

Workplan: Measures, Data, Targets and Change Ideas

QIPs are due by April 1, 2019

Aim		Measure								Change				
Quality dimension	Issue/ objective	Measure/Indicator	Unit / Population	Data source	Reporting period	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
THEME I: TIMELY AND EFFICIENT TRANSITIONS														
Timely	Emergency department wait time for inpatient bed	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.	Hours/ all inpatients	NACRS, CCO	October - December 2018	25.87	25.87	Current Performance April 2018 to Jan 2019 equals 32 hours		1) Reduce acute length of stay in designated program areas 2) Increase efficacy of discharge planning 3) Increase efficacy of flow within the ED 4) Reduce number of holds in ED for specific patient populations	Tactical A3 completed, root causes identified and countermeasures developed	Implementation of countermeasures that focus on standardization of discharge, improved discharge effectiveness, and enhance flow in the ED	100% of counter measures	As current performance is actually 32 hours, target will be a 15% reduction to 27 hours
THEME III: SAFE AND EFFECTIVE CARE														
Safe	Number of workplace violence incidents (Overall)	Number of workplace violence incidents reported by hospital workers within a 12 month period	Count/Worker	Local data collection	Jan-December 2018	52	57	10% increase in reported incidents		Continue to market Zero Tolerance of workplace violence and promote and encourage reporting of incidents.	Risk Assessment and strategic A3 completed, gaps identified and counter measures developed.	Implementation of counter measures to address gaps including engagement of patients/families in behaviour plans for patients known to be aggressive or violent.	100% of counter measures	FTE=1441
Safe	Number of workplace violence incidents causing harm (Overall)	Number of workplace violence incidents reported by hospital workers within a 12 month period causing harm	Count/Worker	Local data collection	Jan-December 2018	19	17	10% reduction in incidents that have caused injury.		SMGH has a Workplace Violence Prevention Task Team who has developed a workplan with a number initiatives to reduce incidents of workplace violence.	Workplace Violence Prevention Task Team strategic A3 workplan.	Implementation of counter measures to address gaps focusing on standardizing practice and initiate safety talks on de-escalation techniques.	100% of counter measures	
Safe	Improve staff engagement	Reduce the total number of incidents that impact staff	Count/Worker	Local data collection	April 2018 to February 11, 2019	230	195	15% reduction		1) Reduce number of incidents that cause harm (BBFs & MSDs) 2) Reduce mental health STD and LTD claims 3) Reduce number of employees who resign within one year 4) Investigate, respond and close all disrespectful behaviour complaints within 10 days	Tactical A3 completed, root causes identified and countermeasures developed	Implementation of counter measures to address issues for BBFs, MSDs, disrespectful incidents, mental health STD & LTD disability claims and resignations within one year.	100% of counter measures	
Safe	Reduce patient harm	Reduce the total number of incidents that reach the patient	Count/Worker	Local data collection	April 2017 to March 2018	791	746	4.5% reduction		1) Reduce the number of medication errors that reach patients 2) Reduce the number of falls that reach patients 3) Reduce the total number of lab specimen errors 4) Develop program specific A3 to reduce harm that do not fit the above 3	Tactical A3 completed, root causes identified and countermeasures developed	Implementation of Model Cell approach for falls, medication errors, and lab/specimen errors.	100% of countermeasures	