2022-23 Quality Improvement Plan
Work Plan

Oak Valley Health

Markham Stouffville Hospital 381 Church Street

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) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	**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.	P	Hours / All patients	CIHI NACRS	905*	**MSH: 21.1** (P4R Metric) UXB: 10.0 OVH: 20.5 2021/22 YTD (Apr 2021 to Feb 2022)	≤19.6	Target goal will remain the same as FY21/22. The target is lower than provincial average (23.6) CLHIN average (23.7), and Ontario peer hospitals (28.5).	N/A	Identify new opportunities for improvement with focus on Time to Inpatient Bed.	Kaizen event in Q1	Will be established based on change ideas identified.	Will be established based on indicator performance.	
											To better understand patient journey and flow through Emergency Department.	Lean event in Q1 and monitoring of suite of indicators.	1. Admit length of stay 2. Consult request to arrival 3. Physician initial assessment 4. Ambulance offload time	1. Target: 30 hr 2. Target: 5 hr 3. Target: 1.8 hr 4. Provincial Target: < 30 min	
Theme II: Service Excellence	**Patient Centred**	Call-back Program Question for ED: (1) During this emergency department visit, how often did care providers treat you with courtesy and respect? Call-back Program Question for Inpatient Services: (1) During this visit, how often did care providers treat you with courtesy and respect?	C	All patients	Internal source: Automated call-back program provided through VoiceGate	905*	ED Performance 2021/22 Q3: 81.9% of respondents selected the highest possible score Inpatient Performance: (1) No data	Collect baseline data.	As the NRC portal is being discontinued, the call-back program will be used to collect baseline data for 2022/23.	VoiceGate - third-party vendor providing automated calls	1. Explore utilizing 360 Immersive to develop a virtual reality module.	1. Obtain information from Patient Relations and Quality on common instances to improve communication. 2. Develop and test a simulation activity that uses a variety of immersive highly visual 3D characteristics to replicate real-life situations.	1. Test completed	Not applicable	Baseline data collect to determine current performance.
											2. Develop communication Microlearning.	1.Develop short, focused education targeting a specific skill or concept. Tentative format: educational microlearning-sized infographics (micrographics): "Quick Bites"	1. Quick Bites developed		
											3. Create a digital learning component.	1. Create a digital module/learning experience, which may vary in structure and length, type of media formats used, and can be viewed/completed on multiple devices.	1. Module/learning experience created		
											4. Create a communication simulation for geriatric population.	1. Obtain information from subject matter experts on common types of interactions that may require a different communication approach. 2. Develop and test an educational modality that replaces real experiences with guided experiences.	1. # of individuals who participate in the simulation module.		
											5. Explore customer service education for staff.	1. Work with Organizational Development to identify options for customer service education.	1. Resources identified for future use.		
Theme III: Safe and Effective Care	**Safe**	Rate of harmful falls per 1000 adjusted patient days (12 month rolling average).	C	Rate / adjusted patient days	Local data collection	905*	0.8	0.8	Aim to maintain gains from previous fiscal year. 5% decrease from target in previous fiscal year (0.95).	N/A	Partnering with patients and families on falls prevention during their time in the hospital.	Spreading of the 'Top 10 falls prevention tips' fact sheet to all inpatient and key ambulatory areas.	Percentage of areas actively utilizing prevention tool.	100% of inpatient and key ambulatory areas.	
											Improve alignment with other hospitals for standardized Falls Risk Assessment.	1. Update the Falls Policy. 2. Front-line staff education.	1. Completion of Falls Policy update. 2. Percentage of front-line staff who have completed education. 3. Monitor trends in falls reported	1. Policy updated. 2. 80% of full- and part-time front-line staff and Clinical Managers.	
											Standardize falls prevention strategies.	Creation of falls prevention kits.	1. Development of falls prevention kits 2. Implementation of falls prevention kits	1. Completion of falls prevention kits 2. 100% of all inpatient areas and key ambulatory areas	
Theme III: Safe and Effective Care	**Safe**	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period	P	Count / worker	Local data collection	905*	278	≤264	Target goal will remain the same as FY21/22 - 5% decrease in workplace violence incidents.	N/A	Refresh corporate workplace violence strategies to ensure a safe workplace for all staff.	Corporate practices and prevention strategies.	1. Review of use of patient restraints 2. Memorandum of understanding with YRP for patient handoff 3. MH patient capacity / surge plan review and refresh. 4. Prevention strategies for patients affected by Dementia	1. Review completed in Q1 2. Completion during Q2/Q3 3. Updated by Q4.	
												Expanded Violence Prevention training	% of front-line staff in high risk areas who have completed education.	% of full- and part-time front-line staff in ED and Mental Health.	