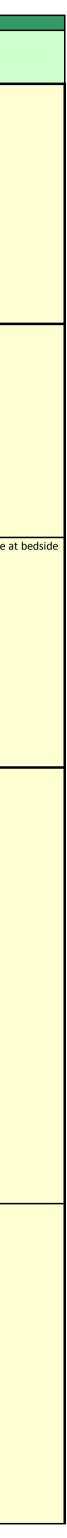# 2017/18 Quality Improvement Plan
"Improvement Targets and Initiatives"

London Health Sciences Centre - London Health Sciences Centre 800 Commissioners Rd E

AIM		Measure							Change				
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure (Goal for change idea)	Comments
Effective	Effective transitions	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	CIHI CPES / April - June 2016 (Q1 FY 2016/17)	936*	66.2	71.00	Internal - 5 percentage point increase	1. Implementation of a patient-friendly discharge summary	1. Examine existing data to understand areas of opportunity and gaps in performance, 2. Consultation with stakeholders, physicians and patients & development of standard summary for discharge 3. Implement a pilot and measure to determine areas to revise for full corporate implementation 4. Launch clinical portfolio wide patient discharge summaries by Quarter Four in targeted areas	1. Data analysis completed by end of Quarter One 2. Consultation and draft tool is completed by end of Quarter Two 3. Pilot Implemented and assessed by end of Quarter Three 4. Launch Clinical Portfolio Discharge Summaries in targeted areas determined by Deep Dive results	1. Comprehensive Data and Consultation Analysis Completed 2. Pilot completed including evaluation 3. Launch Patient Discharge Summaries in at least two clinical portfolios.	
Patient-centred	Person experience	"Would you recommend this emergency department to your friends and family?"	% / Survey respondents	EDPEC / April - June 2016 (Q1 FY 2016/17)	936*	69	74.00	Internal - 5 percentage point increase	1. Implement targeted "Always" behaviour(s) at key patient interaction points within the Emergency Department, ensuring adherence to Code of Conduct, while creating a culture of preferred service delivery.	1. Identify and select behaviour(s) that are "Always" important through literature review and engagement with patients, families, staff and physicians 2. Develop education and train all stakeholders 3. Implement "Always" behaviour(s)	1. Selected Behaviour(s) are identified and approved 2. Educate all identified stakeholders through various forms and methods 3. Real time monitor, evaluate and course correct implementation of education outcomes	1. Creation of required behaviour(s) list. 2. Educate 90% of staff and physicians on required behaviour(s) 3. Behavior(s) implemented by end of Quarter Two, progress monitored in Quarter Three, Final outcomes measured for progress improvement by end of Quarter Four.	
									1. Implement the Mental Health 120 Day Action Plan specific to Emergency Department focused recommendations for quality of care (improved coordination of care) and timely access to care for all patients.	1. Establish an Mental Health Emergency Department zone that is a contained unit in the Emergency Department to support appropriate observational capacity 2. Redesign the Centralized Emergency Psychiatry Service (CEPS) model to facilitate quality Mental Health Nursing Care initiation in the Emergency Department. 3. Define a clear Mental Health Patient Flow Process that expedites patient care upon entering the Emergency Department.	1. Decrease in the length of stay for Mental Health patients from the point of decision to admit to arrival of an inpatient bed. (Process Flow) 2. New interprofessional based care delivery model implemented within the Emergency Department. More equitable access to all interprofessional team members in the Emergency Department. 3. Routine auditing of the care processes with the implementation of Mental Health Patient Flow Process	1. Decrease in Mental Health Patient wait time by 10% for an inpatient bed 2. Achieve Mental Health Emergency Department Physician Initial Assessment Time (PIA) of 2.5 hours 3. Achieve Mental Health 30 minutes ambulance offload time through increase capacity in the Emergency Department 4. Creation of revised Mental Health Patient Flow Process	Mental Health Nurses providing primary care role at bedside "Your Care Journey Starts Hear"
Safe	Medication safety	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital	Rate per total number of admitted patients / Hospital admitted patients	Hospital collected data / Most recent 3 month period	936*	82.8	85.00	Internal	1. Enhance pharmacy technician resources in the Emergency Department 2. Fully launch the Healthcare Undergoing Optimization (HUGO) Application across the organization 3. Enhance Medication Reconciliation reporting to enable unit level improvement	Emergency Department Pharmacy Technician Resource program will be enhanced through: 1. The Development of Risk-based assessment criteria for involving the pharmacy technician in the Best Possible Medical History (BPMH). Assessment criteria will be implemented in early F2018 to ensure the most efficient use of the limited technician hours in the Emergency Department. 2. Initiate a corporate focused project that will facilitate the implementation of the electronic tool, educate all stakeholders and monitor compliance. 3a. Recommend having Medication Reconciliation on admission indicator on the 2017/18 Balanced Scorecard. 3b. Enhance Balanced Scorecard indicators to report at the department/unit level to target specific areas for improvement and provide the required support to achieve sustained results.	1. Risk based criteria assessment tool is created and implemented in the Emergency Department 2. Corporate initiative is launched 3a. Medication Reconciliation on admission indicator on the 2017/18 Balanced Scorecard. 3b. Department/unit level reporting tool is created	Pharmacy Technicians will be completing a Best Possible Medical History Assessment (BPMH) on 100% of the patient who have been flaged as requirig the risk assessment by a Pharmacy Technican . Electronic tool is being utilized and education sessions are completed. All clinical portfolios will report quarterly on Balanced Scorecard Technical Reports. All identified clinical department/units will be received the tool and results included in quarterly performance technical reports.	
									Improve medication reconciliation compliance by aligning practice behaviours and electronic system requirements to patient safety and health outcomes	1. Review medication reconciliation process and best practice expectations with all Nurse Practitioners (NP), psychiatrists and appropriate staff to ensure full compliance is achieved. 2. Conduct monthly reviews of audit results and in real-time address process and behaviour norms and performance. 3. Complete audits by coordinators to ensure medication reconciliation tasks are completed. Follow up with Most Responsible Physician (MRP) by Physician Lead 4. Turn on feature in Cerner that ports medication reconciliation physician history from First Net in the Emergency Department to the Physician consult note in Cerner.	1. Physician Lead conducts monthly sessions to review audit results and established compliance plan of action	1. 85% of all Mental Health admissions will have completed medication reconciliation.	

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Safe	Medication safety	**Medication reconciliation at discharge:** Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	Rate per total number of discharged patients / Discharged patients	Hospital collected data / Most recent quarter available	936*	72	77	Internal - 5 percentage point increase	1. Expand the use of the Medication Reconciliation Discharge Reports organizationally 2. Enhance Medication Reconciliation reporting to enable unit level improvement	1. Launch the enhanced reports corporately across all clinical portfolios 2a. Recommend having Medication Reconciliation on discharge indicator on the 2017/18 Balanced Scorecard. 2b. Enhance Balanced Scorecard indicators to report at the department/unit level to target specific areas for improvement and provide the required support to achieve sustained results.	1. Increase in accuracy in matching of performance to provider compliance. 2a.Medication Reconciliation on admission indictor on the 2017/18 Balanced Scorecard 2b. Department/unit level reporting tool is created	Increased accountability to providers resulting in higher compliance rates All clinical portfolios will report quarterly on Balanced Scorecard Technical Reports. All identified clinical department/units will be received the tool and results included in quarterly performance technical reports.	
									Improve medication reconciliation at discharge ensuring compliance by aligning practice behaviours and electronic system requirements to patient safety and health outcomes.	1. Review medication reconciliation process and best practice expectations with all Nurse Practitioners (NP), physicians and appropriate staff to ensure full compliance is achieved. 2. Conduct monthly reviews of audit results and in real-time address process and behaviour norms and performance. 3. Complete audits by coordinators to ensure medication reconciliation discharge plans are completed. Follow up with Most Responsible Physician (MRP) by Physician Lead	1. Conduct monthly sessions to review audit results 2. Coordinators and Pharmacists will complete daily audits	1. 85% of all discharges will have a completed medication reconciliation discharge plan.	
Timely	Timely access to care/services	Total ED length of stay (defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED) where 9 out of 10 complex patients completed their visits	Hours / Patients with complex conditions	CIHI NACRS / January 2016 – December 2016	936*	11.4	10.30	Hospital Service Accountability Target	Improving Emergency Department access and flow through the implementation of a new mode of care, focused on improving coordination and timeliness of care in the areas of Mental Health and diagnostic discrepancies.	1. Introduction of a mid level provider (Nurse Practitioner for Mental Health in order to improve timely assessment. 2. Introduce the Discrepancy Registered Nurse Role into the Emergency Department to address any diagnostic issues that require an alternative care plan.	1. Implement the Mental Health Nurse Practitioner Role and measure the timeliness of assessments and admission avoidance. 2. Implement the Discrepancy Registered Nurse Role and measure volume and activity. 3. Physicians have more time to see patients currently in department.	Mental Health Nurse Practitioner Role implemented by end of Quarter Three Measure current effectiveness of Discrepancy Registered Nurse each quarter Increase in available Physician time to treat additional patients in the Emergency Department of approximately 4 hours.	
									Continue to build on and optimize the Admission and Discharge System Design (ADSD) Strategy to improve the discharge process, standardize the care of patients admitted with complications of intravenous (IV) drug use and improving the process for transitions between Long Term Care Homes (LTCH's) and London Health Sciences Centre ☐	1. Implement Patient Friendly (Oriented) Discharge Summaries (PODS) complete with medications and implement the Information Technology Service (ITS) Optimization function in Cerner. 2. Continue the 7 day Health Discipline model strategy 3. Continue to enhance early morning discharge bullet rounds with the entire care team 4. Develop a standardized care pathway for patients admitted with complications from Intravenous Drug Use that includes communication and transitions with relevant community 5. Standardize the communication process between Long Term Care Homes (LTCH's) and London Health Sciences Centre for points of transition, including discharge medication reconciliation and discharge prescriptions	1. Provide patients with Patient Oriented Discharge Summary including medications 2.Health Discipline staff working 7 days a week 3. Enhance quality of care through continued discharge of green and yellow patients 4. Creating timely access to appropriate care and reducing the length of stay for patients admitted with complications of Intravenous Drug Use (IVDU).	1. Patient Friendly (Oriented) Discharge Summaries (PODS) are fully implemented in Cerner and consistently utilized as part of normal practice 2. Sustainable model adopted for 7 day a week model 3. Increase discharge efficiency. All medicine physicians and residents to consistently attend early morning discharge rounds both London Health Sciences Centre sites. 4. Reduced length of stay of Intravenous Drug Use (IVDU) patients 5. Reduction in length of stay for patients waiting to transfer to Long Term Care Homes; reduction in % readmission rates for patients discharged to Long Term Care Homes.	
									Implement the Mental Health 120 Day Action Plan to increase Emergency Department capacity by reducing the number of long stay patients occupying inpatient beds.	1. Operationalize the Geriatric Mental Health Unit to facilitate and increase patient flow from the Emergency Department and increase inpatient capacity with the Psychiatric Intensive Care Unit. 2. Redefine the Mental Health Navigator Role to focus on reducing the number of long stay patients that occupy regular and Psychiatric Intensive Care Unit Inpatient beds by transitioning them to Long Term Care Homes and community service care providers. 3. Redefine the Transition process to enable stability of individuals in the community post discharge.	1. Review the number of Mental Health patients in the Emergency Department to a defined threshold. 2. New redefined role has been implemented and by the number of patients being transitioned successfully to Community Service Care Providers. 3. Adherence and utilization of the redefined transition process at London Health Sciences Centre and with the Community. Approval rating received from community providers.	1. Redefined role implemented 2. Approval rating received 3. Reduction of Admitted Mental Health patients waiting for a bed while in the Emergency Department.	Transition Stream In-Patient Mental Health Stream
									1. Realign the stroke process in the University Hospital Emergency Department to facilitate earlier consultation with Neurology for patients assessed as stroke 2. Increase Clinical Neurological Sciences bed capacity at University Hospital; enabling improved access and flow of Clinical Neurological Sciences patients moving from the Emergency Department in a more effective method	1. Develop and implement a revised process, for Emergency Department Clinical Neurological Sciences patient consult to occur earlier in the treatment process 2. The addition of 8 Clinical Neurological Sciences Alternative Level of Care (ALC) beds to open up bed capacity in the inpatient unit, resulting in an increase in inpatient capacity.	1. New process has been created and all Clinical Neurological Sciences - Emergency Department Staff and Physicians educated on the new process. 2. Decrease in Clinical Neurological Sciences Emergency Department Wait times	Increase in patient transfer times. Lower assessment times 8 New Clinical Neurological Sciences Alternative Level of Care (ALC) beds are implemented Achieve target for Clinical Neurological Sciences Emergency Department Wait times	