

2019/20 Quality Improvement Plan
 "Improvement Targets and Initiatives"

Cambridge Memorial Hospital 700 Coronation Boulevard

Measure	Change														
	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	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) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Efficient	Total number of alternate level of care (ALC) days contributed by ALC patients within the	P	Rate per 100 inpatient days / All inpatients	WTIS, CCO, BCS, MOHLTC / July - September 2018	661*	13.73	15.00	With the upcoming uncertainty in the larger healthcare	Waterloo Wellington Local Health Integration Network	1)Accountable Care Unit - daily bedside rounding with multi-disciplinary team focused on goals required for discharge	standardized methodology of doing bedside rounding applied to all applicable patients, families informed about the time bedside rounding occurring	# discharges per day, # ALC patients	Increase # discharges per day, 15.0% ALC	
	Timely	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	CHI NACRS / October 2018 – December 2018	661*	18.32	10.00	Focus on Provider Initial Assessment time in the emergency department and pull time to the inpatient units once decision to admit has been made.		1)Evaluate emergency room wait time clock	informal feedback from staff, patients (survey, patient relations, website) and community at large	patient feedback, staff feedback, accuracy of wait time clock vs actual	positive feedback on having clock to inform decisions and accuracy of clock estimates to actual	
											2)Spread & sustain plan for CTAS 4 and 5 treat and release	determine when treat and release used-not used - root cause analysis	time from triage to provider initial assessment	less than 3.0 hours	
											3)Reduce average length of stay on medical inpatient units to create capacity to pull admitted patients	analysis of HIG groups contributing to increased length of stay, analysis at provider level, parado analysis of largest contributor(s)	average length of stay by HIG group and by provider	analysis still underway	
Theme II: Service Excellence	Patient-centred	Percentage of respondents who responded positively 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	CHI CPES / Most recent consecutive 12-month period	661*	52	58.00	understand the importance of transitions as a vulnerable point in healthcare journey's.		1)Accountable Care Unit - daily bedside rounding with multi-disciplinary team	focused, structured and standardized bedside rounding focused on what is required for discharge	% eligible patients who receive daily bedside rounding and % of days when ACU rounding occurs	100% of eligible patients to receive daily bedside rounding, ACU rounding to occur greater than 95% on all units	
											2)Medication Reconciliation at discharge - fully implemented on all units	established on most units - surgery, peds & OBS only started Jan/Feb 2019. Sustain performance above 95% on all other units	% of medication reconciliation completed compared to BPMH completed on admission	greater than 95% on all units	
											3)White Board completion rate	Inclusion of patient in filling out the daily goals, monthly audits on each clinical unit	audit measure of white board completion rate shared with units	greater than 80% completion rate consistently achieved on each clinical unit	
Theme III: Safe and Effective Care	Effective	Medication reconciliation at discharge: Total number of discharged patients	P	Rate per total number of discharged patients / Discharged	Hospital collected data / October - December 2018	661*	84.48	84.48	We have not included this in our QIP this year. This work will continue as		1)We are not working on this indicator	We are not working on this indicator	We are not working on this indicator	We are not working on this indicator	We are not working on this indicator
	Safe	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	M A N D A T O R Y	Count / Worker	Local data collection / January - December 2018	661*	272	120.00	Last fiscal year (2018-19) we included ALL incidents reported by staff as both our baseline (270), when setting our target (330) and when reporting our year end performance (272). As each incident was signed off in 2018-19 we captured whether the		1)Evaluate our current flagging process	Establish a cross-sectional team to evaluate process, evaluate all patients that are currently flagged, establish criteria to inform regular cadence of case reviews	Process reviewed and changes implemented	New process for case reviews is occurring at regular intervals	885 FTE
											2)Implement a reporting campaign aimed at increasing awareness of workplace violence and to encourage reporting	Posters developed, huddle discussions, engage with union leadership	total lost + modified hours due to work place violence	philosophical target of zero	885 FTE
											3)Potential re-design of Code White training content - larger focus on de-escalation strategies	engage with Joint Occupational Health & Safety committee, engage with various union groups for endorsement. If endorsed proceed.	# staff code white trained, evaluations from code white training	subjective comments in evaluations about proposed increased focus on	885 FTE