2017/18 Quality Improvement Plan
"Improvement Targets and Initiatives"

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

AIM		Measure						
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
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?	% / Survey respondents	CIHI CPES / April - June 2016 (Q1 FY 2016/17)	596*	40.8%	45.0%	This is a 10% improvement with our performance
		Risk-adjusted 30-day all-cause readmission rate for patients with CHF (QBP cohort)	Rate / CHF QBP Cohort	CIHI DAD / January 2015 - December 2015	596*	18.6%		
		Risk-adjusted 30-day all-cause readmission rate for patients with COPD (QBP cohort)	Rate / COPD QBP Cohort	CIHI DAD / January 2015 – December 2015	596*	16.97%	15.2%	This is a 10% improvement.
		Risk-adjusted 30-day all-cause readmission rate for patients with stroke (QBP cohort)	Rate / Stroke QBP Cohort	CIHI DAD / January 2015 - December 2015	596*	15.17%		
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	Rate per 100 inpatient days / All inpatients	WTIS, CCO, BCS, MOHLTC / July – September 2016 (Q2 FY 2016/17 report)	596*	17.310%	17.13%	This is a 1% reduction. Without additional supports for Long Term Care and Rehab further reductions are not possible. * In addition, this reduction is contingent on using the same criteria for ALC determination.
Patient-centered	Palliative care	Percent of palliative care patients discharged from hospital with the discharge status "Home with Support".	% / Palliative patients	CIHI DAD / April 2015 – March 2016	596*	97%		
	Patient experience	"Would you recommend this emergency department to your friends and family?"	% / Survey respondents	EDPEC / April - June 2016 (Q1 FY 2016/17)	596*	59.1%	65.1%	This is a 10% Improvement with patient experience. It will be difficult to improve this further without redeveloping the ED, and addressing resource needs for this department
		"Would you recommend this hospital to your friends and family?" (Inpatient care)	% / Survey respondents	CIHI CPES / April - June 2016 (Q1 FY 2016/17)	596*	40.4%	45.0%	This is an 11% improvement with patient experience. As we begin to introduce a number of leading Transforming Care practices, this will continue to improve

Safe	**Medication safety**	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total	Rate per total number of	Hospital collected data / Most	596*	Collecting Baseline (CB)		
		Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	Rate per total number of discharged patients / Discharged patients	Hospital collected data / Most recent quarter available	596*	CB	CB	WE will be introducing Medication Reconciliation on discharge to all admitted patients in 2017-2018. so the baseline number will first need to be calculated.
Timely	**Timely access to care/services**	Total ED length of stay (defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED) where 9 out of 10 complex patients completed their visits	Hours / Patients with complex conditions	CIHI NACRS / January 2016 – December 2016	596*	6.22	5.9	Stevenson Memorial is already one of the highest performing hospitals in Ontario. We will target a small 6.75% improvement within this metric.

Change				
Planned improvement initiatives (Change Ideas)	**Methods**	**Process measures**	**Target for process measure**	**Comments**
1)Implement Discharge Phone Calls to Patients within 48 hours of discharge	This will be a random audit	% Discharged to Home patients that receive phone calls within 48 hours	75% by March 31, 2018	
2)We will develop a standardized Discharge information sheet for all patients that are leaving Stevenson Memorial to go home	Audit	Percentage of discharge patients to home will receive discharge instructions	75% of patients will receive this checklist by March 31, 2018	
Monitor only				
1)We will increase the use of COPD clinical and patient pathways to improve the transition of care for these patients in the community	Audit	Percentage of COPD patients will have clinical pathways initiated in the ED	80% of patients will have clinical pathways initiated in the ED	
2)We will increase the number of patients referred to Telehomecare for follow-up	Data from Telehome care	% of patients that are referred to Telehome care with COPD	90% referred	
Monitor only				
1)We will introduce Restorative Care Program including Malnutrition Screening by Sept. 1, 2017	Random audits	% of patients > 75 years of age with completed Malnutrition Screening Tools	75% of seniors > 75 years will have completed Malnutrition	
2)Implement two way communication boards so that patients and families are included in their plan of care	Random Audit	% of communication boards that are updated	80% by March 31, 2018	
Monitor only				
1)Complete operational review to assess resources for Emergency Nursing and so we increase ED nursing touch time		Completed review to be sent to the LHIN	100% completed and sent to the LHIN by Dec. 1, 2017	
1)We will implement Intentional Rounding for all patients on Medicine	Random Audits	% of patients with completed Rounding sheets during date of random audit	70% of charts audited will have completed	
2)We will implement two way communication boards within each patient room	Random Audit	% of complete two way communication boards within Medicine	75% by March 31, 2017	

Monitor only				
1)We will continue to improve upon the Medication Discharge Planning and teaching for our patients	discharge phone calls	% patients that had a clear understanding about medications on discharge	70 % by March 31 2018	
1)We will be implementing Transforming Care Performance Boards to begin to track Length of stay from Decision to Admit to transfer to inpatient bed time	Random Audit	75% of the time, the LOS from decision to admit to transfer to an inpatient bed will be < 75 minutes	see above	