

Quality Improvement Plan Quarterly Report 2018-19

Issued July 30, 2018

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

Recently we have:

- Added a mobile triage for nurses to continually assess patients so they do not deteriorate.
- Observed the journey of 32 patients who were admitted into the hospital to identify areas of improvement.
- Implemented a new medical model to ensure the transfer of patients between doctors enables greater accuracy of clinical information.

Measurement		
ED Length of Stay for Complex Patients (90th Percentile)		
2017-18 Result	2018-19 Target	April-June '18
15.0 hours	< = 12.5 hours	15.8 hours

2 Reducing pressure wounds

Recently we have:

- Adopted the standard Braden assessment tool for patients admitted to hospital.

Measurement		
Pressure ulcers acquired in hospital (all wounds generic through BCHS)		
2017-18 Result	2018-19 Target	April 2018
13%	< 10%	0.3%

3 Improving patient communications

Recently we have:

- Improved staffing within the Patient Relations Office during business hours to ensure there is always a person to greet patients and/or family/caregivers who may have concerns.
- Built a new communication protocol to ensure patients receive a formal acknowledgment within 48 hours of raising their concern.

Measurement		
Percentage of complaints directed through the Patient Relations Office that are acknowledged within 48 hours.		
2017-18 Result	2018-19 Target	April-June '18
92%	95%	96.3%



4 Ensuring medication accuracy

Recently we have:

- Implemented the Best Practice Medication History protocol in all inpatient units.

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	April-June '18
1. 84.4%	87.0%	86.8%
2. 50.1%	55.5%	55.3%

5 Reducing infections

Recently we have:

- Completed education for environmental cleaning staff on provincial standards.
- Increased our compliance with hand hygiene and cleaning audits.

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	April-June '18
1. 94.3%	90%	83.9%
2. 90%	92%	87.9%

6 Creating a safe workplace

Recently we have:

- Enhanced our security services model.
- Began training staff, physicians and volunteers on how to identify potential violence and protect themselves.

Measurement		
1. Number of reported workplace violence incidents		
2. Number of workplace incidents that result in lost time		
2017-18 Result	2018-19 Target	April-June '18
1. 58	70	34
2. 5	< = 5	2

7 Planning your next steps

Recently we have:

- Opened a 32-transitional bed unit at The Willet Hospital.
- Partnered with the LHIN to offer more social work and community care service options.

Measurement		
Alternate Level of Care Rate		
2017-18 Result	2018-19 Target	April-June '18
12.3%	< = 12%	11.9%

