

## 2016/17 Quality Improvement Plan "Improvement Targets and Initiatives"

Trillium Health Partners 2200 Eglinton Avenue West

AIM		Measure							Change			
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas
Effective	Reduce unnecessary hospital admissions	ED Admission Rate: Total ED Admissions divided by total ED Visits	% / All patients	CIHI portal / 2015/16 (Performance YTD Q3 2015/16)	975	10.6	10.4	The target remains the same as the previous year and continues to represent a stretch target as increases in the volumes of our ED visits and increases in the acuity of patients presenting to the ED will be a challenge.	Planned improvement initiatives for 2016/17 will be focused on diverting ED presentations/admissions through: expanding ambulatory options (Acute Internal Medicine and Wound Clinics); partnering with Long-Term Care; and developing a program for TIA patients in the Stroke Clinic.	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives	# of avoidable admissions	Increase # of avoidable admissions
Efficient	Improve organizational financial health	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, including the impact of facility amortization, in a given year.	% / N/a	Q3 FY 2015/16 (cumulative from Apr 2015 - Dec 2015)	975	0.3	0	Stewardship of the hospital's resources is crucial to the organization's ability to sustain delivery of high quality care to our community. The target in LHIN-Hospital Service Accountability Agreement is 0%. Accordingly, our target for the coming year will continue to be a balanced financial position.	Planned improvement initiatives for 2016/17 will continue to be focused on adopting best practices encouraged by the Ministry of Health and Long Term Care's Health System Funding Reform.	Program on a Page Reports; budgetting		
Patient-Centred	Improve patient satisfaction	"Would you recommend this hospital (inpatient care) to your friends and family?" add the number of respondents who responded "Yes, Definitely" (for NRC Canada) or "Definitely yes" (for HCAHPS) and divide by number of respondents who registered any response to this question (do not include non-respondents).	% / All patients	NRC Picker / Oct 2014 - Sep 2015	975	76.4	80	The target remains the same as the previous year and continues to represent a stretch target as we continue to strive for excellence in this area. The target has been set based on internal and provincial benchmarks.	Planned improvement initiatives for 2016/17 will be focused on improving staff engagement and skill building through leadership training; expanding the collection of real-time patient satisfaction data; improving communication through an organization-wide rollout of AIDET; and expanding our patient, family and community-centred care framework.	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives; Leverage Quality Boards on the front line to reinforce learnings from patient satisfaction data.	# of units using real-time patient satisfaction survey; % of units measuring AIDET on Quality Boards; # patients/families engaged in committees and design work throughout the organization.	Increase # of units using real-time patient satisfaction survey; 100% of units measuring AIDET on quality boards; targeted training for managers; roll-out of new data collection tool.
Safe	Increase proportion of patients receiving medication reconciliation upon admission	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital (patients admitted for longer than 48 hours).	% / All patients	Hospital collected data / most recent quarter available	975	94.4	95	The target remains the same as the previous year and continues to represent a stretch target as we focus on sustaining safe medication practices and strive for full compliance in this area.	Planned improvement initiatives for 2016/17 will be focused on developing a strategy for ambulatory care; identifying the targeted patient population in the ED; and developing a policy to outline expectations of all participants that are involved in medication reconciliation.	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives; Mock tracers and mock accreditation	Admission medication reconciliation rates for targeted program	Increase admission medication reconciliation rates for targeted program
Safe	Increase proportion of patients receiving medication reconciliation upon 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.	% / All patients	Hospital collected data / most recent quarter available	975	73	75	The target remains the same as the previous year, but continues to represent a stretch target as a true baseline has now been established and we continue to strive for full compliance in this areas.	Planned improvement initiatives for 2016/17 will be focused on engaging physicians to improve discharge medication reconciliation; and developing a policy to outline expectations of all participants that are involved in medication reconciliation.	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives; Mock tracers and mock accreditation	Discharge medication reconciliation rates for targeted program	Increase discharge medication reconciliation rates for targeted program

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Safe	Reduce hospital acquired infection rates	Number of times that hand hygiene was performed before initial patient contact during the reporting period, divided by the number of observed hand hygiene opportunities before initial patient contact per reporting period, multiplied by 100.	% / Health providers in the entire facility	Publicly Reported, MOH / Jan 2015 - Dec 2015	975	72.7	84	The target remains the same as the previous year, but continues to represent a stretch target as implementation of a standardized auditing methodology established a true baseline and we continue to improve our performance towards this target.	Planned improvement initiatives for 2016/17 will be focused on raising awareness through: publicly displaying hand hygiene compliance rates on units; continuing to provide ongoing feedback and support to staff and physicians; and encouraging hand hygiene through educational and other promotional activities.	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives; Standardized auditing methodology	% of units publicly displaying hand hygiene compliance rates	100% of units publicly displaying hand hygiene compliance rates
Timely	Reduce wait times in the ED	ED Wait times: 90th percentile ED length of stay for Admitted patients.	Hours / ED patients	CCO iPort Access / Jan 2015 - Dec 2015	975	32.4	39	The target remains the same as the previous year and continues to represent a stretch target as a decrease in the number of inpatient beds due to our Phase III redevelopment project will continue to have a significant impact on this metric.	Planned improvement initiatives for 2016/17 will be focused on optimizing flow from the ED to inpatient medicine units (given capacity challenges due to phase III redevelopment), and meeting the requirements for the Accreditation Client Flow Requirement Organizational Practice (ROP).	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives	Average length of stay; no bed admits	Reduce average length of stay; reduce no bed admits