Appendix A - QIP Plan for: Peterborough Regional Health Centre
2021/2022

	AIM		MEASURE		CHANGE INITATIVES				
	Quality Dimension	Indicator 2021/22	Current Performance	Proposed Target	Planned Improvement Initiative	Method Number	Methods	Process Measures	Process Measure Target
Theme I: Timely and Efficient Transitions	Timely	**1. Reduce Time to Inpatient Bed**	**Q1 = 9.1hrs** **Q2 = 20.3hrs** **Q3 = 20.0hrs**	**<18hrs**	Improve communication between the interdisciplinary team and the patient/family to support timely discharge.	1	Develop and implement Predicted Discharge Date (PDD) Process in Medicine Program units.	% patents with PDD order documented in the patient medical record % patients with PDD documented on the patient care board One system-level improvement identified and implemented	80% 80% One per quarter
						2	Develop and finalize CIS-supported physician handover tools and workflows.	Physician participation on relevant regional CIS working groups.	100%
						3	Develop and finalize CIS-supported discharge tools.	Physician, nursing and interprofessional participation on relevant regional CIS working groups.	100%
		2. Current Ratio	**Q1 = 1.95** **Q2 = 1.89** **Q3 = 1.86**	**>1**	Monitor cash flow projections and monitor short term obligations. Liquidate assets from long term investment portfolio as needed.	1	Monitor cash flow Monitor short term liabilities on the balance sheet.	Monthly statement of financial position. Monthly statement of cash flow. Quarterly cash flow projections.	Current Assets > Current Liabilities
		3. Reduce Unnecessary Time Spent In Acute Care - Alternate Level of Care (ALC) Rate	**Q1 = 25%** **Q2 = 23.5%** **Q3 = 23.5%**	**<20%**	Utilize the ALC leading practice report to guide work related to ALC risk identification and care plan development.	1	Sustain streamlined entry process for Emergency Department geriatric ALC avoidance programs.	% patients enrolled in Assess and Restore Program who are referred to Recreation Therapy and the Hospital Elder Life Program.	>80%
					Continue to explore community partnerships.	1	Open additional Alternative Level of Care transition beds in Peterborough.	Additional beds opened	Q4 = complete

AIM		MEASURE		CHANGE INITATIVES				
Quality Dimension	Indicator 2021/22	Current Performance	Proposed Target	Planned Improvement Initiative	Method Number	Methods	Process Measures	Process Measure Target
				Develop Integrated Comprehensive Care (ICC) Program for frail, complex elderly patients and patients who have COPD and/or CHF.	1	Peterborough OHT ICC Working Group to expand programming for ICC beyond pilot phase.	Finalize ICC care roles, pathways, tools and processes (ICC coordinator, intake, order sets) Investigate virtual support model with community support partners Expand ICC program COPD and CHF specific 30 day readmission rates	Q1=Complete Q2=Complete Q3 = complete Q4 COPD = <20% CHF = <20%

	AIM		MEASURE		CHANGE INITATIVES				
	Quality Dimension	Indicator 2021/22	Current Performance	Proposed Target	Planned Improvement Initiative	Method Number	Methods	Process Measures	Process Measure Target
Theme II: Service Excellence	Patient-Centered	**4. Improve Patient Experience - Would You Recommend PRHC?**	**Q1 = 100%** **Q2 = 92%** **Q3 = 94%**	**>92%**	Utilize all sources of patient feedback to drive unit-level improvements.	1	Utilize feedback from daily patient experience rounding, mailed surveys and post-discharge phone calls to identify improvements.	Number of unit-level improvements made based on patient feedback (all units).	Q4 = 1 per unit
		5. Improve Patient Experience - Did you receive enough information when you left the hospital?	**Post-Discharge Phone Call** **Q1 = 95%** **Q2 = 84%** **Q3 = 84%** **Mailed Survey** **Q1 = 54%** **Q2 = 54%** **Q3 = 56%**	**>90%** **>80%**	Implement discharge-targeted communication best practices.		Utilize feedback from daily patient experience rounding, mailed surveys and post-discharge phone calls to identify discharge specific improvements.	Number of program-level improvements identified and implemented	Q4 = 1 per program
						1	Develop and finalize CIS-supported patient portal (MyChart)	Patient Family Partner participation on relevant regional CIS working groups. % patient portal (MyChart) adoption	100% 10% at 3 months post-implementation

	AIM		MEASURE		CHANGE INITATIVES				
	Quality Dimension	Indicator 2021/22	Current Performance	Proposed Target	Planned Improvement Initiative	Method Number	Methods	Process Measures	Process Measure Target
Theme III: Safe and Effective Care	Safe	**7. Reduce Workplace Violence - MANDATORY**	**Q1 = 75** **Q2 = 124** **Q3 = 193**	**<15/month**	Continue to provide staff with appropriate violence prevention training based on need.	1	Continue to provide workplace violence prevention training to new hires and provide refresher training for current staff.	% new hires provided training within 3 months of hire % current staff that have completed refresher training	100% Q4 = 80% refresher completed
					Improve communication between the interdisciplinary team when risk of violence has been identified and/or an act of violence has occurred.	1	Establish a CIS-supported process for identification of and flagging for risk of violence.	Process established	Q3
						2	Incident debrief feedback reviewed by Workplace Violence Committee and improvements identified and implemented.	One improvement identified and implemented per quarter.	Q1-Q4 = Complete
		7. Reduce Hospital Acquired Infection Rate - C. Difficile	**Q1 = 0.24** **Q2 = 0.37** **Q3 = 0.35**	**<0.28**	Implement antibiotic reduction strategies with high-risk populations.	1	Develop and implement inpatient Infectious Disease C. difficile consultation process.	Number of C. difficile cases with Infectious Disease consult completed (inpatient). % increase in consults (inpatient) Evaluate Epic alerts for Antimicrobial Stewardship program	 Q4 = 10% Q3 = complete
					Study electronic hand hygiene monitoring technology.	1	Participate in an electronic hand hygiene monitoring trial in ICU and MSSU.	% increase in e-monitoring hand hygiene compliance on trial units	Q4 = 10%
		9. Reduce Inpatient Falls With Harm	**Q1 = 1.57** **Q2 = 1.65** **Q3 = 1.65**	**<1.36**	Maintain cognitive and physical functioning of patients.	1	Increase Recreational Therapy support for patients in the ED Assess and Restore Program.	% of Assess and Restore Program patients with an admission order for Recreational Therapy	100%
					Prepare for new EPIC falls risk identification workflow.	1	Develop and finalize CIS-supported falls risk identification workflow.	Physician, nurse and interprofessional participation on relevant CIS working groups.	100%
					Continue focused review of fall incidents to identify and action local and system-level improvements.	1	Sustain current post-fall audit process.	1 system-level improvement identified and implemented. 1 improvement identified and implemented per unit.	Q3 = complete 1 per unit/quarter
		9. Medication Reconciliation at Discharge	**Q1 = 72%** **Q2 = 70%** **Q3 = 70%**	**>70%**	Implement a sustainable medication reconciliation process for discharged patients in Medicine units (A3,A4,B4).	1	Sustain current medication reconciliation process in Medicine units (A3, A4, B4).	% patients with medication reconciliation completed at discharge.	Q4 = >70%

AIM		MEASURE		CHANGE INITATIVES				
Quality Dimension	**Indicator 2021/22**	**Current Performance**	**Proposed Target**	**Planned Improvement Initiative**	**Method Number**	**Methods**	**Process Measures**	**Process Measure Target**
				Prepare and launch new EPIC medication reconciliation workflow.	1	Develop and finalize CIS-supported medication reconciliation workflow for all areas and transitions.	Physician, nursing and interprofessional participation in relevant CIS working groups. CIS-supported medication reconciliation workflow finalized	100% Q3 = complete