

# 2016/17 Quality Improvement Plan

## "Improvement Targets and Initiatives"

Stevenson Memorial Hospital 200 Fletcher Crescent P.O. Box 4000

AIM	Measure	Change							
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)
<b>This is mandated by Health Quality Ontario</b>									
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	596*	16%	15.2%	The Medically Complex Clinic has recently closed within New Tecumseth. CCAC is going through significant transformation so the original health link model referring patients to the CCAC case coordinator may be a continued challenge in the community this year. Because of these factors, we will target a 5% Improvement.	1) Increase referrals to Central LHIN Telehomecare care program for patients with CHF, COPD and pneumonia patients 2) Initiate Bedside Change of Shift reports within Medicine so that patients and families are included with their care plan throughout their stay with us 3) Introduce 2-way communication boards so that patient and families are aware of the plan of care from the day of admission
	Reduce readmission rates for patients with	Risk-Adjusted 30-Day All-Cause Readmission Rate for Patients with COPD (QBP cohort)	% / COPD QBP Cohort	DAD, CIHI / January 2014 – December	596*	18.8%	18.0%	Achieving a 5% reduction in readmission is realistic given the above changes	1) Implement Clinical Pathway processes for both Patients and Providers so that everyone is aware of the plan of care and discharge planning can begin the day of discharge
Efficient	Reduce unnecessary time spent in acute care	Total number of ALC inpatient days contributed by ALC patients within the specific reporting period (open, discharged and discontinued cases), divided by the total number of patient days for open, discharged and discontinued cases (Bed Census Summary) in the same period.	% / All acute patients	WTIS, CCO, BCS, MOHLTC / October 2014 – September	596*	18.7%	18%	Given that CCAC is undergoing significant transformation, and we struggle with access to Long Term Care, Rehabilitation beds and home care for complex patients, we cannot reduce this any further	1) Complex Discharge Rounds will be held weekly with CCAC, Matthews House, Patient Flow Navigator and the Coordinator for Medicine
Patient-centred	Improve patient satisfaction	"Would you recommend this hospital (inpatient care) to your friends and family?" add the number of respondents who responded "Yes, definitely" (for NRC Canada) or "Definitely yes" (for HCAHPS) 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	596*	TBD	TBD	Given the OHA has recommended that we move to the new patient experience survey format as of April 1st, these measures will need to be determined once they are available.	1) Implement Bedside Change of Shift Report so that patients and families participate in their plan of care 2) Daily Discharge Phone calls will be completed within 48 hours of discharge to patients discharged home to provide the Medicine team with feedback so that they can continuously
Safe	Increase proportion of patients receiving	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	% / All patients	Hospital collected data / most recent	596*	92%	92%	We will sustain this program	
	Reduce hospital acquired infection rates	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	596*	1.6	1.0	We are committing resources to reduce our C- diff rate by 33% this year.	1) Environmental Service Audits will be completed daily to determine opportunities for improvement 2) Standardize Environmental Service Education 3) Enhance the Antimicrobial Stewardship Program

Timely	Reduce Wait times in the ED	ED Wait times: 90th percentile ED length of stay for Admitted patients.	Hours / ED patients	CCO iPort Access / January 2015 -	596	18.7 hours	15 hours	We will reduce this rate by 20% once our C-diff transmission has been eradicated	#1) All patients admitted to the hospital will first be assessed for eligibility for the Obstetric-Medicine-Surgery Unit
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Methods	Process measures	Goal for change ideas	Comments
<b>This is developed by the Stevenson Memorial Hospital</b>			
Develop automatic referral process from Medicine for any patients assessed as having COPD or CHF to TelehomeCare	% of patients admitted with COPD from ER that have the COPD order set initiated	70% of patients admitted with CHF and or COPD have been referred to Telehomecare	
Revise the Medicine Quality Council to include 1-2 family members to collaboratively design a Bedside rounding process that improves : patient Safety, patient experience and staff experience	% patients on a weekly audit that have updated 2 Way Communication Boards within their rooms % of patients that would recommend SMH to their family and friends	By March 31, 2017, Change of Shift reports will be completed 70% of the time twice a day	
The Medicine Quality Committee members will work with the staff, physician and their patient and family advisors to implement this	The 2- way communication boards will be implemented by March 31, 2017	90% of the boards are updated with the plan of care when random audits are completed monthly	
The Medicine Coordinator and Chief will be using the Plan-Do -Study- Act approach to assess the implementation of these pathways	Audit- % of patients admitted with primary diagnosis for COPD that have COPD order sets initiated within 24 hours of admission	Decrease readmission rate for COPD patients from 14-12.5%	
The Medicine Coordinator and Chief will be using the Plan-Do -Study- Act approach to assess the effectiveness of these rounds	Number of patients deemed ALC can be moved to their next destination within 30 days	80% of ALC patients discharged or transferred to their next subacute destination within 30 days of ALC destination	Improvement within this metric is contingent on improved access to Long Term Care , Rehabilitation Services and increased home care for complex
We will use the PDSA approach as discussed above	See above change idea	By March 31, 2017, Bedside Change of Shift reports will be completed 80% of the time, twice daily	
The Medicine Quality Committee will use the PDSA Change management process to implement this initiative	Discharge Phone calls will be implemented by March 31 2017	75% of all patients discharged home are completed within 48 hours of discharge	
<b>Sustain this</b>			
EVS Audits will be reviewed 3 times weekly during team huddles to discuss continuous improvement opportunities	Weekly EVS audits results will be posted on the team huddle board -90% of the time , when audited	EVS team huddles will be completed 3 times weekly by March 31, 2017	
We will use our Surge Learning Program to track that all EVS staff complete PIDAC learning modules	% of Environmental Service Staff have completed the revised education program by March 31, 2017	100%	
We will revise the order sets for Congestive Heart Failure, Chronic Obstructive Lung Disease and Pneumonia to reduce the overuse of antibiotics for these patients	% of CHF, COPD, Pneumonia order sets revised by March 31, 2017	100%	

The Corporate Quality Council will oversee the implementation of this change within 2016-2017	Bed Meetings are completed 90% of the time by the nursing coordinators and managers of Emergency, Medicine and Obstetrics	% occupancy of the Obstetric- Medicine Unit will increase from 44% to 50% by March 31 2017	
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