

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

Headwaters Health Care Centre 100 Rolling Hills Drive, Orangeville , ON, L9W4X9

AIM	Measure										Change					
Issue	Quality dimension	Current performance		Unit / Population	Source / Period	Organization Id	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)				Target for process measure		Comments
		Measure/Indicator	Type							Methods	Process measures	Process measures				
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)																
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.	A	% of discharged patients	Hospital collected data/CIHI NACRS	916*	78%	75%	Current performance may be impacted by update of policy and criteria	Regional EMR Partnership	1. Assess current state for discharge summary process and procedure. Update policy and workflows to reflect current best practice. 2. Ensure physician engagement in any workflow or policy changes. 3. Ensure adequate hardware and liscencing for dictation, and any training required.	1. Review current policy and procedure for documentation requirements and criteria. 2. Provide any necessary training, education or updates related to policy/procedure changes.	Discharge Summary Reporting Monthly	75% completion of summaries in the 48 hours	*If changes to criteria for requiring a discharge summary, target may need to be reassessed	
Theme II: Service Excellence	Patient-centred	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?	P	% / Survey respondents	Qualtrics Patient Survey	916*	unknown	monitor	new survey tool	OHA, Qualtrics, CIHI	1. Implement new Patient Experience Survey in alignment with OHA recommendations. 2. Review current state for discharge package and education in each clinical area.	1. Optimization of Qualtrics across the organization, ensuring reasonable response rate for each survey population 2. Map current state of discharge process and associated patient information for each clinical area. 3. Development of a Patient Expeirence Framework	1. Number of survey responses received 2. Number of discharge process maps completed 3. Implementation of Patient Experience Framework	1. Determine response rate with new survey tool 2. Process Maps completed for all in-patient departments 3. Framework endorsed and implemented		
Theme III: Safe and Effective Care	Effective	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.	P	% of discharged patients	Hospital collected data	916*	88%	90%		Regional EMR Partnership	1. Develop a process flow for Emergency Department to eliminate the use of paper prescriptions 2. Ensure clear criteria for reporting	1. Current state analysis of ED discharge medication reconciliation and prescription writing 2. Work with ED Leaders, Nurses and Physicians to develop and implement future state for Med Rec and prescription writing electronically 3. Ensure reporting criteria is aligned to expected Discharge Med Rec Practice	1. Current state analysis completed 2. Future state designed and implemented 3. Reporting criteria updated and monthly report generated by department	1. Successful completed of current state by end of Q2 2. Successful completion of future state by end of Q3 3. Organizational reporting criteria reviewed by end of Q1		
	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	M	Count / Worker	Local data collection	916*		Monitor Only			1. Continue additional Management of Aggressive Behavior (MOAB) education. 2. Continued education on de-escalation practices. 3. Joint Health and Safety Committee (JHSC) to continue to review incidents for recommendations and action.	1. Number of staff who complete MOAB training 2. Develop action plans based on recommendations following incidents, inspections and risk assessment reviews at monthly JHSC meetings	1. 4 sessions per calendar year 2. % of actions completed	1. Successful completion of all session by end of Q4. 2. 70% of recommended actions completed.		
	Safe	Falls (in hospital)	P	Falls Assessment on admission completion rate within 4 hours of admission	Meditech	916*	48%	70%		Patient Safety Company, Regional EMR Partnership	1. Falls rates updated monthly on every Quality and Safety huddle board 2. Falls assessment completion rate reports sent weekly to program leaders.	1.Department specific rate report created and sent monthly to each program leader. 2. CARE4 team to build department specifc dashboard.	1.Department specific report built and distributed monthly 2. Dashboard accessible by all leaders by end of Q1	1. Creation, distribution and posting of report on Quality and Safety Huddle boards 2. Dashboard for Falls Assessment complete for each inpatient department by end of Q1.		
	Safe	Hand hygiene compliance before patient contact	P	% / total staff,physicians/providers, volunteers	Hospital collected data	916*	95%	90%			1. Ensure adequate auditing resources /training 2. Post monthly audits on department Quality and Safety boards 3. Conduct monthly audits to ensure hand sanitizers are replenished	1. Report template developed and sent out monthly to program leaders 2. Monthly updates posted and reviewed with team at daily huddles. 3. Rotating monthly audits of hand sanitizer stations	1. Audit process and resources identified to support monthly auditing 2. Report generated and populated monthly by department 3. Monthly audit of 2-3 areas of the hospital monthly	1. Audits completed each month 2. Reports posted monthly 3. Audits completed monthly		

