

2018/19 Quality Improvement Plan

"Improvement Targets and Initiatives"

14-Feb-18

Dryden Regional Health Centre 58 Goodall Street P.O. Box 3003

AIM		Measure								Change				
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Coordinating care	# of patients identified as meeting criteria of Health Link, who are offered and accept program	C	Number / N/a	EMR/Chart Review / 2018	DRHC/FHT	6	25.00	SubLHIN target based on population	1)To identify and create a provincial coordinated care plan (CCP) for 25 individuals accessing services from the Dryden Hub.	The Hub will hire a health coach/coordinated to develop the program/policies, identify the individuals and complete the CCPs. Reported to the DRHC Accountability Management Team	Hire a health coach, develop the process/policies, identify 25 individuals and complete CCP	Hire a health coach, develop the process/policies, identify 25 individuals and complete CCP by December 31, 2018	
	Wound Care	Percentage of patients with diabetes, age 18 or over, who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 months	A	% / patients with diabetes, aged 18 or older	EMR/Chart Review / Last consecutive 12 month period	FHT	42	50.00	striving towards 50%	1)Develop and implement a plan to increase the use of the standardize validated diabetic foot ulcer risk assessment tool starting with the diabetes team, nurse practitioners and spreading to family physicians	Develop and implement a plan to increase the use of the standardize validated diabetic foot ulcer risk assessment tool starting with the diabetes team, nurse practitioners and spreading to family physicians. Reported to the DRHC Accountability Management team.	Plan is developed and implemented increasing the use of the standardize validated diabetic foot ulcer risk assessment tool (Inlow tool)	Plan is developed and implemented increasing the use of the standardize validated diabetic foot ulcer risk assessment tool (Inlow tool) by the end of Q1 fiscal year 2018-2019.	Inlow is currently being utilized by the Dryden DDC team and it is intended that this practice will be spread.
Efficient	Length of Stay	Enhance post-op surgical LOS for elective hip arthroplasty. Hips will be discharged within 2 days	C	% / N/a	Hospital collected data / 2018	DHRC	60	65%	Best practice LOS for elective hip arthroplasty. Current Performance is Q2 2017/18	1)Implement DRHC hip care pathway which includes: order sets, rehab pre-op teaching, and the care pathway.	Implementation of care pathway for patients that have hip replacement. Reported to the DRHC Accountability Management team.	% of uncomplicated hip arthroplasty patients will follow the DRHC uncomplicated hip care pathway by the end of September 2018.	% of uncomplicated hip arthroplasty patients will follow the DRHC uncomplicated hip care pathway by the end of September 2018.	

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)

		Enhance post-op surgical LOS for elective knee arthroplasty. Knees will be discharged within 4 days	C	% / N/a	In house data collection / 2018	DRHC	91.60%	93%	Best practice LOS for elective knee arthroplasty. Current Performance is Q2 2017/18	1)Implement DRHC knee care pathway which includes: order sets, rehab pre-op teaching, and the care pathway.	Implementation of the three prong program for patients that have uncomplicated knee replacement. Reported to the DRHC Accountability Management team.	% of uncomplicated knee arthroplasty patients will follow the DRHC knee care pathway by the end of September 2018.	% of uncomplicated knee arthroplasty patients will follow the DRHC knee care pathway by the end of September 2018.	
Equitable	Population health - colorectal cancer screening	Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for colorectal screening in each calendar year	A	% / PC organization population eligible for screening	See Tech Specs / Annually	FHT	51	35.00	QIP target 2017/18. Percentage improvement over next few years	1)To utilize the dietitians to promote/increase the colon cancer screening tool	To engage and utilize the dietitians to promote/increase the colon cancer screening tool. Reported to the DRHC Accountability Management team.	Dietitians promote the colon cancer screening tools with individuals meeting the appropriate criteria	Dietitians promote the colon cancer screening tools with individuals meeting the appropriate criteria by the end of Q1 of fiscal year 2018-2019	
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)	DRHC	67.9	70.20	70.2% is the ED small hospital average - Feb 8/18	1)Conduct an ER review focusing on ER department flow and patient experience.	Engage a review of the ER department. ER staff, medical staff, and management will be engaged in the process. Reported to the DRHC Accountability Management team.	ER review is complete	ER review is complete by the end of Q3 2018/19.	
		"Would you recommend this hospital to your friends and family?" (Inpatient care)	P	% / Survey respondents	CIHI CPES / April - June 2017 (Q1 FY 2017/18)	DRHC	78	78.00	Maintain - DRHC average exceeds small hospital average for Would you recommend	1)To develop a patient handbook that assists patients and families during their stay	Multidisciplinary team working with patient and family advisors to lead collection, collation, edit and design of a magazine-style pt handbook. Reported to the Accountability Team and Patient and Family Advisory Committee. .	Patient handbook fully available to all patients, family and visitors	100% implementation patient bedside; organizational distribution; electronic version to website by the end of Q2 2018-19.	The pt handbook will inform & empower patients & their family members to be partners in the provision of safe, quality care.

	Person experience	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment?	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	FHT	94	97.00	Maintain	1)*	*	*	*	Maintain - team does not need to focus on this measure as it is already above the provincial average
Safe	Medication safety	# of patients, over the age of 70, with 12 or more medications, discharged from DRHC, will have a documented medication review with the FHT pharmacist and follow up by nurse practitioner/ family physician	C	Number / Patients with complex conditions	EMR/Chart Review / 2018	DRHC/FHT	4	50.00	Target from QIP 2017/18	1)To develop and implement a process for all FHT catchment area patients (admitted to DRHC) that are over the age of 70 and are taking 12 or more medications will have a medication review and consultation from the pharmacist upon discharge from DRHC inpatient unit.	To implement a process for all FHT catchment area patients (admitted to DRHC) that are over the age of 70 and are taking 12 or more medications will have a medication review and consultation from the pharmacist upon discharge from DRHC.DRHC will generate an automatic referral to the pharmacist on discharge for all those FHT inpatients that are over the age of 70 and are taking 12 or more medications. Reported to the DRHC Accountability Management team.	# of patients in FHT catchment area, over the age of 70, and taking 12 or more meds will have a medication review by the pharmacist upon discharge from DRHC inpatient unit	50 patients in FHT catchment area, over the age of 70, and taking 12 or more meds will have a medication review by the pharmacist upon discharge from DRHC inpatient unit, by the 2018 calendar year.	
	Workplace Violence	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	M A N D A T O R Y	Count / Worker	Local data collection / January - December 2017	DRHC/FHT	CB	15.00	DRHC Q1/2 reported 15 patient action/assault. We are in the process of updating our incident reporting system. We expect to see increases in reports due to changing community demographics and the reporting system.	1)Implement panic system process through Vocera	Determine the process, with the support of IT, Vocera and the DRHC Code Committee, to implement the panic button system. Reported to the DRHC Accountability Management team.	The process of the panic button system will be implemented by October 31, 2018	The process of the panic button system will be implemented by October 31, 2018	Staff will be trained to utilize the system once in place.

Timely	Timely access to care/services	Decrease regional wait times for knee arthroplasty for the 90th percentile patients	C	Days / N/a	Novari scheduling site / Q2/3	DRHC	198	182.00	Goal target is for next December 2018 - 182 days is the standard wait time for knee arthroplasty (90th percentile). Currently regional wait time is 198 days.	1)Implementation of regional consent form for knee arthroplasty in the Novara system	Regionally implemented the consent form across all surgical site areas. Reported to the DRHC Accountability Management team.	% of patients that have signed the consent form and is documented in the Novara system by the end of August 2018	100% of patients that have signed the consent form and is documented in the Novara system by the end of Aug/18	Regional education of providers at each site regarding consent form
	Timely access to care/services	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	P	% / PC organization population (surveyed sample)	In-house survey / April 2017 - March 2018	FHT	35.71	60.00	Percentage improvement over next few years	1)To test and implement a process that will offer patients nurse practitioner same day urgent care/walk in clinic appointments	To implement same day/urgent day walk in clinic appointments with a nurse practitioner. Reported to the DRHC Accountability Management Team.	Weekday daily NP urgent care/walk in appointments will be offered	Weekday daily NP urgent care/walk in appointments will be offered commencing Q1, 2018-2019 fiscal period	This measure is continued over from last QIP due to staffing shortages.