active physicians May 2018-August 31st,2018. Report every quarter using data from DAD CIHI. Every Quarter review data on patients that meet 2 out of 4 criteria of the NorthLanark Health Link Business Plan confirm if offered access to Health Links Approach.	# ED nurses and active physciains trained on Health Link Criteria and process for referral. # of Health Links referrals from ED.	60% of ED nurses and active physicians trained by August 31, 2018. 25% increase of referrals to Health Links from CPDMH, including ED referrals, by March 31, 2019.

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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) Inpt	60% n= 20 NRC average= 57.5%	65%		Review and revise Post discharge phone call process for M/S patients	Revise questionnaire to include the Question 38 from the CPES " 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?" Ensure Consent process in place	# eligible discharge M/S patients responding to post-discharge phone call. # of respondents who responded “yes” to the question (do not include non-respondents)	70% of eligible patients discharged from M/S (to home) will respond to the question. 65% will choose the most positive response to the question

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Effective	Effective Transitions	Risk-adjusted 30-day all-cause readmission rate for patients with CHF (QBP cohort)	P	Rate / CHF QBP Cohort	CIHI DAD / January - December 2016	10% 2/20 cases	5%		1)Evaluation and use of current CHF pre-printed order set to ensure alignment with Provincial QBP.	Audit charts of patients admitted with a diagnosis of CHF to evaluate pre-printed order set use. Develop evaluation tool to review CHF order set and QBP. Identify areas for improvement and alignment with QBP. Revise order sets as required. Education on changes for clinicians	# readmissions for CHF	Reduce Re-admission rate by 5%

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Efficient	Access to Right Level of Care	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data	P	Rate per 100 inpatient days / All inpatients	WTIS, CCO, BCS, MOHLTC / July - September 2017	29.75%		Theoretical best	KEEP as monitoring only			

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Safety	Safe Care/ Medication Safety	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital	A	Rate per total number of admitted patients / Hospital admitted patients	Hospital collected data / October – December (Q3) 2017	94% 30/32	100%		A)review 2019 Accreditation Canada Standards related to Medication Reconcilliation (May 1, 2018) B)revise Medication Reconciliation P&P to reflect 2019 CCHSA standards (June 30, 2018). C) Roll out revised P&P accross all units (Sept 30, 2018)	P&P revision and roll out.	Percentage of staff/active physicians/educated/trained.	80% by Dec 31st, 2018

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Safety	Safe Care/ Medication Safety	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 – December (Q3) 2017	100% 32/32	100%		1) A)review 2019 Accreditation Canada Standards related to Medication Reconcilliation on Discharge Process (May 1, 2018) B)revise Medication Reconciliation P&P to reflect 2019 CCHSA standards (June 30, 2018). C) Roll out revised P&P accross all units (Sept 30, 2018)	P&P revision and roll out.	Percentage of staff/active physicians educated/ trained.	80% by Dec 31st, 2018

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Safety	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	Jan 1-Dec 31 2017 = 6 incidents.	collecting baseline		Increase reporting of workplace incidents	For PT & FT: Education and training to nursing, active staff physicians, allied health, housekeeping and dietary staff. Standardize reporting of workplace violence incidents.	# staff attending the education session.	70% of PT & FT staff and active staff phycians will have received the education by Dec 31, 2018.