Royal Victoria
egional Health Centre

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

Royal Victoria Regional Health Centre 201 Georgian Drive

AIM		Measure								Change				
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
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Efficient	Access to right level of care	Number of patients in the hallway.	C	Number / All inpatients	Hospital collected data / 2018-19	606*	20.3	0.00	Average. As of December 31, 2017.	1)Ensure activation of organizational wide surge plan.	The Patient Flow team will monitor daily census and activate surge plan as required based on set criteria.	100% of surge beds will be opened timely at varying stages of surge plan.	All stages of surge plan will be initiated as outlined in surge plan. Surge plan stages will be initiated within 1 hour of appropriate update meeting.	N/A
										2)Continue to access all community and transitional beds to ensure timely transitions in care.	Discharge planners will complete referrals for transitional beds. Leaders will review patients with opportunities to transfer to community or transitional beds on Activity Report, at bed meeting. Inpatient leaders as well as Patient Flow leaders will work with community partners.	Number of patients meeting criteria for transitional beds who have referral completed.	100% of patients meeting criteria for transitional beds will have referral completed within 48 hours of meeting criteria.	N/A
										3)Utilize existing regional repatriation agreement to ensure patients who no longer require regional services are repatriated back to their originating site.	Each inpatient unit leader and ICU leader will work in collaboration with Patient Flow team to repatriate regional patients once regional services are no longer required. Patients will be reviewed on Activity Report, at Bed Meeting and by leaders.	Number of inpatients that remain admitted to RVH and could receive care at their home hospital when regional services no longer required.	100% of all inpatient and ICU patients that no longer require regional services will be repatriated back to home hospital within 48 hours.	N/A
Patient-centred	Person Experience	"Would you recommend this hospital to your friends and family?" (Inpatient care)	P	% / Survey respondents	CIHI CPES / April - June 2017 (Q1 FY 2017/18)	606*	64	70.00	Top Box medical/surgical inpatients only. As of June 30, 2017.	1)Ongoing coaching provided to units to enhance My Care practices.	Strategy team will meet with leaders and staff at weekly huddles to review current patient experience scores and discuss patient population specific strategies. Skills lab offered at interprofessional practice orientation and all new staff monthly orientations. Statistics are provided to all leaders and senior leaders on a monthly basis.	Number of huddles that are occurring. Number of orientations occurring. Patient experience score.	NRCC "Would you recommend this hospital to your family and friends" will score at 70% or higher for all top box responses for all inpatients (med/surg).	Top box med/surg only.
										2)Leverage Patient Family Advisory Council (PFAC) members across every committee and within every quality improvement process to ensure patients add their lens and guide decisions.	Partner with patients and family advisers to design and deliver health care experiences. Build on success by cascading PFAC members as key members of internal quality/operations committees.	Every inpatient unit will have PFAC members participate in all process improvements and all patient education work and material. PFAC will be engaged for all front line leadership recruitment activities.	100% quality improvement initiatives will have PFAC representation. 100% of front line leadership recruitment will have PFAC	N/A
										3)Ensure smooth transitions to home for all discharges.	Build on our existing partnership with HCC to ensure no gaps in care plans related to the services required as a means of smooth transitions in care. Build on our existing partnership with Health Links to ensure all patients are aligned with a family doctor.	Monthly meetings will occur to review individual cases ensuring no gaps in service and to develop action plans for those patients at risk. To ensure RVH has presence at all Health Links meetings to enable the voice of the patient needs from the acute care to community environment.	100% review of all patients.	N/A

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										4)Ensure all technology is in good working order and easy to use.	Compliance of preventative maintenance.	Routine auditing of all technology. Feedback from Senior Leader rounding.	100% compliance of preventative maintenance audits. 100% of technology working safely.	N/A
										5)Post discharge calls.	Enhance post discharge call process by building a centralized model that delivers a tele-practice model.	Calls will be made to patients and will follow a scripted algorithm focusing on questions such as "did you fill your prescription", "did you make your follow up appointment", "would you recommend to friends and family - why or why not".	100% attempt of all inpatient discharges and 25% of ED discharges.	N/A
										6)Continue implementation of Patient Oriented Discharge Summaries (PODS)	Following Project Management methodology, PODS will be rolled out throughout the organization by the Quality team. Completion data will be entered into the HIS. This data will be shared with the unit management team who in turn will share with their staff.	The success of PODS will be measured by its contribution to patient satisfaction rates and readmission rates.	PODS will be implemented throughout the organization by March 2019.	Inpatient units only.
Safe	**Safe care/Medication safety**	Accreditation Canada Required Organizational Practice (ROP) compliance	C	% / N/a	Hospital collected data / December 31, 2018	606*	77	100.00	Based off current 31 ROPs. As of December 31, 2017.	1)Dashboard developed outlining quarterly monitoring schedule and reporting	Accreditation Coordinator will meet with ROP owner/leader every other quarter and validate test of compliance. Dashboard is developed outlining evidence of each standard as well as met/not met status. Dashboard is then shared with senior leaders and any discrepancy is followed up on.	Number of ROPs in "met" status.	90% of ROPs will be met by June 30th, 18 and 100% met by December 31st, 18.	Assuming no major changes to ROPs.
										2)Develop robust mock tracing process.	Mock tracing will include leaders, Patient Family Advisory Council members and front line staff. Accreditation Canada will provide the training. Learnings will be leveraged and built into ongoing quality improvement.	Number of mock tracer exercises. Results from mock tracer exercises. Implementation of quality improvement learnings.	35 trained mock tracer individuals. Each mock tracer individual will complete one mock tracer a month.	Mock tracer training has not been scheduled yet. Aiming for end of April, 18.
	Workplace Violence	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	MANDATORY	Count / Worker	Local data collection / January - December 2017	606*	133	133.00	OHSA definition: a) Exercised physical force: 114 b) Attempted physical force: 9 c) Threatened physical force: 10 TOTAL: 133	1)Implementation of mandatory Crisis Prevention and Intervention (CPI) training to all clinical staff	Coordination between Organizational Development, Finance, and Interprofessional Practice to determine all logistics of implementation	Identify current number of trained staff, tally total at end of target period (Total clinical staff trained/total clinical staff)x 100 = 100%	100% of clinical staff will have received training by December 2018	FTE=1781
										2)Implementation of an improved violent patient identification system for outpatient settings	Implementation of existing violent patient identifier signage to ED, augmentation of electronic order documents for other outpatient settings	Tally total number of workers trained to new system in affected departments (Total clinical staff trained/total clinical staff)x 100 = 100%	Signage to ED will be completed by June 2018 and augmentation of electronic order documents will be completed by December 2018	N/A
										3)Addition of Zero Tolerance for Workplace Violence and Harassment posters and electronic postings throughout the organization	OHS will complete an assessment of possible opportunities throughout organization and will monitor the strategy to ensure completion	Tally total number of signs posted, gather feedback via patient surveys, PFAC consultation, etc. (Total signs planned/total signs posted)x 100 = 100%	Posters and electronic postings will be posted throughout the entire organization by June 2018	N/A
Timely	**Timely access to care/services**	Increase in number of RVH locally-led research and QI studies	C	% / RVH led REB approved studies	Hospital collected data / 2018-19	606*	12	13.00	Includes FMTU research studies.	1)Develop a research framework to streamline the approval process for RVH led research studies	Framework developed based on consultation with stakeholders including REB, MAC, Operations Committee	Framework publicly available on RVH Website	100% completion by June 30, 2018	N/A

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										2)Launch an electronic resource to support data capture and ensure PHIPA compliance	Utilize REDCap™ (Research Electronic Data Capture), which is a secure web application designed to support PHIPA-compliant data capture for research studies, along with audit trails for tracking data manipulation and export procedures, and automated export procedures for seamless downloads of de-identified data to common statistical packages.	Collect and manage all data for RVH led research studies using REDCap™	REDCap™ application is live and accessible to all RVH investigators - REDCap™ mandatory for all REB-approved studies collecting PHI and involving local researchers as PI	N/A
										3)Launch a pilot program to study the feasibility of using hospital volunteers to support RVH led research studies	Chief Research Scientist to lead a study called VforCES (Volunteers for the Conduct of Experimental and Effectiveness Studies) to overcome the biggest obstacle to conducting local research studies, which is the absence of research assistants to facilitate patient identification, screening and enrollment.	VforCES is approved by the RVH Research Ethics Board and 8 volunteers are recruited and trained to participate in the study. Study is piloted and results are analyzed by Chief Research Scientist	Study complete by April 30, 2018 - High School VforCES Co-op program live Sept 2018	N/A
										4)Launch a series of Research Design Workshops	Chief Research Scientist to conduct monthly research design workshops open to all RVH staff	Number of workshops plus attendance	≈1 workshop per month and = 5 participants per workshop starting June 2018	N/A