2019/20 Quality Improvement Plan
"Improvement Targets and Initiatives"

West Park Healthcare Centre 82 Buttonwood Avenue

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
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**	Number of Ontario Telemedicine Network (OTN) consult activities	C	Count / All patients	Local data collection / 2019-20	613*	105	115.00	10% improvement achievable through spread to other clinical services		1)Streamline the process of creating OTN accounts for staff and physicians at the Centre	IT Help Desk and IT will create the required credentials	1) Percent of identified staff with OTN credentials developed 2) Percent of identified physicians with OTN credentials developed	100% of identified staff with OTN credentials 100% of identified physicians with
											2)Enhance access to OTN throughout the Centre	Deploy the OTN videoconferencing software on West Park supported computer and laptop	Percent of devices with OTN videoconferencing software	80% of West Park supported devices will have OTN videoconferencing software
											3)Improve OTN IT support	Provide formal IT training	Percent of identified staff trained	100 percent of identified staff trained
											4)In collaboration with physicians, identify 2-3 clinical services within the Centre by which to focus applicability and usage	1) Review current data to identify usage trends; 2) Providing education on the of benefits of OTN usage; 3) Processes and access to OTN service for all types of consults 4) Conduct pilot with new clinical service and patient transition points	1) Number of services below identified threshold 20%; 2) Percent of identified attendees present for educational sessions 3) Number of new processes developed	1) 2-3 service areas 2) 80% 3) 3-5 processes
Theme II: Service Excellence	**Patient-centred**	Percentage of respondents who responded positively to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	P	% / Survey respondents	CIHI CPES / Most recent consecutive 12-month period	613*	61	63.00	Currently exceed NRC average benchmark of 58%. Aim to achieve 2% improvement.		1)Increase availability and accessibility to education information before and after discharge	1) Focus groups with patients and families to determine information needs and education modality to best meet needs 2) Development of videos by rehab specialty 3) Review and revise patient education materials with inclusion of community resources and information identified in focus groups 4) Focus groups with rehab patients to co-design education materials, videos	1) Number of focus groups conducted in Rehabilitation services by June 30, 2019 2) Development and production of 1 video by September 31st, 2019 3)Percent of patients who view video prior to discharge	1) 3 Focus groups 2) 100% Completion 3) 90%
											2)Strengthening link between patient and primary care provider	1) Assess # of patients with a primary care provider 2) Before discharge, arrange first appointment with primary care provider after discharge to the community 3) Via discharge checklist, inform patients that Centre updates primary care provider within 48 hours	1) Completion of assesments of patients with primary care provider by June 30, 2019 2) Percent of patients with arranged first appointment before discharge 3) Percent of informed patients discharged via discharge checklist	1)100% 2) 90% 3) 90%
											3)Standardization through discharge checklist	1) Develop discharge checklist including education/information reviewed, community supports available post-discharge and if connected to primary care 2) Focus groups with rehab patients to better understand community support resource needs	1)Development of discharge checklist by June 30, 2019 2)Number of focus groups conducted with rehab patients	1)100% 2)3 Focus groups
		Overall positive rating of quality of care/service	C	% / Complex continuing care residents	NRC Picker / most recent 12-month period	613*	77	79.00	2% improvement in year 1; match OHA average within 2 years		1)Improve the understanding of patient/family perceptions regarding care	1) Continue patient focus groups 2) Engage through Patient Family Advisory Councils/unit forums 3) Informal surveys 4) Patient representative on patient experience committee to co-design strategies	1) Number of focus groups conducted 2) Recruitment of patient representative on Patient experience committee	1) 3 Focus groups 2) 1 Patient advisor
											2)Develop care for the caregiver program	1) Identify caregiver task group to determine caregiver need for support 2) Investigate peer and family support volunteer program 3) Conduct caregiver sessions such as mindfulness relaxation meditation	1) Development of Term of Reference for caregiver task force 2) Number of caregiver sessions conducted	1) Targeting completion by June 30, 2019 2) 1 session/month starting July 1st, 2019
											3)Interprofessional care planning from patient perspective	1) Template of questions to co-design care planning with patients 2) Engage in patient-centred conversation every six months around goals and needs	1) Development of co-design care planning questions by June 30, 2019 2) Number of Patient-centred conversation sessions conducted	1) 100% 2) 2 sessions
											4)Improve communication and engagement with patients and/or families regarding responses to call bells	1) Collaboratively develop a patient and caregiver engagement strategy 2) Share results of call bell data review 3) Collaboratively identify strategies to address dissatisfaction related to call bell response times	Number of change ideas implemented	1) three change ideas implemented

Theme III: Safe and Effective Care	**Effective**	Proportion of hospitalizations where patients with a progressive, life-threatening illness have their palliative care needs identified early through a comprehensive and holistic assessment.	P	Proportion / at-risk cohort	Local data collection / Most recent 6 month period	613*	CB	CB	To be determined and set in accordance to established baseline.		1)Reassess the definition of palliative care as it pertains to the Centre	Research definitions of palliative care through 1) Focus groups with patients and caregivers related to perceptions of palliative care definition and impact on care 2) Collaboratively with patients determine definition of palliative care at the Centre 3) Provide education regarding definition and approach to care for palliative care patients	1) Number of focus groups conducted with patients and caregivers 2) Determine the Centre defintion of palliative care by June 30, 2019 3) Number of education sessions completed	1) 3 focus groups 2) 100% 3) 2 Sessions
											2)Adopt validated tool for early identification of individuals in need of palliative care and assessment needs	1) Research available evidence informed tools for assessing the need for a palliative approach to care 2) Rank most appropriate tools 3) Identify tool for use in the Centre	1) Number of relevant articles reviewed 2) Adopt assessment tool by Septemeber 30, 2019	1) 5 articles 2) 100% implementation of assessment tool
											3)Continue and spread end of life pilot project	1) Evaluate end of life pilot project on Respiratory CCC 2) Spread learning from the pilot project 3) Identify and spread to remaining CCC units on 3W	1) Percent Completion of pilot project in 3WE by June 30, 2019 2) Implementation of end of life project in 3WD and 3WF	1) 100% 2) Targeting 100% implementation by March 31 2020
											4)Strengthen understanding amongst staff and patients of needs and benefits of early advance care planning	1) Conduct education on advance care planning for patients and caregivers 2) Implement Supportive and Palliative care week	1) Number of education sessions conducted 2) Conduct Supportive and Palliative care week	1) 2 Sessions 2) Supportive & Palliative care week completed by May 31, 2019
		Number of patients post Chronic Obstructive Pulmonary Disease exacerbation admitted to the West Park Rapid Access Rehab (RAR) program within 30 days of discharge from St. Joseph's Healthcare Centre	C	Count / Rehab	Hospital collected data / 2019-20	613*	CB	CB	Target will be set in accordance to baseline which is in process of being collected.	St. Joseph's Healthcare Care, Toronto Central Local Health Integration Network, Stonegate Community Association	1)Enhanced support in community for COPD patients post acute care discharge	1) Implementation of clinician care bundle comprised of Occupational Therapist, Physiotherapist and Rapid Response Nurse visiting patient in community within first 7 days post discharge from RAR program 2) Understanding and managing patients discharged from SJHC yet waiting for admission to West Park's RAR program 3) Ensuring continuity and consistency of education, coping and chronic disease management between collaborators and patient	1)Number of eligible patients referred to RAR program 2)Number of eligible patients assessed at RAR program 3)Number of eligible patients accepted to RAR program 4)Number of eligible patients admitted to RAR program 5)Percent of patients completed RAR program 6)Percent of patients who received COPD service bundle of Rapid Response Nursing, OT and PT in community	1) 100 % 2) 100% 3) 100% 4) 80% 5) 80% 6) 80%
	Safe	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 2018	613*	60	57.00	5% improvement. Note that continues to be a developmental indicator.		1)Adoption & implementation of workplace violence prevention electronic learning module for mandatory, annual certification for all staff	1) Provide communication regarding mandatory requirements module for all users 2) Ensure mandatory completion of module for all new hires 3) Monitor compliance rates for all staff	1) Percent completion of e-learning module for new hires 2) Percent completion of e-learning module for all FT and PT staff	1) Percent completion of e-learning module for new hires= 100% 2) Percent completion of e-learning module for all FT and PT staff= 100% of FT; 80% PT
											2)Identify the Centre's strengths and opportunities for improvement for psychological health and safety in the workplace	1) Identify interdisciplinary stakeholder group to complete 2) Utilize Canadian Standards Association's psychological Audit Tool to conduct audit 3) Implement psychological health policy	1) Percent of recommended actions to address identified gaps completed in audit 2) Percent of managers who have completed training re: psychological health definitions, triggers, etc	1) 100% 2) 100%
											3)Place workplace violence prevention signs across the Centre	1) Develop posters to be placed in key areas 2) Create awareness by providing communication to staff regarding new signage	1) Percent of signs posted in key areas 2) Percent of FT and PT staff advised of new signage	1) 100% 2) 80% of FT; 60% of PT
											4)Expansion of artificial intelligence/Spxtrm AI project to wider variety of challenging behaviours to improve prediction	1) To include vocal aggression 2) Extend to other behavioural patterns	1)Percent of recommended actions to include vocal aggression 2)Number of other behavioural patterns identified to improve prediction by September 31, 2019	1) 100% 2) identification of 1-2 behavioural patterns