2022/23 Quality Improvement Plan
"Improvement Targets and Initiatives"

Deep River and District Hospital

The Four Seasons Lodge

North Renfrew Family Health Team

Sectors:

Deep River and District Hospital
North Renfrew Family Health Team
The Four Season Lodge
All Sectors

AIM	Measure							Change				
Quality dimension	**Measure/Indicator**	**Unit / Population**	**Organization ID**	**Current performance**	**Target**	**Target justification**	**External Collaborators**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Target for process measure**	**Comments**
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 if you are not working on this indicator) C = Custom (add any other indicators you are working on)												
Efficient	Number of individuals for whom the emergency department was the first point of contact for mental health and addictions care per 100 population aged 0 to 105 years with an incident MHA-related ED visit.	Rate per 100 / ED patients	646*	40.32	38.3	5% decrease from previous year	Phoenix Centre Primary care	Development of a regional standardized risk assessment for mental health and addiction crises for patient in ED	Participate in regional committee on mental health and addiction ED protocols to develop standardized risk assessment tools	Standardized risk assessment in place for ED patients	Standardized risk assessment in place for ED patients by March 31, 2023	
										Education for staff on risk assessment	Education completed by March 1, 2023	
	Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment.	% / All patients	646*	25%	21%	Target is 50% movement towards OVOHT average of 17.1%	Home and community care Primary care	Embed discharge planning as part of Admission process	Initiation of discharge planning on admission with Estimated Discharge Date (EDD) identified within 24hrs of admission	% of admitted patients for which EDD is identified within 24 hours of admission	Q3 - 25% (initiate mid Q3) Q4 - 75%	
Timely	Percentage of female patients aged 23 to 69 years who had a Pap test within the previous three years.	% / PC organization population eligible for screening	92292*	60%	60%	OVOHT average of 55.52%	Primary Care OVOHT Primary Care partners	Increase awareness of eligibility for screening	Implement resources for education (pamphlets, e-mail reminders, etc.)	Education tools in place	Education tools in place by January 31, 2023	
									Develop communication plan in conjunction with OHT partners regarding cancer screening	Communication plan in place	Communication plan developed by December 31, 2022	

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										Joint communications being shared with community/patients	Initial joint communication shared by March 31, 2023	
									Develop flagging tool in EMR to flag when a patient is nearing date for screening to make reminder call	Flag in place for patient reminder	Flag in place by March 31, 2023	
	Percentage of screen eligible female patients aged 52 to 69 years who had a mammogram within the past two years.	% / PC organization population eligible for screening	92292*	43%	50%	OVOHT average of 50.1%	Primary Care OVOHT Primary Care partners	Increase awareness of eligibility for screening	Implement resources for education (pamphlets, e-mail reminders, etc.)	Education tools in place	Education tools in place by January 31, 2023	
									Develop communication plan in conjunction with OHT partners regarding cancer screening	Communication plan in place	Communication plan developed by December 31, 2022	
										Joint communications being shared with community/patients	Initial joint communication shared by March 31, 2023	
									Develop flagging tool in EMR to flag when a patient is nearing date for screening to make reminder call	Flag in place for patient reminder	Flag in place by March 31, 2023	
	Percentage of screen eligible patients aged 52 to 74 years who had a FOBT/FIT within the past two years, other investigations (i.e., flexible sigmoidoscopy) or colonoscopy within the past 10 years.	% / PC organization population eligible for screening	92292*	48%	60%	OVOHT average of 60.6%	Primary Care OVOHT Primary Care partners	Increase awareness of eligibility for screening	Implement resources for education (pamphlets, e-mail reminders, etc.)	Education tools in place	Education tools in place by January 31, 2023	
									Develop communication plan in conjunction with OHT partners regarding cancer screening	Communication plan in place	Communication plan developed by December 31, 2022	
										Joint communications being shared with community/patients	Initial joint communication shared by March 31, 2023	

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									Develop flagging tool in EMR to flag when a patient is nearing date for screening to make reminder call	Flag in place for patient reminder	Flag in place by March 31, 2024	
	Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital.	% / Discharged patients	646*	CB	100% of patients with a primary care provider	Timely discharge summaries ensure appropriate follow up		Automated delivery of discharge summaries through EPIC EMR	Primary care contact table in place in EMR for primary care practitioners	Delivery table built and verified in EMR	Information built and verified by Oct 1, 2022	
									Auto-faxing of discharge summaries in place	Auto-faxing in place	Auto-fax of discharge summaries in place by November 15, 2022	
Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	% / LTC home residents	54420*	CB	CB	Indicator not included on 2021 survey		Collect baseline data during the 2022 Resident Satisfaction survey	Identify numeric metric in 2022 Resident Satisfaction survey	Identify numeric metric for the question "What number would you use to rate how well the staff listen to you?" in 2022 Resident Satisfaction survey	Numeric metric identified in survey development by June 30, 2022	
											Survey provided to Residents by July 1, 2022	
Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	Count / Worker	646*	42	38	10% decrease from previous year		Build staff capacity & knowledge to avoid/minimize workplace violence	Provide LTC staff with Gentle Persuasive Approach (GPA) education	% of LTC staff having completed GPA training	100% of LTC staff will have GPA training by Mar 31, 2023	
								Develop Emergency Response procedures and education for violence related emergencies	Build Code White response capabilities- perform regular mock code white drills (minimum 2 annually)	Number of mock code white episodes called	At least 2 mock code whites held by Mar 31, 2023	

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								Improve awareness and recognition workplace violence incidents	Create workplace violence debriefing tool and provide support for staff	#1 Debriefing tool in place; #2 # of occurrences tool was used	Debriefing tool in place and used for any incidents of violence with staff injury by January 31, 2023	