

# Quality Improvement Plan

## 2<sup>nd</sup> Quarterly Report 2018-19

To ensure we remain accountable to ourselves and our community, BCHS is pleased to issue a quarterly update on the priorities we have set within our Quality Improvement Plan.



### 1 Reducing ED Wait Times

YTD = Year To Date

Recently we have:

- Reduced our length of stay by 1.1 hours in the 2nd Quarter compared to our first (Apr-Jun).
- Achieved a 12.1 hour length of stay for the month of August.
- Formed working groups to execute the recommendations from the 32 patients studied at the BGH site.

Measurement		
ED Length of Stay for Complex Patients (90th Percentile)		
2017-18 Result	2018-19 Target	YTD
15.0 hours	< 12.5 hours	15.0 hours

### 2 Reducing Pressure Wounds

Recently we have:

- Adapted our measurement goal due to the difficulty getting accurate and quality data for pressure wound prevalence at this time.
- Audited our educational resources and tools for front line staff and physicians.
- Identified documentation tools to prompt skin risk assessments based on best practice and begun completing spot audits.

Measurement		
Braden Skin Risk Assessment Published on Admission to All inpatient Units within 24 hours.		
2017-18 Result	2018-19 Target	YTD
N/A	100%	57.2%

### 3 Improving Patient/Caregiver Communications

Recently we have:

- Improved staffing within the Patient Relations Office during business hours to greet patients and/or family/caregivers who may have concerns.
- Built a new communication protocol to ensure patients/caregivers receive updates on concerns raised.
- Been finalizing the Patient Relations process to be shared publicly on our website and all patient care areas of the hospitals.

Measurement		
Percentage of complaints directed through the Patient Relations Office that are acknowledged within 48 hours.		
2017-18 Result	2018-19 Target	YTD
92%	95%	96.7%



## 4 Ensuring Medication Accuracy

Recently we have:

- Continued auditing the Best Practice Medication History in all inpatient units.
- Increased physicians and other healthcare providers' knowledge and understanding of the medication reconciliation process at discharge through educational opportunities.

Measurement		
1. Percentage of Completed Medication Reconciliation on Admission (All Inpatient Services).		
2. Percentage of Completed Medication Reconciliation at Discharge (All Inpatient Services).		
2017-18 Result	2018-19 Target	YTD
1. 84.4%	87.0%	85.8 %
2. 50.1%	55.5%	54.7%

## 5 Reducing Infections

Recently we have:

- Created a "Visiting Someone in Isolation" info sheet for staff, physicians, volunteers, and visitors.
- Developed a risk assessment tool for staff and physicians on the accurate use of Personal Protective Equipment (PPE).
- Added personnel to increase numbers of environmental cleaning audits and to educate new employees.

Measurement		
1. Percentage of compliance with moments 1,2,3,4 of hand hygiene.		
2. Percentage of cleaning audits that meet the PIDAC standards.		
2017-18 Result	2018-19 Target	YTD
1. 94.3%	90%	82.7%
2. 90%	92%	87.9%

## 6 Creating A Safe Workplace

Recently we have:

- Developed a screening tool to trigger the Violence Assessment Tool (VAT) at emergency triage.
- Launched a Violence & Harassment incident reporting platform to staff and physicians for safe reporting.

Measurement		
1. Number of reported workplace violence incidents		
2. Number of workplace incidents that result in lost time.		
2017-18 Result	2018-19 Target	YTD
1. 58	70	56
2. 5	<= 5	4

## 7 Planning Your Next Steps

Recently we have:

- Partnered with the LHIN to better utilize our health discipline services and increase access to community care coordinators.
- Restored a discharge documentation module to improve collaborative decision-making amongst the health care team and the patient/family to facilitate safe transitions from hospital.

Measurement		
Alternate Level of Care Rate		
2017-18 Result	2018-19 Target	YTD
12.3%	<= 12%	13.2%

