

# 2016/17 Quality Improvement Plan

## "Improvement Targets and Initiatives"

Manitoulin Health Centre 11 Meredith Street Box 640

AIM		Measure							Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Effective	Reduce 30 day readmission rates for select HIGs	Percentage of acute hospital inpatients discharged with selected HBAM Inpatient Grouper (HIG) that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission.	% / All acute patients	DAD, CIHI / July 2014 – June 2015	784*	18.05	17.20	4.7% improvement is a realistic target based on complexity of new partnerships and alliances.	1)Assess and document admitted patients risk of readmission using a standardized screening tool.	Implement HARP tool to assess high risk admissions.	Number of admitted patients with HARP assessment completed	50% of admitted patients will have HARP tool assessment completed.	Incorporated into Senior Friendly Hospital (SFH) processes of care domain.
									2)Put in place standardized processes to notify primary care provider when patient is discharged from hospital to facilitate appointment booking within 7 days post discharge.	Manitoulin Island Family Health teams to receive discharge notification from hospital on day of discharge. Hospital IT Analyst to program discharge notifications linked to Meditech Admissions module. At time of discharge an electronic notification will be delivered to patients primary care provider. Manitoulin Island Collaborative Discharge working group will monitor and review data.	Number of family health team patients with discharge notification sent to primary care provider.	100% of family health team patients will have a discharge notification sent to the family health team.	Incorporated into Senior Friendly Hospital (SFH) processes of care domain.
									3)Patients receive a follow up phone call within 24-48 hours of discharge from hospital	Discharge follow-up calls will be scheduled and conducted within 24-48 hours post discharge by admitting personnel to assess gaps in discharge planning. Survey results will be monitored by clinical management team to identify post transition risks and opportunities for improvement.	Number of completed follow-up phone call surveys.	80% of discharged patients will have responded to phone call survey.	Incorporated into Senior Friendly Hospital (SFH) processes of care domain.
									4)Patients/families care givers are provided with standardized health information on discharge.	Emergency Department to lead the development of medical information fact sheets to be provided to emergency and admitted patients upon discharge. Approval of medical fact sheets by Medical Advisory Committee. Electronic print on demand records to be accessible by all members of the inter-professional team.	Number of Patient positive responses to telephone discharge follow up survey question "Were you given a paper with written instructions about your disease or condition?"	80% positive patient response rate.	Incorporated into Senior Friendly Hospital (SFH) processes of care domain.
	Improve Emergency Department Data Quality	Percentage ED Chart completion: Total number of charts with Physician Initial Assessment Times recorded divided by the total number of records	% / ED patients	Hospital collected data / 2016-2017 Q1-Q3	784*	75	80.00	Achieve last year's target	1)Performance monitoring tools are used to assess and monitor quality of physician documentation.	Emergency Department desktop Dashboards customized to include monitoring of recorded Physician Initial Assessment (PIA)times as entered in Meditech admissions module at discharge. Meditech data shared to manager desktop utilizing Tableau software. Drill down reports include real time information broken down by day of week and primary care provider to monitor and provide feedback to primary care providers.	Number of reports generated per month by the Quality Office.	100% of physicians will receive monthly report cards effective by June 30, 2016	

									2)Streamline Emergency Department Discharge workflow processes to improve quality of documentation.	Discharge accountabilities and responsibilities streamlined to include departure of patient in Meditech admissions module by emergency department personnel versus health records. Emergency Department workflow will be re-mapped to include real time discharge of Emergency Department patients in Meditech Admissions module.	Number of ED clerical trained to discharge patients in Meditech admissions module. Percentage of patients departed in Meditech admissions module by emergency department personnel.	100% of Emergency Department patients discharged in Meditech real time by March 31, 2017.	
<b>Reduce 30 day readmission for medical patients</b>	Percentage of acute hospital inpatients discharged with medical diagnosis that are readmitted to Manitouslin Health Centre for non-elective patient care within 30 days of the discharge for index cases.	% / All acute patients	DAD, CAPE, CPDB / 2015 2016 Q1-Q3	784*	11.4	14.00	Decrease of 12.5% from last year's target of 16%. Numerator variations of 1-2 cases can impact results by 1.5-2.7% due to small patient volumes.	1)Assess and document admitted patients risk of readmission using a standardized screening tool.	Implement HARP tool to assess high risk admissions.	Number of admitted patients with HARP assessment completed	50% of admitted patients will have HARP tool assessment completed.	Incorporated into Senior Friendly Hospital (SFH) processes of care domain.	
								2)Put in place standardized processes to notify primary care provider when patient is discharged from hospital to facilitate appointment booking within 7 days post discharge.	Manitouslin Island Family Health teams to receive discharge notification from hospital on day of discharge. Hospital IT Analyst to program discharge notifications linked to Meditech Admissions module. At time of discharge an electronic notification will be delivered to patients primary care provider.Manitouslin Island Collaborative Discharge working group will monitor and review data.	Number of family health team patients with discharge notification sent to primary care provider.	100% of family health team patients will have a discharge notification sent to family health team.	Incorporated into Senior Friendly Hospital (SFH) processes of care domain.	
								3)Patients receive a follow up phone call within 48 hours of discharge from hospital	Discharge follow-up calls will be scheduled and conducted within 24-48 hours post discharge by admitting personnel to assess gaps in discharge planning. Survey results will be monitored by clinical management team to identify post transition risks and opportunities for improvement.	Number of completed follow-up phone call surveys.	90% of discharged patients will have responded to phone call survey.	Incorporated into Senior Friendly Hospital (SFH) processes of care domain.	
								4)Patients/families care givers are provided with standardized health information on discharge.	Emergency Department to lead the development of medical information fact sheets to be provided to emergency and admitted patients upon discharge. Approval of medical fact sheets by Medical Advisory Committee. Electronic print on demand records to be accessible by all members of the inter-professional team.	Number of Patient positive responses to question "Did someone tell you about danger signals regarding your illness or treatment to watch for?"	80% positive patient response rate.	Incorporated into Senior Friendly Hospital (SFH) processes of care domain.	
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<b>Efficient</b>	<b>Reduce unnecessary time spent in acute care</b>	Total number of ALC inpatient days contributed by ALC patients within the specific reporting period (open, discharged and discontinued cases), divided by the total	% / All acute patients	WTIS, CCO, BCS, MOHLTC / July 2015 – September 2015	784*	23	17.00	Achieve last year's target	1)48/5 Model of Care initiated to include assessment of functional mobility with individually targeted functional care plans on admitted patients.	Physiotherapist to complete TUG screens within 48 hours of admission for patients over the age of 65 with individualized functional care plans documented and initiated.	number of TUG assessments completed within 48 hours of admission patients greater than	100% of admitted patients greater than 65years of age will have screen completed within 48 hours.	Incorporated into Senior Friendly Hospital (SFH) processes of care domain.

		number of patient days for open, discharged and discontinued cases (Bed Census Summary) in the same period.							2)48/5 Model of Care initiated to include nutrition and hydration assessment with standardized tool.	Validated nutritional screening tool selected and implemented to standardize approach to nutritional screening. Screening assessment will be completed within first 48 hours of admission. Areas of concern are documented and addressed by dietician.	Number of patients screened for nutrition and hydration within 48 hours	70% of patients over age 65 will have nutritional screen completed.	Incorporated into Senior Friendly Hospital (SFH) processes of care domain.
									3)48/5 model of care initiated to include medication management and assessment of number of medications, interactions using a standardized approach	Medication reconciliation record is performed on all patients at admission. Physician asked to review and pharmacy may be consulted.	Medication reconciliation rates	95% of patients over 65 will have medication review and reconciliation completed.	Incorporated into Senior Friendly Hospital (SFH) processes of care domain.
<b>Patient-centred</b>	<b>Improve patient satisfaction</b>	“Overall, how would you rate the care and services you received at the hospital?” (inpatient), add the number of respondents who responded “Excellent”, “Very good” and “Good” and divide by number of respondents who registered any response to this question (do not include non-respondents).	% / All patients	NRC Picker / October 2014 – September 2015	784*	98	92.00	Increase of 2.2% from last year's target of 90%. Small patient sample size. Numerator changes by 2 patients can effect results by 4%. A 99% target is unreasonable based on size of sample collected.	1)Accessible compliments and concerns comment cards at specific locations in the organization to provide patients and families with an opportunity to provide feedback on patient experience as developed in collaboration with patient advisors.	Locked drop boxes strategically located within organization	Monthly compilation of results with review and qualitative summary provided to management team and board.	Maintain and improve opportunities for patients and families to provide feedback.	Includes emergency and inpatient responses
									2)Complement the mail out survey with discharge telephone follow-up phone calls	Discharge telephone survey implemented	Assessment of Qualitative data	Maintain a positive discharge experience for patients and families	
									3)Organizational wide roll out of "Service and Quality Orientation" Behavioural Competency.	Competency Based Performance evaluation roll out to all employees. All MHC job descriptions updated to include mandatory "Service and Quality Orientation" Behavioural Competency.	Number of job positions with "Service and Quality Orientation" Behavioural Competency incorporated. Number of departments utilizing competency based performance evaluation	100% of employee performance development plans will have "Service and Quality Orientation" included with	
<b>Safe</b>	<b>Increase proportion of patients receiving medication reconciliation upon admission</b>	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of	% / All patients	Hospital collected data / most recent quarter available	784*	99	95.00	Experiencing slight variation in quarterly results. Maintain current performance target. E-report results dependent on	1)Standardized Medication reconciliation tools are used on all admitted patients.	Education updates to all inter-professional team members re: standardized medication reconciliation tools to be utilized. Monthly Med reconciliation audits. 2. Ongoing reporting to physicians and staff relative to success 3. Spotlight indicator maintained at Board QA	Number of completed medication reconciliation records	95-100% compliance rates in med reconciliation on admission	Incorporated into Senior Friendly Hospital (SFH) processes of care domain.

	<b>Increase proportion of patients receiving medication reconciliation upon discharge</b>	Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged	% / All patients	Hospital collected data / Most recent quarter available	784*	93	95.00	Achieve last year's target	1)Standardized Medication reconciliation tools are used on all discharged patients.	Education updates to all inter-professional team members re: standardized medication reconciliation tools to be utilized. Monthly Med reconciliation audits. 2. Ongoing reporting to physicians and staff relative to success 3. Spotlight indicator maintained at Board QA	Number of completed medication reconciliation records	95-100% med reconciliation compliance rate on discharge	Incorporated into Senior Friendly Hospital (SFH) processes of care domain.
		Total number of discharged patients for whom a Best Possible Medication Discharge Plan was	% / All patients	Hospital collected data / Most recent quarter available	2121*	93	95.00	Achieve last year's target	1)				corporate level indicator
	<b>Reduce hospital acquired infection rates</b>	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI during the reporting period, divided by the number of patient days in the reporting period, multiplied by 1,000.	Rate per 1,000 patient days / All patients	Publicly Reported, MOH / January 2015 – December 2015	784*	0	0.01	Maintain current performance	1)Inter-professional team members provided with patient infection control status information to alert staff of precautions required.	Meditech bed board depicting infection control status of patients will be implemented. Bed board to be linked to PCS infection control interventions to provide real time status updates re: patient's infection control status.	Number of staff who have received bed board training	Infection Control status bed board operational by December 31, 2016	
									2)Infection prevention and control educational sessions	Infection Control Nurse to deliver regular educational sessions to Environmental Services housekeeping staff.	Number of staff who attended IPAC information sessions Number of IPAC information sessions delivered	100% of Environmental Services housekeeping staff will attend IPAC	
3)Hand hygiene spotlight campaign									Inter professional hand hygiene task force to conduct weekly site audits and provide team with on the spot feedback. Bi-weekly compliance rates posted publicly.	number of audits completed bi-weekly	90% hand hygiene compliance rates before and after contact.		
		Number of times that hand hygiene was performed before initial patient contact during the reporting period, divided by the number of observed hand hygiene opportunities before initial patient contact per reporting period, multiplied by 100.	% / Health providers in the entire facility	Publicly Reported, MOH / Jan 2015 - Dec 2015	784*	92.57	90.00	Increase of 5.8% from last year's target of 85%.	1)Hand hygiene spotlight campaign	Inter professional hand hygiene task force to conduct weekly site audits and provide team with on the spot feedback. Bi-weekly compliance rates posted publicly.	number of audits completed bi-weekly	90% hand hygiene compliance rates before and after contact.	
<b>Timely</b>	<b>Reduce wait times in the ED</b>	ED Wait times: 90th percentile ED length of stay for Admitted patients.	Hours / ED patients	CCO iPort Access / January 2015 - December 2015	784*	8.9	8.00		1)				Maintenance indicator. No new change ideas. ED wait time: physician initial
	<b>Reduce time to physician initial assessment</b>	ED wait time: 90th percentile Time to Physician Initial Assessment	90th percentile / ED patients	DAD, CIHI / 2015 2016 Q1-Q3	2121*	2.09	2.00	Achieve target results	1)Emergency re-designed to streamline department flow to reduce wait times to physician initial assessment.	Process improvement team to complete value stream mapping of flow to reduce wait times from arrival to physician assessment. Recommended change ideas implemented.	Number of recommended process improvement ideas implemented	100% of Emergency departments registered within department by March 31, 2017.	

									2) Clerical team optimization to support emergency department registration functions within department.	Clerical staff scheduled to emergency department during peak hours of operation. Master schedules and work hours aligned to peak emergency department registration volumes.	Number of hours/day clerical staff scheduled to work in emergency department. Number of FTE's hours available to emergency department.	All patients registered in the emergency department by March 31, 2017.	
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