

2018/19 Quality Improvement Plan
"Improvement Targets and Initiatives"



AIM		Measure										Change				
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance			Priority level	Planned improvement initiatives (Change Ideas)		Methods	Process measures	Target for process measure	Comments
							Target	Target justification	Target							
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)																
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)	930*	77	78.00	Incremental improvement given achievement of the target; with consideration of large-scale initiatives undergoing implementation		1)Implement Patient Oriented Discharge Summary [PODS]	Expand work that has been done on Low Intensity Rehabilitation [LIR] to General Rehabilitation [GR], Stroke Rehabilitation [SR], Complex Continuing Care [CCC], and Specialized Mental Health [SPMH]	% of LIR, GR, SR, CCC, and SPMH patients discharged with PODS	100% of patients from LIR, GR, SR, CCC, and SPMH will receive a PODS on discharge by March 31st, 2019	Grand River Hospital - Freeport Site, in partnership with the WWLHIN, has a Memorandum of Understanding with OpenLab to implement PODS for all LIR, GR, SR, CCC, and SPMH patients by January 2019.	
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	930*	14.36	12.50	Target adjusted with consideration to challenges in external environment and also to serve as a stretch goal		1)Implementation of Cancer Care Ontario's [CCO] Alternate Level of Care [ALC] Leading Practices	The ED, along with inpatient departments will be working to review and implement CCO's ALC Leading Practices [LP] - Assess and, with respect to regional work, prioritize all LPs - Select 1 or 2 LPs for implementation - Implement all strategies for selected LP(s)	Percent of strategies implemented	100% of strategies for selected Leading Practices to be implemented by March 31st, 2019		
Patient-centred	Person experience	"Would you recommend this emergency department to your friends and family?"	P	% / Survey respondents	EDPEC / April - June 2017 (Q1 FY 2017/18)	930*	50.8	60.00	Target not achieved in 17/18, maintain		1)Strengthen audit process for whether patients have been asked "Do you have any other questions for me?" prior to discharge	Implement pop up box in electronic medical record [EMR] that queries staff about whether they have asked the patient this question prior to discharge	Percent of discharges in EMR for which "Did you ask patients if they had any other questions prior to discharge" is marked "Yes"	100% by March 31st, 2019		
		"Would you recommend this hospital to your friends and family?" (Inpatient care)	P	% / Survey respondents	CIHI CPES / April - June 2017 (Q1 FY 2017/18)	930*	81	80.00	Target of 80 is an incremental improvement over the 17/18 target of 75. Large-scale initiatives, including an new electronic medical record, in 18/19 are expected to effect patient experience results.		1)Identify areas with positive variance in results, understand what allows them to achieve better results, and mobilize that knowledge to areas with lower performance	- Analyze results to identify which areas are performing well and which would improve - In areas that are performing well, work with staff, patients, and care partners to contextualize performance - Mobilize this knowledge in areas that could use improvement	Percent of improvement in top box results for "Would you recommend this hospital to your friends and family?" in bottom 3 areas as of April 2018.	5% improvement in top box result by March 31st, 2019		
Safe	Workplace Violence	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	MANDATORY	Count / Worker	Local data collection / January - December 2017	930*	CB	CB	New indicator allows for opportunity to monitor baseline data		1)Provide all inpatient staff in the Mental health and Addictions Program [MHAP] with Gentle Persuasive Approach [GPA] training	GPA training will be provided in all inpatient areas. Unit EPLs will be responsible for tracking completion rate. Review of compliance will be incorporated into monthly program quality council.	Percent of inpatient MHAP staff who have received GPA training	90% of inpatient MHAP staff trained on GPA by March 31st, 2019	Pareto analysis on workplace violence numbers has shows that 50% of cases are from MHAP inpatient areas Total # of hospital employee FTEs: 2428.13	