

Quality Improvement Plan (QIP) 2023/24 WORKPLAN Improvement Targets and Initiatives March 1, 2023

Thunder Bay Regional Health Sciences Centre - 980 Oliver Road, Thunder Bay, ON P7B 6V4

AIM		Measure								Change					
	O								Planned improvement initiatives (Change Ideas) Methods Process measures				Target for process		
	•	Measure/Indicator	Туре		•		performance	Target				Methods	Process measures	measure	Comments
	Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A = Additional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)														
Theme II: Service Excellence	Patient-centred	Percentage of respondents who responded	Р	% / Survey respondents	CIHI CPES / Most recent	935*									
	Patient-centred	Percentage of respondents (Inpatient and Emergency Department) who responded 'completely' to the following question: Were your experience,	С	% / Survey respondents	Internally collected data for the period Apr 2021 to Mar 2022.	935*	60.3%	61.5%	Target is a 2% improvement from 2021-22 baseline data.	This measure is a strategic indicator in the Hospital's Strategic Plan 2026 (SP2026), and supports the strategic direction of Equity, Diversity & Inclusion (EDI). SP2026 was informed through engagement with over 300	of projects that will be implemented from Sep 2022 through Dec 2026 that are relevant to and will support	1) Establish an EDI steering committee to both guide and inform ongoing improvement efforts. 2) Review and adjust current policies and procedures to reflect the principles of the Truth & Reconciliation call to Action. 3) Implement cultural safety training for all staff.	March 2024, process measure will be status of identified methods that reflect	100% Progress for process measure will be an increase in each quarter	
		views and beliefs acknowledged?								stakeholders, including patients, front-line staff, leaders, physicians, regional partners and others.		Adjust admission processes to include a discussion between staff and patients about each patient's experience, views and beliefs and how these can be addressed in their care.		until target is reached.	
Theme III: Safe and Effective Care	Effective	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged.	P	Rate per total number of discharged patients / discharged patients	Hospital collected data / Oct - Dec 2022 (Q3 2022/23)	1935*									Not selecting, however are selecting indicator below as precursor.
	Effective	Medication reconciliation at admission: Total number of admitted patients for whom medication reconciliation is completed within 48 hrs of admission as a proportion of the total number of patients admitted.		Rate per total number of admitted patients / admitted patients	Hospital collected data / Most recent consecutive 12 month period	935*	26.53%	57.50%	Goal to continue to increase dedicated staffing for medication reconciliation with ultimate goal of 90% compliance rate in next 2-3 years. Currently below target with health human resource shortages. Target of 57.5% represented highest level achieved with current full complement pharmacists in completing medication reconciliation and 5.0FTE collecting Best Possible Medication History (BPMH).		Increase number of staff performing BPMH (Registered Pharmacy Technicians and Students) and completing medication reconciliation (Pharmacists) Improve process for completing medication reconciliation on admission. Stucate staff and professional staff on role in completing medication reconciliation on admission (transfer and discharge). Continue to provide education to student medical learners and residents.	Advocate for aggressive recruitment for pharmacists. Medication Reconciliation Committee to propose additional health human resources required to achieve medication reconciliation on admission (discharge and transfer). Phase 1 (Q1): continue retrospective model to target high risk patients with more than one admission in	% medication reconciliation completed for all admitted patients to all units / total hospital admissions to all units.	See phased targets in Methods column. Progress for process measure will be an increase in each quarter until target is reached.	
	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	P	Count / Worker	Local data collection / Jan 2022 - Dec 2022	935*									

Sare	# of workplace violence / C	# of reported	Employee	935*	133* of	Ratio of reported	d Incidents are	Continue advancing the	Implement an enhanced care model that includes	% completion of identified initiatives	100%
	harassment incidents	incidents	incident reporting	g	violence/harassm	behavioural	currently under-	work of the Emergency	supportive roles that best serve the Hospital's patient		
	reported in the Emergency		system		ent in the	incidents in the	reported so we will	Department Workplace	population to improve patient experience and optimize		Progress for
	Department in 2023-24.		(Occupational	1	Emergency	Emergency	continue to	Violence Prevention	current staff.		process measure
			Health and		Department in	Department to	encourage increased	Committee and Emergency	2. Implement Emergency Department public		will be an increase
			Safety); April		2022-23, 26	severe	reporting but expect	Department Task Force to	communication and education campaign to inform the		in each quarter
			through March		categorized as	behavioural	to see a decrease in	advise and implement	public on Emergency Department triage processes and		until target is
				9	severe. (*note	incidents in the	the ratio of severe	workplace violence	wait times to align public expectation with Emergency		reached.
				1	this is a projected	Emergency	incidents based on	prevention	Department processes.		
				I	baseline, will not	Department (first	t the initiatives	initiatives/programs/process	3. Implement education, training and wellness strategies		
				I	be finalized until	aid, lost time or	underway and	es in TBRHSC's Emergency	to support the needs of staff who experience violence in		
				l	after fiscal year	other health care	e planned.	Department that are based	the workplace.		
					end)	intervention		on staff experience,			
						needed) is		evidence and best practice.			
						reduced by 3%.					