

2020/21 Quality Improvement Plan "Improvement Targets and Initiatives"

Arnprior Regional Health 350 John Street North, Arnprior, ON, K7S2P6

AIM	Measure								Change						
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme II: Service Excellence	Patient-centred	By March 31, 2021, ARH will complete all major milestones as outlined in the construction of the new Grove project schedule as well as complete 50% of the additional planned initiatives.	C	% / N/a	In house data collection / 2020/21	53250*	0	100.00	This would represent progress in the completion of this complex project and on schedule to be completed by August 2021.		1)Grove Planning Committee. Create the Grove Planning Committee.	Number of Committees created	One committee created by September 1, 2020		
										2)Multi-year implementation plans	Develop a plan that support the occupancy, move in and ramp up of 96 beds in the new LTC facility.	Number of plans completed	Three integrated plans created by January 31, 2021	Plans to be developed in partnership with Ministry of Long Term Care	
										3)Selection of moving company and procurement of FFE	Select moving company and procure FFE with > 3 month lead time	Number of contracts executed	One contract completed by March 31, 2021		
										4)Support initiatives	Grove planning committee to complete 50% pf the six additional planned initiatives by the end of the fiscal year.	Number of initiatives completed	Complete 3 initiatives by March 31, 2021	Initiatives include hiring an administrator, securing financing,	
		Implement three change initiatives pertaining to year two of the Model of Care plan for the Grove Nursing Home by March 31, 2021.	C	Count / LTC home residents	In house data collection / 2020/21	53250*	0	3.00	Given the culture change process at the Grove, implementing three change initiatives that positively contribute to the satisfaction of staff, residents and families will be considered achievement of this goal.		1)Advisory Team	1. Create a Home Advisory Team (HATS) consisting of an interdisciplinary team including a representative from the family council, residents, front line staff and managers. 2. Discuss strategies based on Parking Lot ideas to improve Person Centered Care in the Home. 3.	Number of advisory teams created.	One advisory team created by March 31, 2021.	Meetings held biweekly to work on and implement one parking lot idea
									2)Admissions Package	2) Refine the Admissions Package specifically "About me" and "Preferences Inventory" form for all new residents with families and create a process to make the Preferences form available for all staff	Number of admissions packages refined.	One admission package refined by March 31, 2021. Staff completes both forms for	1. Interdisciplinary team to complete the tool 2. Provide training.		
										3)Personalized Activity Kits	1. Recreational staff to work in conjunction with nursing and residents to identify various activities of choice for respective residents. 2. Create a kit comprising of activities of interest (for ex. Adult coloring etc.) 3. Arrange kits in common area for easy	Number of personalized activity kits designed by March 31, 2021	Design five personalized activity kits by Q4	Identify residents who could benefit from the kits and design the individual kits	
										4)Evaluation of Outcomes	Evaluate the outcomes from the three change initiatives pertaining to year two of the Model of Care plan for the Grove Nursing Home by March 31, 2021.	Number of evaluations complete	One evaluation completed.		
		Increase the "Would you recommend this emergency department to your friends and family?" top box improvement score of the patient experience survey for the Emergency Department to 69.5% for the annual average score for 12 months (April 01, 2020 to March 31, 2021).	C	% / ED patients	NRC Picker / 2020/21	599*	68.3	69.50	Achieving a 1.2% increase in a top box score would move us to the 80th percentile provincial ranking and would represent a stretch target as a result of decreasing the variability in results month to month.		1)Use of medical directives at triage	Monthly audits of compliance with the use of medical directives at triage in the Emergency Department.	Number of patient charts audited per month for a specific diagnosis.	80% of patients with the identified diagnosis (and who meet the inclusion criteria) will have	
										2)Hourly Rounding in the ED Waiting Room	1. Reinroduce hourly rounding 2. create hourly rounding log for the waiting room 3. validate compliance	Weekly validation of compliance; observe the behavior, review rounding logs, confirm with patients who are waiting.	Hourly rounding in the ED waiting room is completed 80% of the time by March 31, 2021.		
										3)Use of AIDET	1. Reinroduce AIDET 2. Validate compliance weekly 3. Celebrate success	Number of AIDET validations positive weekly.	AIDET will be utilized 80% of the time by March 31, 2021		
										4)Post-Discharge Phone Calls	Coach staff on how to do post-discharge phone calls; ensure accurate numbers are completed; follow-up on issues raised during the phone calls.	Number of appropriate post discharge phone calls completed monthly, to ensure patient is safe and to respond to any issues that are brought up during the call (service recovery).	80% of appropriate phone calls completed.		
									5)Physician Rounding by Physician Leaders	Chief of ED rounds quarterly on each ED physician.	Number of physicians rounded upon quarterly.	80% of all physicians will be rounded on quarterly.			
									6)Patient Tracker in the ED Waiting Room	Explore the introduction of the Patient Tracker in the ED Waiting Room. Analyze the utility and satisfaction that will be gained if implemented.	Exploration of the patient tracker	One patient tracker explored			
									7)Patient Engagement to obtain feedback	Explore methods of engaging patients in order to obtain feedback and ideas on how to improve satisfaction with the Emergency Department, in order to confirm that items that have a high correlation to "Would Recommend".	Methods of engaging patients explored	One method of engaging patients explored and trialed.			
									8)Addressing Patient Complaint of Pain	Ensure pain is addressed through implementing medical directives appropriately.	% of patients who complain of pain who report that their pain was relieved	20% increase in the number of patients who complain of pain reported that their			

2020/21 Quality Improvement Plan
 "Improvement Targets and Initiatives"

Arnprior Regional Health 350 John Street North, Arnprior, ON, K7S2P6

AIM		Measure							Change						
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
		To explore and develop a plan that identifies a best practice model which supports ARH becoming an Employer of Choice.	C	Number / Worker	In house data collection / 2020/21	53250*	0	1.00	In reference to the employees desire for communication and wanting transparency, feedback from all staff will be sought.		1)Employer of Choice Working Committee	Create the Employer of Choice Working Committee	Number of Committees created	One Employer of Choice Working Committee will be created by March 31, 2021.	
											2)Best Practices Identification	Identify best practices used in other hospitals; see which one is the most suitable.	Best practices	Best practices used in other hospitals will be identified by March 31, 2021.	
											3)Best Practice Model selection	Explore and develop a plan that identifies a best practice mode which supports ARH becoming an Employer of Choice	Best Practice Model	One model identified and selected.	
											4)Multi-year implementation action plan	Choose and develop a multi-year implementation action plan to become an Employer of Choice	Number of action plans	One action plan implemented by March 31, 2021.	
											5)One action implemented from the plan.	Implement one action, for implementation from the plan.	Action from the plan	Implement one action from the plan by March 31, 2021.	
Theme III: Safe and Effective Care	Effective	Implement 3 medication safety improvement processes by March 31, 2021.	C	Number / All patients	In house data collection / 2020/21	53250*	0	3.00	The achievement of 3 process improvements would include at least one related to narcotic safety and would better prepare us for the ACS project.		1)Preparation for Meditech Advanced Clinicals System go-live: a. Downtime Procedures	a. Complete downtime procedures and implement	Downtime procedure completion	One downtime procedure completed	
											2)Preparation for Meditech Advanced Clinicals System go-live: b. Entry of home medications in Meditech	Train staff on how to enter home medications in Meditech and audit completion.	Staff Trained	Staff trained on how to enter home medications in Meditech, in preparation for	
											3)Medication process policies	a. Drug Diversion Prevention b. Patient's Own Medications c. Medications Taken to Outside Appointments - Determine education plan; educate staff; implement 3 policies	number of policies implemented	3 policies implemented by March 31, 2021	
											4)Anaesthesia Medication Processes	Determine best practices; identify gaps; identify solutions; implement solutions.	Number of improved anaesthesia medication processes implemented.	One anaesthesia medication process implemented by March 31, 2021.	
											5)Opioid Stewardship Committee	Develop terms of reference, including membership; Implement meetings; Create action plan.	Number of committees implemented	One Opioid Stewardship Committee implemented by March 31, 2021.	
											6)Decreased Number of Transcription and Medication Documentation Errors	Analyze causes of errors; identify process improvements; introduce the improvements; audit compliance; coach	Number of transcription and documentation errors	50% decrease in transcription errors by the time of the ACS Meditech go-live.	
											7)Patient Teaching re Destroying Meds after Discharge.	Introduce a process for teaching patients how to appropriately destroy medications that are no longer prescribed after they are discharged from hospital.	Number of processes introduced.	One process for teaching patients introduced.	
											8)Advanced Clinical Systems (ACS) Meditech Go-Live (CPOE, eMAR, BMV)	Complete preparations for go-live of CPOE, eMAR and BMV in collaboration with CHAMP Partners.	ACS product go-live.	All ACS products go-live by March 31, 2021.	