2020/21 Quality Improvement Plan
"Improvement Targets and Initiatives"

Norfolk General Hospital 365 West Street, Simcoe , ON, N3Y1T7

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.**	**M A N D A T O R Y**	**Hours / All patients**	**CIHI NACRS, CCO / Oct 2019– Dec 2019**	**804***	**6.1**	**4.00**	**High Reliability Org.**		**1)Early identification of discharge patients**	**Daily review and identification of patient discharge status on unit whiteboards**	**Visual identification of discharge status on inpatient unit whiteboards**	**100% of inpatient units with discharge status updated post discharge rounds**	
											2)Improve utilization of Gridlock Policy	Quarterly table top exercise	Number of table top exercises	2 table top exercises (quarterly October/20 - March/21)	Early identification of barriers to client flow
											3)Improve utilization of order set	Short form order set available to physicians electonically	% of medical patients admitted with new short form order set	60% of medical admissions will include the short form orderset	Improve patient flow
Theme 2: Service Excellence	**Patient Centered**	Communication prior to discharge from Emergency Department	C	% / ED patients	NRC Picker / April 2020 to March 2021	804*	CB	CB	High Reliability Org		1)Improve communication for patients at discharge from ED	Standardized discharge checklist for ED patients	Educate all ED staff in discharge rounding	Top box 65% for response to this indicator	
											2)Hourly rounding in the ED	Educate all ED staff on Hourly Rounding	Number of nurses receiving training in hourly rounding	100% of staff trained in hourly rounding	
Theme III: Safe and Effective Care	**Effective**	Proportion of hospitalizations where patients with a progressive, life-limiting illness, are identified to benefit from palliative care, and subsequently (within the episode of care) have their palliative care needs assessed using a comprehensive and holistic assessment.	P	Proportion / All patients	Local data collection / Most recent 6 month period	804*	CB	CB	High Reliability Org	Palliative Care Network	1)Enhance information about Advance Care Planning to COPD and CHF patients	Update current information packages to include Advance Care Planning	Information packages updated	Advance care planning included in booklets	
											2)Advance Care Planning offered to COPD and CHF patients	Identify patient with life-limiting illness that would benefit from Advance Care Planning	Number of patients identified at daily rounds	increase number of patients with Advance Care Plan	
											3)Educate nurses in PPS and ESAS	Planned educational sessions for nurses	Number of nurses trained	40% clinical staff trained	This change idea will continue into the next QIP
		Patients who are treated in the ED for substance abuse who return to the ED within 30 days	C	% / ED patients	CIHI NACRS / April 2020 to March 2021	804*	22	20.00	HRO: Zero Harm		1)Implement best practices for management of substance abuse	Develop ordersets in partnership with community services	Order set developed	Utiliation of order set	
											2)Access to community partners	Referral to community partners	Number of referrals to community partners	Increased referrals	
											3)Coordinated Care Plan referrals for clients diagnosed with substance abuse	Offer coordinated care planning to clients attending the ED with Dx of substance abuse	Number of coordinated care plan referrals	Increase in referrals for clients in ED with Dx of substance abuse	

	Safe	**Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.**	**M A N D A T O R Y**	**Count / Worker**	**Local data collection / Jan - Dec 2019**	**804***	**24**	**30.00**	**Increase reporting**		**1)Improve staff understanding of reporting workplace violence**	**Education for staff**	**Number of educational sessions for staff**	**40% of staff educated in workplace violence**	
											2)Improve staff confidence in de-escalation skills	Develop a program related to de-escalation best practices	Develop education in de-escalation skills for staff	Education sessions will be provided in Q1 2021/22	This initiative will continue into the next Quality Improvement Plan
											3)Implement a new Incident Tracker form for Workplace Violence Reporting	Develop an easy to use format for reporting workplace violence	Number of staff attending education for Incident Tracker	75% of staff trained	
											4)Improve staff confidence in handling aggressive client situations	Implement Mock Code White	Develop and implement quarterly Mock Code White training	2 Mock Code White training sessions (quarterly October 2020-March 2021)	
		Reduce injury from falls	C	Number / All patients	Hospital collected data / April 2020 to March 2021	804*	70	60.00	Reduce by 15%		1)Initiate the MOVE on program in all units	Educate clinical staff in MOVE on initiative	Number of staff trained	80% of staff trained in MOVE on program	
											2)Utilization of post falls protocol through education	Educate all clinical staff on post falls protocol	Number of staff educated	100% of clinical staff educated	
											3)All patients assessed for risk of falls at admission	Morse Scale Assessment	Chart audit for completion of risk assessment	80% of inpatient charts	