

BRH 2021/22 Quality Improvement Plan



P=Priority

| AIM | | Measure | | | | | | |
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| Issue | Quality Dimension | Measure/Indicator | Type | Unit / Population | Current Performance | Target | Change Ideas | Methods |
| Theme I: Timely and Efficient Transitions | Timely | 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. | P | % discharge summaries provided / Discharged patients | New indicator | 80% | 1) Improve turnaround time of physician dictation 2) Monitor discharge summary 48 hour turn around time, reporting on relevant time intervals which includes discharge to dictation, dictation to transcription and transcription to delivered time. | 1) Implement a system of daily monitoring and reminders for discharge summaries and process to ensure chart availability for physician dictation after patient discharge. 2) Ensure quarterly audits are reviewed by leadership team and Quality. |
| | | The time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room. | M A N D A T O R Y | Hours / All patients | New indicator | <2 hours | 1) Standardize admission process, reviewing patient/staff work flows for an admission. 2) Collaborative team approach to improving current bed management processes. | 1) Complete Value Stream Mapping Event and review of current assessment/ documentation requirements, involving patients and families in co-design. 1) Implementation patient flow procedures including NOW (No One Waits) initiative to improve patient flow to inpatient departments following a decision to admit. 2) Review current admission ordering practices in ED. 3) Define trigger for approaching max target to admission time. |
| | Efficient | Transfer of accountability at all transitions of patient care | P | %/All patients | New indicator | 75% | 1) Redefine process of safe transition of care with formal accountability handover. | 1) Create the Transfer of Accountability Form (TOA). 2) Educate and engage stakeholders to in development of the TOA. 3) Complete monthly audits to identify gaps and opportunities for improvement. |

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| Theme II: Service Excellence | Patient-centred | Percentage of ER respondents who responded “always” 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? | P | % / Survey respondents | New indicator | 85% | Standardize discharge process (template checklist and patient materials) of out-patients visits for the Emergency department focusing on the patients transition needs. (This includes patients receiving written info) | Working group to conduct current state analysis, identify areas for improvement, develop action plan and implementation/communication, involving patients and families in co-design. |
| | | Percentage of In-patient respondents who responded “always” 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? | P | % / Survey respondents | New indicator | 85% | 1) Standardize discharge process (template checklist and patient materials) of in-patients focusing on the patients transition needs. (This includes patients receiving written info) | Working group to conduct current state analysis, identify areas for improvement, develop action plan and implementation/communication, involving patients and families in co-design. |
| Theme III: Safe and Effective Care | Safe | Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. | M A N D A T O R Y | Count / Worker | 29 | 25 | 1) Continue to provide staff education and training on workplace violence. 2) Complete the organizational Workplace Violence Prevention in Health Care checklist assessment. 3) Early identification of potentially violent workplace encounters - 'Alert for Behavioral Care'. | 1)Organizational workplace violence and Code White training: 'Crisis Intervention' training for all staff. Identify high risk staff and provide in-person physical training. 2) Continue to review current state assessment with program development to address gaps, raise awareness and promote early identification of potentially violent workplace encounters. |
| | Effective | Number of Virtual Critical Care consults in the ER and ICU | P | Rate per total number of patients / Discharged patients | New indicator | TBD | 1)Enhance Diagnosis and treatment to improve patient outcomes 2) Prevent unnecessary patient transfers 3) Develop relationships with Tertiary Care Centres | 1) Identify resources required to safely and efficiently operate ICU/ER departments. |
| | | Percent of repeat emergency visits following an emergency visit for a mental health condition within 14 days. | P | % / ED patients | New indicator | TBD | 1)Enhance patient experience and provide and coordinate appropriate care. | 1) Identify those patients that revisit the hospital for the repeat reason for visit. 2) Analyze visits and develop working plans with community resources. |