

2021/22 Quality Improvement Plan (QIP) Progress report

Executive Summary 2021-22 QIP

Summary of the Performance for the QIP Indicators

One (1) Indicator exceeded the target

- 90 Percent (90P) time to inpatient bed in ED for admitted patients

Three (3) Indicators were within 10% of the target

- Rate of patient incidents with moderate harm or higher (per 1000 patient days)
- Conservable beds
- Repeat Emergency Department (ED) Mental Health (MH) visits within 30 days

Two (2) Indicators did not meet the target

- Medication reconciliation at discharge
- Patient experience (Did you receive enough information when you left the hospital?)

One (1) Indicator did not have a target (collecting baseline data)

- Number of workplace violence incidents

Summary of Change Ideas

- 7 Indicators with a total of 14 change ideas
- 10/14 (71%) Change Ideas Fully Implemented
- 4/14 (29%) Change Ideas Partially Implemented
 - Change ideas will continue to be implemented in 2022-23 plan
 - Change ideas will continued to be further developed during the optimization phase of EPIC

We will continue to focus on improvement efforts given the pandemic, local needs, pressures, and goals for the recovery period and build on the information gathered over the past year for our 2022-23 QIP Work Plan

ID	Measure/Indicator from 2021/22	Target as stated on QIP 2021/22	2021/22 YTD Performance (YTD Jan/Feb 2022)	Change Ideas from Last Year's QIP (QIP 2021/22)	Was this change idea implemented as intended?
1	Number of Conservable Beds	74 beds	76	Refresh and spread Advancing Care Daily across all units. Including early mobilization and rehab referrals	Partially
2	90 th percentile emergency department time to Inpatient Bed	20.9	19.6 hours	Build on Alternate Level of Care (ALC) Diversion Strategies	Yes
3	% Patient Experience: 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? (medicine and surgery inpatients)	80.7%	71.4%	Admissions are limited to patients that require inpatient acute care for more than 48 hours. All alternatives are explored to ensure anyone admitted could not be managed in a community care setting All patients and families are provided with an Estimated Date of Discharge (EDD) shortly following admission (dependent on EPIC) Optimize the information given and supports provided to our patients post discharge	Yes

ID	Measure/Indicator from 2021/22	Target as stated on QIP 2021/22	2021/22 YTD Performance (YTD Jan/Feb 2022)	Change Ideas from Last Year's QIP (QIP 2021/22)	Was this change idea implemented as intended?
4	Number of workplace violence incidents reported by hospital workers within a 12-month period	Baseline to increase	172	Flagging and Violence Assessment Tool Implementation	Yes
				Purchase of staff duress systems	Partially
				Develop an escalation process for Senior Leadership awareness of workplace violence	Yes
5	Rate of patient incidents with moderate harm or higher per 1000 patient days and day surgeries	0.6	0.7	Develop a comprehensive strategy for top patient safety areas (i.e. Falls, Sepsis, Nursing Sensitive Adverse Events, Patients, Medication events)	Yes
				Improve patient safety incident reporting and quality of care reviews	Yes
6	% Medication reconciliation at discharge	90%	78.9% (Dec -Mar 2022)	Improve on established medication reconciliation at discharge processes (7 days a week)	Partially
				Review medication reconciliation workflows with the implementation of EPIC and provide education to physicians	Partially
7	Repeat Emergency Department visits for mental health and addictions patients within 30 days	13.3%	14.9%	Initiate referrals to the Adult Crisis Clinic from the Emergency Department	Yes
				Improve outreach to support further access to the RAAM clinic from Centenary and Birchmount	Yes