

2018/19 Quality Improvement Plan
"Improvement Targets and Initiatives"



North Wellington Health Care | 630 Dublin Street | Mount Forest, ON | N0G 2L3

AIM		Measure								Change				
Quality Dimension	Issue	Measure/ Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Priority level	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Safe	Patient Falls	Falls causing harm	All inpatients (excluding newborns)	Hospital collected data. Most recent quarter available.	963	NWHC - 3.2 (Q4'16 to Q3'17 rate per 1,000 patient days)	NWHC - 2.6	Internal target based on current performance Q4'16 to Q3'17. 20% reduction in the rate per 1,000 patient days of inpatient falls resulting in harm (severity level 2-5).	Internal indicator	1) Establish falls working group with multi-disciplinary frontline staff in Q1'18 2) Review and revise current falls prevention program to ensure best practices by end of Q2'18 3) Implement purposeful rounding on inpatient units by end of Q1'18	Data collected from RL6 Patient Safety Reporting system, event type "Patient Fall", "Severity" level 2, 3, 4, or 5 for all inpatient locations. Measure excludes newborns. Reported quarterly by Manager, Quality and Patient Safety.	Rate of falls causing harm per 1,000 patient days. Numerator: Number of patient falls severity 2-5 on inpatient units in time period. Denominator: Number of inpatient days.	Internal target: 20% reduction in the rate per 1,000 patient days of inpatient falls resulting in harm (severity level 2-5).	
	Medication Safety	Medication reconciliation (discharge)	All inpatients (excluding newborns, acute transfers or mental health transfers)	Hospital collected data. Most recent quarter available.	963	NWHC - 93% (Q4'16 to Q3'17 performance)	NWHC - 97.5%	Internal target. NWHC - target based on a 4.8% improvement from Q4'16 to Q3'17 actual performance.	Priority indicator	1) Redesign of discharge documentation screen to facilitate medication reconciliation documentation by end of Apr'18 2) Implement process for reporting, auditing and flagging incomplete medication reconciliation at time of discharge by end of Apr'18 3) Nurse, physician and midwife education on medication reconciliation processes through onboarding ongoing in 18'19 4) Presentation at medical staff re. process of completing med rec upon discharge when physician is not on site by end of Apr'18 5) Engage midwifery group re. process of completing med rec upon discharge when midwife not on site by end of Apr'18	Data collected by decision support from Meditech NUR discharge documentation screen question "Discharge Med Rec completed by physician". Positive response is answer of "Yes". If answered "No", HIM confirms the presence of a signed, reconciled discharge prescription and if present, patient is included in numerator. If answered "No" and no reconciled discharge prescription in health record, medication reconciliation is considered incomplete. Reported quarterly by Manager, Health Information Management.	Percentage of eligible discharged patients who had medication reconciliation completed on discharge in time period. Numerator: Number of discharged patients with medications reconciled. Denominator: Number of patients discharged from the hospital.	NWHC - Increase completed medication reconciliation target on discharge to 97.5%.	
	Medication Safety	Medication incidents reaching the patient (level 1-5)	All inpatients	Hospital collected data. Most recent quarter available.	963	NWHC - 10.8 (Q1'17 to Q3'17 rate per 1,000 patient days)	NWHC - 7.6	Internal Target. 30% reduction in the rate of medication errors reaching the patient from previous fiscal YTD actual performance.	Internal indicator	1) Implementation of automated dispensing units (to be complete in NW Q4'17) 2) Establish medication safety working group to review and redesign paper MAR form and process in Q1'18 3) Review of current staffing model in pharmacy by end of Q1'18 4) Development and implementation of medication "safe zones" to reduce distractions and interruptions by end of Q1'18 5) Implement purposeful rounding on inpatient units by end of Q1'18	Data collected from RL6 Patient Safety Reporting system, event type "Medication/Fluid", "Severity" level 1, 2, 3, 4, or 5 for all inpatient locations. Includes newborn, acute and CCC. Reported quarterly by Manager, Quality and Patient Safety.	Rate of inpatient medication incidents reaching the patient (severity levels 1-5) per 1,000 patient days in time period. Includes acute, newborn and CCC. Numerator: Number of medication incidents severity 1-5 on inpatient units. Denominator: Number of inpatient days.	30% reduction in the rate of medication errors reaching the patient from previous fiscal YTD actual performance.	
	Workplace Violence	Number of workplace violence incidents (overall)	All hospital workers as defined by the OH&S	Hospital collected data. Most recent quarter available.	963	NWHC - 4 (Q4'16 to Q3'17 actual number)	NWHC - 3 NWHC FTEs - 147.5	Internal target reflecting a 25% reduction in incidents of workplace violence.	Mandatory indicator	1) Continuation of the Gentle Persuasion Approach training ongoing in 18'19 2) Continuation of the Non-Violent Crisis Intervention training ongoing in 18'19 3) Reassessment and follow up training related to the flagging of patients who may pose a risk of violence by end of Q1'18 4) Information and instruction to all employees who may respond to a Code White, specifically with respect to their roles and expectations by end of Q1'18 5) Plan and conduct a mock Code White and Code Silver, in partnership with our community partners in Q2'18 6) Explore the implementation of private security at designated locations and times by end of Q1'18 7) Explore methods by which to fully integrate violence prevention policies by end of Q1'18	Data for workplace violence incidents collected from RL6 Patient Safety Reporting system, event types "Respectful Workplace Complaint" and "Employee Event - Injury from Patient Action", all severity levels. Reported quarterly by Human Resources/OH&S.	Actual number of workplace violence incidents reported by hospital workers in time period will be reduced by 25%. Number of staff requiring flagging training/number of staff who are trained. At least one mock code white and one mock code silver will be held in each department by the end of Q1.	Internal target: Flagging training target is 100%	