

2022/23 Quality Improvement Plan
"Improvement Targets and Initiatives"

Middlesex Hospital Alliance 395 Carrie St, Strathroy, ON, N7G3E2

AIM		Measure								Change					
Issue	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) 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	Efficient	Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment.	A	% / All patients	CIHI DAD / April 2020 – March 2021	1507*	43.4%	39.0%	10% improvement	Home and Community Care, community partners, private providers and London Middlesex OHT	Sustain current practices of weekly review of ALC patients. Fulsome review of current organizational practices, policy and procedures	<ul style="list-style-type: none"> 1 Review current MHA policies and procedures related to ALC patients, with a particular focus on FCHS 2 Monthly meetings between MHA VP and Director Home & Community Care to discuss ALC issues and opportunities including transitional beds in Strathroy 3 Work with regional and community partners to apply/access additional regional ALC beds at Parkwood 4 Replace current social worker vacancy to support family engagement & LTC assessment 5 Conduct weekly complex discharge rounds with the goal of ensuring every patient has confirmed discharge plan 6 Focus on reducing ALC length of stay (LOS) 7 Participate in regional advocacy to re-gain lost LTC beds 8 Monitor ALC rates weekly and communicate to teams 9 Advocate for H&CC coordinator FCHS coverage for vacation & sick 10 Work with London Middlesex OHT to improve flow of ALC patients and access to the regional beds 	Weekly reporting and review of open ALC counts by applicable service managers. Quarterly reporting to Board Quality Committee	Biweekly review of barriers for "long waiters"	Review and continue to improve ALC process and patient transition.
		Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital	A	% / All patients	CIHI DAD / April 2020 – March 2021	1515*	32.6%	29.0%	10% improvement	Home and Community Care, community partners and London Middlesex OHT					
		Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an	A	% / All patients	CIHI DAD / April 2020 – March 2021	4472*	34.7%	31.0%	10% improvement	Home and Community Care, community partners, London Middlesex OHT and Spectrum Health					
	Timely	Percentage of patients discharged from hospital for which discharge summaries are	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	1507*	29.6%	54.0%	50% improvement	Discharge summary to be delivered to primary care provider within 48 hours of discharge. Primary care will be provided auto authenticated summary, where appropriate	<ul style="list-style-type: none"> 1 Working group established and action plan for improvement developed 2 Health records department engaged and will lead pilot project 3 Received endorsement from MAC to commence improvement initiative & provide progress updates 4 Provider champions engaged 5 Pilot project with "auto-authentication" being planned, with education support 6 Provide monthly reporting to provider on performance 	Monthly reports on completed summaries to be shared with all providers. Quartile rate reviewed by Board Quality Committee	50% of discharge summaries delivered to primary care within 48 hours of discharge by March 31, 2022	Support for this initiative was received by Medical Advisory Committee and Senior Leadership	
		Percentage of patients discharged from hospital for which discharge summaries are	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	1515*	27.3%	50.0%	50% improvement						
		Percentage of patients discharged from hospital for which discharge summaries are	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	4472*	27.6%	51.0%	50% improvement						
Theme II: Patient-centered	Patient-centered	Percentage of respondents who responded "completely" to the following question:	P	% / Survey respondents	CIHI CPES / Most recent 12 mos	1507*	75%	75%	sustain performance	OHA	Currently having small sample size to draw conclusions. Working on increasing uptake of email address collection for wider reach. <ul style="list-style-type: none"> 1 Transition year from NRC picker to new vendor. Exploring technology options to increase survey uptake 2 Develop process for communication to staff on units regarding metric performance monthly i.e., Units Huddles 3 Promote patient survey completion at discharge 4 Establish process at discharge to ask patients if they received the info they need for discharge, if they have any additional questions & who to contact after discharge if they have questions. 5 Managers regularly receive and review survey data with staff and discuss opportunities for improvement at unit Huddles 	Monthly count of completed surveys shared back with respective departments			
		Percentage of respondents who responded "completely" to the following question:	P	% / Survey respondents	CIHI CPES / Most recent 12 mos	1515*	57%	69%	20% improvement. Continue to improve	OHA					
		Percentage of respondents who responded "completely" to the following question:	P	% / Survey respondents	CIHI CPES / Most recent 12 mos	4472*	59%	70%		OHA					
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 2021– December 2021	1507*	77.6%	90.0%	Year 1 - Match target of 90%. Our goal is to reach 100% with in next 2 Fiscal Year but need actions to be completed to achieve that target.	Neighborhood Pharmacy Partnership Opportunities	Sustain recent improvements beyond target, stabilize. <ul style="list-style-type: none"> 1 For patient safety, goal is 100%, but need actions to be completed to achieve that target. 2 Working group established and action plan for improvement developed 3 Engagement with providers (physicians & NPs) to provide monthly reporting to providers on performance. 4 Working with Clinical Informatics to provide education to providers, and audit incomplete med recs at discharge in timely manner 5 Explore opportunities to improve front-end best practice medication history and medication reconciliation on admission 	Quarterly report to physicians of med reconciliation performance. Real time follow-up to medication reconciliation medication errors.	90% completion of med reconciliation at discharge by all HCP. Reduction in medication reconciliation medication errors.		
		Medication reconciliation at discharge: Total number of discharged patients	P	Rate per total number of discharged patients / Discharged	Hospital collected data / October 2021– December 2021	1515*	89.7%	90.0%							
		Medication reconciliation at discharge: Total number of discharged patients	P	Rate per total number of discharged patients / Discharged	Hospital collected data / October 2021– December 2021	4472*	87.9%	90.0%							
	Safe	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA)	P	Count / Worker	Local data collection / January - December 2021	1507*	14	13	5%	New Security Provider	Sustain current practices. MHA has well developed system of reporting work place incidences and strong uptake by the staff reporting <ul style="list-style-type: none"> 1 Due to COVID and other issues, in FY 2021, implemented security on both the sites. Education provided to staff on how/when to contact security etc. Planning Year 1 Security impact analysis Review 2 Review with security provider verbal escalation training and protocols, and Code White policy & engage in Mock Code White training 3 Plan staff education for verbal escalation . Provide Learning Module for all staff dealing with dementia patients. 4 Workplace Violence Prevention committee established 5 Workplace violence incidents reviewed at Joint Occupational Health and Safety Committee, and Quality, Safety and Risk Committee of the Board. 6 Consistent practice in checking patient history prior to admission and appropriate medication regime review. 7 Share information with all the concerned personnel in the circle of care as soon as patient is flagged in the electronic system. 8 Reinforce expectations to patients/families re "zero tolerance" for harassment & violence toward staff. 	Total number of flags applied monthly and quarterly. Review by health and safety officer monthly or case by case basis and follow up with area manager.	Review number, types and themes of incidents Security involved in	
			Number of workplace violence incidents reported by hospital workers (as defined by OHSA)	P	Count / Worker	Local data collection / January - December 2021	1515*	23	22	5%	New Security Provider				
			Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month	P	Count / Worker	Local data collection / January - December 2021	4472*	37	35	5%	New Security Provider				