2023/24 Quality Improvement Plan
"Improvement Targets and Initiatives"

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

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)

	Measure						Change				
Quality dimension	Measure/Indicator	Unit / Population	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Patient-centred	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	% / LTC home residents	62.5	70.00	10% increase over last year's score.		1)Increase awareness of person-centered care approaches.	Provide person-centered care approach education to all LTCH staff.	% of LTCH staff who have received person-centered care education.	100% by December 31st, 2023	
							2)Monitor this indicator on the 2023 survey.	Ensure inclusion of the question on the 2023 survey.	Survey completed.	August 31st, 2023.	
	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	% / PC organization population (surveyed sample)	91%	91%	Current performance above regional average		Increase response rate for patient experience survey	Increase information sharing regarding patient experience survey during completion period	1) Weekly e-mail reminders to rostered patients regarding patient experience survey 2) Implement survey on tablet to capture patients in clinic	1) One e-mail reminder sent per week during survey completion period 2) Tablet in FHT have access to survey set up and available to patients in clinic during survey completion period	
	Percentage of respondents who responded “completely” to the following question: 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	CB	CB	No data available for 2022-23. New hospital survey in development to be implemented for 1 April 2023.		1)Survey hospital and ER patients after discharge.	Implement Atlas Aliance wide patient experience survey.	Qualtrics survey implemented.	Survey implemented by 1 June 2023	
Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	Count / Worker	33	30.00	10% decrease from last year.		1)Improve staff knowledge, skill and confidence to avoid/minimize workplace violence related to responsive behaviours related to dementia.	a) Provide GPA training for medical floor staff. b) Re-launch BSO Program	a) % of medical floor staff taken full GPA course in last 3 years. b) BSO Program re-launched and functioning.	a) 100% by March 31st 2024. b) By December 31st 2023.	

							2)Improve staff knowledge, skill and confidence in emergency response procedures related to workplace violence.	Code white drills - 2 annually	2 Code white drills held with debriefs recorded.	By March 31st, 2024.	
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	% / LTC home residents	21.88	16.67	16% is 2/12 residents.	Geriatric Mental Health, Behaviour Supports Ontario	1)Improve staff knowledge, skill and confidence to manage residents with responsive behaviours related to dementia.	a) BSO program re-launched and functioning. b) 3 sessions of GPA re-charged held for LTC staff.	a) BSO program re-launched and functioning. b) 3 sessions of GPA re-charged held for LTC staff.	a) By December 31st, 2023. b) By March 31st, 2024.	
							2)Improve accuracy of RAI-MDS assessment and coding standards.	Provide RAI-MDS training to FT RPNs	Relias RAI-MDS training completed for RAI-MDS team by December 31st, 2023.	By December 31st, 2023.	
	Number of reported medication incidents.	Count / N/a	84	16.00	80% reduction based on other EPIC organizations success		1)Optimize use of eCPOE and eMAR within EPIC.	Participate in Atlas Aliance working groups to optimize EPIC utilization.	Confirmed participation in Atlas Alliance working group meetings.	By December 31st 2023	
	Number of reported medication incidents.	Count / N/a	84	16.00	80% based on other EPIC organizations success		1)Optimize use of eCPOE and eMAR within PCC	Support physicians and nurses in utilization best practices of eCPOE and eMAR platforms.	Physician and nursing participation in PCC ePrescribe pilot project meetings and final debriefing/evaluation of implementation.	By December 31st 2023	
	Percentage of adherence to hand hygiene best practices	% / People	73	80.00	10% increase over previous year's score.		1)Improve staff knowledge and adherence to hand hygiene and routine IPAC practices.	Education and auditing program developed for routine practices. Training provided and implemented across all departments.	1. Auditing and training program for routine practices developed. 2. Training on the new audit program provided to all staff. 3. Auditing program implemented.	1. By June 2023. 2. By Sept 2023. 3. By Oct 2023.	
Equitable	Decrease barriers to accessing services at the organization	Count / N/a	CB	CB	Implementation of support/plan		1)Increase accessiblity for French language speakers.	1) Include translation services on updated website. 2) Develop a Francophone support plan.	1) Website with translation services in place. 2) Francophone support plan developed.	1) Website updated by September 20, 2023. 2) Plan in place by March 31, 2024.	