

2021/22 Quality Improvement Plan

AIM		MEASURE						CHANGE			
Quality dimension	Issue	Measure /Indicator	Unit/ Population	Source / Period	Current performance	Target 2019/20	Target Justification	Planned improvement initiatives (Change Ideas)	Methods	Process Measures	Target for Process measures
Efficient	Average number of inpatients receiving care in unconventional spaces per day	Total number of inpatients receiving care in unconventional spaces in each day (at 12am), summed for all days in the given reporting period, divided by total submission days within the given time period.	Daily Bed Census Summary/All patients placed in unconventional spaces excluding same day discharges	Finance/ December 2020	1.26	TBD	Target difficult to assess based on pandemic related influences on patient flow & occupancy	1. Continue to advance work on the OTMH Emergency Department shelled space for the High Acuity Intake Zone (HAIZ).	1. Write to the CEO of OH to introduce the, and the HAIZ unit initiative; 2. Maintain regular touch points with key MOH stakeholders to lobby for project approval.	% steps completed	100%
								2. Continue to advocate for build out of shelled in space at OTMH (3N, 4N and the 8th Floor)	1. Commit to a series of engagements with OH to increase awareness of the potential use of the fit out of shelled space and the "Follow On" project approval process as a means to address the Central Region capacity crisis.	% steps completed	100%
								3. Continue to advocate to strategic partners to advance approvals to complete the high fidelity fit out of MDH Med Surge 12 bed POD.	1. Work with specialty advisors to complete issue for permit ready documents appropriate for self-performing project delivery; 2. Use the Variation protocol available under the Project Agreement to ascertain FM and Life-Cycle cost for the fit out twelve bed POD.	% steps completed	100%
								3. Advance Georgetown Redevelopment Project.	1. Present to the Halton Hills Town Council on the status of the Georgetown Redevelopment project; 2. Communicate the case for the Georgetown Hospital Redevelopment need to the Halton Hills general public;	% steps completed	100%

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									3. Submit the full Stage 1 package to the MOH.		
Efficient	Alternate level of Care	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter.	Rate per 100 inpatient days/All Inpatients	QTIS, CCO, BCS, MOHLTC/Quarter/ Dec 2020	9.1	Maintain	HSAA	1. Implement Substitute Decision Maker (SDM) field in Meditech Expanse & Audit and evaluate	1. Assemble implementation group from Expanse team; 2. Finalize design; 3. Conduct testing of the system, data field; 4. Host educational rollout enterprise wide; 5. Audt/evaluate the use of the field.	% steps completed	100%
Timely MANDATORY	Timely access to care/service	Time interval between the Disposition Date/Time and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room.	Hours/All Patients	CIHI/NACRS Dec 2020	35.8	20h	Corporate scorecard	1. Advance work to support enterprise wide implementation of Estimated Date of Discharge (EDD) improvement initiative.	1. Assemble corporate working group; 2. Conduct current state analysis; 3. Develop process, supporting materials; 4. Implement and 5. Evaluate & Monitor.	Avg. Acute LOS Medicine: baseline: 10.26 days (Q2 FY 20/21)	8.83 Per SLT Scorecard
								2. Formalize process to identify and address delays in diagnostic imaging tests, leading to delays in discharge.	1. Assemble group; 2. Conduct current state analysis; 3. Develop process, supporting materials; 4. Implement and 5. Evaluate & Monitor.	Inpatient medicine length of stay	(7.1 days) per SLT Scorecard
							Linked to executive compensation	3. Implement the newly designed Care Pathways for patients with a diagnosis of Heart Failure, Stroke and Chronic Obstructive Pulmonary Disease associated with the Interchange launch.	1. Assemble implementation group from Expanse team; 2. Finalize design; 3. Conduct testing of the system & tools; 4. Host educational rollout enterprise wide; 5. Confirm implementation and utilization.	% Implemented % Care Paths utilized (selected areas)	

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Patient - centered	Patient experience; Did you receive enough information when you left the hospital?	Percentage of respondents who responded positively to the question: Did you receive enough information about your condition or treatment after you left the hospital?	Inpatient Units surveyed using CIHI CPES Inpatient Care survey tool.	CIHI/CPES/ Most recent consecutive 12 months	57% (Q2 2021)	5% improvement	Modest target based on historical & industry trend. Linked to executive compensation	1. Implement the newly designed Patient Oriented Discharge Summaries (PODS) within the Mental Health and Maternal Newborn Programs associated with the Interchange launch.	1. Assemble implementation group from Expanse team; 2. Finalize design; 3. Conduct testing of the system & tools; 4. Host educational rollout enterprise wide; 5. Confirm implementation and utilization.	% Implemented % PODs utilized (selected areas)	100% 80%
Effective	Medication Safety	Total number of discharged patients for whom a Best Possible Medication Discharge Plan (BPMDDP) was created as a proportion of the total number of patients discharged.	Rate per total number of discharged patients/Hospital admitted patients	DAD/ / (FY 2020/21 Q3)	Corporate 27%	78%	Consistent with previous target for admission med rec. Linked to executive compensation	1. Implement a new prospective Best Possible Medication History/Med Rec on Admission in alignment with Interchange launch.	1. Assemble implementation group from Expanse team; 2. Finalize design; 3. Conduct testing of the system & tools; 4. Host educational rollout enterprise wide; 5. Confirm implementation and utilization.	% Implemented % BPMH Completed	100% 80%
Effective transitions	Repeat ED visits for Mental Health	Percent of unscheduled repeat emergency visits following an emergency visit for a mental health condition. (within 30 days).	% ED Patients	CIHI NACRS/ (FY 2020/21 Q3)	13.56	10% Reduction	Newer indicator, tends to be volatile/seasonal in nature.	1. Evaluate Dialectical Behavioral Therapy in Outpatient and introduce to inpatient areas.	1. Assemble evaluation team; 2. Identify evaluation framework; 3. Implement; 4. Identify opportunities for change; 5. Monitor.	% steps completed	100%
								2. Conduct analysis of repeat high user population and implement patient specific strategies based on analysis.	1. Assemble analysis group; 2. Determine approach to identify populations; 3. Conduct analysis of data collected; 4. Develop plan to address at least one patient cohort.; 5. Implement, Evaluate & Monitor.	% steps completed	100%

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Safe MANDATORY	Workplace Violence	Number of workplace violence incidents reported within a 12-month period	Total number of reported WPV incidents	IRS/Employee Incident Jan-Dec 2020	188 (FY 2020/21 Q3)	Maintain	Continued focus on raising awareness and encouraging reporting	1. Establish a newly envisioned, Equity, Diversity and Inclusion Council and Working Group.	1. Assemble members for council and working groups; 2. Draft Terms of Reference; 3. Establish goals/action plan; 4. Identify 1 strategy to advance for year one of strategy.	% steps completed	100%

Linked to executive compensation