

2021/22 Quality Improvement Plan  
"Improvement Targets and Initiatives"



ALEXANDRA HOSPITAL Alexandra Hospital, Ingersoll  
INGERSOLL

AIM	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Change	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure
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.	M A N D A T O R Y	Hours / All patients	January – December 2020	684*	7.05	6.21	Reduce by 12%.			1) Reduce the length of stay in the Emergency Department for admitted patients.	1) Identify barriers to flow in the Emergency Department 2) Work with Home and Community Care to prevent admissions in the ED 3) Decrease waiting times for consultants	Implement quality huddles at least 3 times per week in the ED to track wait times. Monitor LOS for patients waiting for Internal Medicine or Surgical consults. Track daily the time to inpatient bed for all admitted patients.	End of March 2022
												2) Reduce the length of stay in the inpatient unit to increase capacity for admitted patients	1) Daily discharge rounds 2) Monitor Expected Length of stay for patients 3) Determine patients who are ready for discharge or ALC in a timely manner	Compare LOS with CIHI ELOS for CMG groupings Monitor Conservable bed days.	End of March 2022
												3) Reduce ALC patients in hospital waiting for Long Term Care and community	1) Weekly ALC rounds with Home and Community Care Partners 2) Early identification of patients with complex discharge needs 3) Education to staff and physicians in regards to ALC designation to ensure timely and accurate designation.	ALC Rate for patients waiting for LTC # of patients diverted from LTC to other programs	Decrease of ALC rate on month to month basis from previous year's data
		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 non-admitted high acuity patients (CTAS I, II, III) completed their visits.	C	Hours / Patients with complex conditions	January – December 2020	684*	5.5	5.00	LHIN H-SAA Target			1) Reduce the length of stay for this cohort of patients	1) Review medical directives and ensure patients are receiving treatment as early as possible 2) Evaluate trial of Lower Acuity Process 3) Continuation of 2 stream process to focus care on the higher level of acuity patients.	Completion of Medical Directives for the Emergency Department Monitor LOS during lower acuity process.	End of March 2022
												2) Collaborate with Home and Community Care to reduce admissions and discharge patients to community.	1) Increase consultation with Home and Community Care in the Emergency Department. 2) Decrease response time of Consults in the Emergency Department		
Theme II: Service Excellence	Patient-centred	In house ED survey: How effective were the staff in providing communication and updates about wait times during your stay?	C	% / ED patients	In-house survey / January - December, 2020	684*	91%	95%	Theoretical Best	Tillsonburg District Memorial Hospital	1) Increase communication of wait times in ED	Develop a communication process for patients and family in regards to waiting times and departmental changes	Communication tool available May 1, 2021	Implemented by May 1, 2021	
											2) Provide communication about hospital services in ED	Develop a communication slide show that can be displayed in ED waiting rooms	Implementation of slide show by May 1, 2021	Slide show available	
		In house IP survey: How effective were the staff in providing communication and updates about wait times during your stay?	C	% / All inpatients	In-house survey / January - December, 2020	684*	100%	95%	Theoretical Best	Tillsonburg District Memorial Hospital	1) Improvement of patient and family education materials	1) Develop standardized education templates for patients 2) Identify acceptable fonts 3) Ensure that all materials at a Grade 6 level 4) Education to committees about approval process from PFCC	Inpatient education materials refreshed and updated	100% completion by July 1, 2021	

											2) Increase knowledge of Patient and family centered care philosophy within the hospital employees and program development	1) Patient Advisors will sit on hospital committees and provide input on hospital planning of programs, processes and policies 2) Patient advisor engagement on quality improvement projects 3) Education for leaders and staff on role of advisor and onboarding onto committees 4) Ongoing recruitment of Patient Advisors	Patient advisor representation all hospital committees  Addition of 2 patient advisors by March 2022	100%
Theme III: Safe and Effective Care	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OSHA) within a 12 month period.	M A N D A T O R Y	Count / Worker	Local data collection / January - December 2020	684*	9	9	Not to Exceed Current Performance	Tillsonburg District Memorial Hospital	1) Re-assess violence prevention training	1) Develop a classification of risk for the clinical areas (include low, medium, high risk) 2) collaboration with the vendor to modify training to include medium and high risk	All clinical areas are assigned a risk level	100%
											2) Increase security of staff in hospital	1) implementation of access control system at identified entrance (high risk) and internal access points 2) Implement staff duress system (panic alarms)	Implemented by June 1, 2021	Implemented by June 1, 2021
		Number of Workplace Wellness Initiatives (overall)	C	Count	Local data collection - January - December 2020	684*	CB	12	Theoretical Best	Tillsonburg District Memorial Hospital	1) Establish Employee Wellness Program	1) Develop Terms of Reference and establish membership. (2) Collaborate with staff to develop calendar of wellness events. (3) Ongoing evaluation of staff and patient satisfaction.	Implemented by March 2021	End of March 2021