

2019/20 Quality Improvement Plan
"Improvement Targets and Initiatives"



Grand River Hospital Corporation 835 King Street West

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) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Efficient	ALC Bed Equivalent - the total number of patient days where a patient is designated as ALC (acute and	C	Beds / ALC patients	In house data collection / October 2018 - December 2018	930*	84	62.00	New QIP indicator for 19/20. Target is based on the rate of 12.7%	St. Mary's General Hospital, Region of Waterloo, Waterloo Wellington Local Health Integration Network, KW4 Collaborative Team,	1)Continuation of the implementation of CCO's Alternative Level of Care Leading Practices	ED and inpatient areas will collaborate to identify and implement an additional three leading practices.	% of strategies implemented	100% of strategies for selected leading practices to be implemented by March 31, 2020.	
		Conservable beds equivalent - the total number of acute LOS days - expected LOS days for an acute patient (excluding those where the value is negative)/total number of days in the	C	Bed equivalent / All acute patients	DAD, CIHI PLOS/ELOS / July 2018 - September 2018	930*	34.45	32.00	New QIP indicator for 19/20. To achieve 20th percentile performance based on a defined peer group.	St. Mary's General Hospital, Region of Waterloo, Waterloo Wellington Local Health Integration Network, KW 4 Collaborative Team	1)Investigate the use of the Medworxx electronic white board 2)Specifying and identifying LOS for complex medical patients within 24 hours	The performance of the programs will be reviewed with respect to Medworxx usage and LOS for complex medical patients, analyze which are performing well and which needs improvement. Root cause analysis will be done for the factors affecting conservable days and 1 or 2 top strategies will be picked for improvement	* Percentage of Medworxx electronic white board investigated Percentage of other strategies implemented to reduce the conservable days	100% investigation complete for Medworxx electronic white board by 31st of *70% of the strategies selected to reduce conservable days completed by 31st	
		Emergency Department time to physician initial assessment in hours - 90th percentile	C	Hours / ED patients	CIHI NACRS / October 2018 - December 2018	930*	5	3.30	New QIP indicator for 19/20. Achieves 50th percentile performance		1)The time of day when PIA time is longest will be established, and a zone physician will be scheduled during this time to focus on	Analyze the time of day when time to PIA is the longest. Through PDSA cycles, pilot different times of day to schedule the zone physician. Create a physician surge shift on the days with the highest volume	Reduction of LOS of CTAS IV, V Reduction of left without being seen rate	A 2 hour reduction in LOS of CTAS IV, V by Q3 Greater than or equal to a 3% reduction in left	
		Timely	The time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to	M A N D A T O R Y	Hours / All patients	CIHI NACRS / October 2018 - December 2018	930*	18.93	17.00	New QIP indicator for 19/20. Achieves 25th percentile performance based on defined peer group.	St. Mary's General Hospital, Waterloo Wellington LHIN, Markham Stouffville Hospital, North York General Hospital, William Osler Health System, Mackenzie Health	1)Standardize the discharge process. Will be initiated on the medicine unit first.	EDD to be identified within 24 hrs of admission Patients to be discharged by 11 am	Percentage of patients for whom EDD will be set within 24hrs of admission Percentage of patients who were discharged by 11 am	EDD was set for 100% of patients admitted in the Medicine Program Within 24 hrs of admission 25% of patients admitted in the medicine program will be
		Hip and knee replacement surgery percentage completed within target wait 2	C	% / P2, 3, 4 elective primary and revision hip and knee replacement	CCO iPort / October 2018 - December 2018	930*	CB	CB	New QIP indicator for 19/20. We continue to work with the LHIN	Waterloo Wellington Local Health Integration Network	1)Review data quality, education to team for using "DART", monitor regular performance and prioritize cases	Q1 review data quality for each surgeon. Q1 prepare and distribute monthly scorecard for each surgeon (include current wait list, DARTs, Average cases per month performed, expected wait list reduction) Q1 map supply and demand (# cases performed vs # cases added	Complete data quality review by June, 2019. Surgeon wide monthly scorecard developed and distributed by June, 2019. Discussion with surgeon about prioritizing the cases by Q2.	100% review on data quality. 100% scorecard distribution to individual surgeon	
Theme III: Safe and Effective Care	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	M A N D A T O R Y	Count / Worker	Local data collection / January - December 2018	930*	217	205.00	Our ultimate goal is to achieve a target of zero. For 19/20, assuming a 15% reduction in overall incidents and a 10% increase in reporting target is set to achieve an overall 5% decrease in incidents		1)Increase reporting of workplace violence incidents 2)Define zero tolerance and increase awareness	1. Conduct focus groups with staff to further understand reporting challenges and barriers. 2. Develop clear reporting processes using current systems (risk pro and park lane) 3. Educate staff regarding updated reporting processes 1. Develop and implement signage within assigned locations in the organization 2. Develop an organization definition and provide education to staff	% of identified changes implemented # of employee incidents documented in risk pro % of signs posted in assigned locations	100% of identified changes implemented by Q2 0 employee incidents documented in risk pro by Q4 100% of assigned locations will have signs posted by Q1	FTE=2012