

2017/ 18 Quality Improvement Plan

"Improvement Targets and Initiatives"

West Park Healthcare Centre 82 Buttonwood Avenue

AIM		Measure						Change			
Quality dimension	Objective	Measure/Indicator	Population	Source / Period	Current performance	Target (Acceptable Performance)	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas
Patient-centred	Improve patient experience	Percent of patients rating "Staff" dimension positively	Complex continuing care residents	NRC Picker LSRE Survey December 2016	65%	70% (67%)	The target is incremental and aims at improving therapeutic relationships.	1)Improve therapeutic relationships by implementing 'always' events when staff engage with patients rooms e.g. staff introduction; inform patient of reason for visit; "How can I help?"; bedside safety check	Survey patients using an in-house survey to evaluate patient experience with "always events" and reinforce the therapeutic relationship.	Percentage of patients that experienced 'always events'.	75%
								2) Address compassion fatigue amongst care givers	Provide wellness services to staff.	Number of staff attending in-services.	75%
								3)Improve partnership with patients	Develop a formal patient engagement strategy.	Strategy established and approved by senior team	100% complete by June 30, 2017
									Develop recruitment & orientation strategies for Patient and Family Advisors.	Processes established by Patient Relations Advisor	100% complete by September 30th
									Re-design Patient Family Advisory meetings in collaboration with attendees.	New terms of reference established,	100% complete by September 30, 2017
										Survey patient and family satisfaction with implemented changes.	75% satisfaction rate
Establish unit specific patient / family councils	Number of patients in attendance at each council.	8 -12 participants per meetings									
Effective	Improve transition to the community	Percent of outpatients who successfully complete the Pulmonary Rehabilitation Program who receive the discharge bundle	Outpatient Pulmonary Rehabilitation Patients	Hospital collected data	Collecting Baseline	66% (60%)	The bundle is in development and will be piloted in advance of full implementation.	1) Improve patient knowledge and strategies to manage chronic condition.	Use 'teach back' to assess patient understanding.	Teach back' method used for all participating patients.	100%

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Efficient	Improve length of stay (LOS) efficiency for patients with hip fracture	Length of Stay Efficiency	All patients with hip fracture in high intensity rehabilitation program	National Rehabilitation Reporting System April-Sept	1.33	1.41 (1.35)	The Centre is targeting LOS efficiency in-line with GTA rehab average at end of Q2 2016/17.	1) Review processes for FIM assessment at admission to ensure timely and accurate completion.	Create a value stream map to analyze current FIM collection process and develop ideal state.	Value stream map created and analyzed.	100% complete by June 30, 2017
										Ideal state mapped out and implemented	100% complete by Dec 30, 2017
								2) Review FIM assessments to understand differences in coding practices.	Analyze individual FIM elements and determine whether coding inconsistencies exist.	Analysis complete	100% complete
									Review findings with team and identify learning needs.	Learning needs developed	100% complete
							3) Work in partnership with patients and families.	Review with patients and families expected discharge date and required supports for safe discharge.	Percentage of patients who received and discussed letter of expected discharge.	100%	
Safe	Increase proportion of patients receiving medication reconciliation upon discharge	Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged.	All patients	Hospital collected data / Most recent quarter available	88%	95% (90%)	The goal is for all patients to receive medication reconciliation on discharge.	1) Provide regular feedback to physicians and pharmacists.	Report results of quarterly audits for all services.	Percent of physicians and pharmacists receiving audit statistics.	100%
								2) Review processes for medication reconciliation to support unexpected absences.	Meet with unit pharmacists and physicians to review processes.	Percent of reviews completed	100%
								3) Investigate electronic options for medication reconciliation at discharge.	Review limitations of current systems and seek out alternate solutions.	Report and recommendations complete by end of 2018.	100%
Timely	Improve access to clinical information.	Percent of discharge summaries sent to primary care practitioner within 2 business days.	Rehab	Hospital collected data / April-Dec	74%	79% (76%)	The target reflects a continued incremental improvement approach which the Centre has undertaken over several years.	1) Individual performance follow-up.	The Chief of Staff will meet with physicians to promote improvement.	Percent of those not achieving target who met with Chief of Staff.	100%
								2) Provide physicians with more details of report completion.	Enhance monitoring reports to provide additional information.	Reported monthly and reviewed by physicians.	Complete
								3) Automate the discharge summary process.	Develop an electronic discharge summary with auto populated fields.	Percentage of physicians/NPs using electronic discharge summary software.	100%