

2018/19 Quality Improvement Plan  
 "Improvement Targets and Initiatives"

AIM		Measure								Change				
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Effective transitions	Rate of psychiatric (mental health and addiction) discharges that are followed within 30 days by another mental health and addiction admission <b>NOTE = LH MH inpatient readmission on scorecard</b>	P	Rate per 100 discharges / Discharged patients with mental health & addiction	CIHI DAD, CIHI OHMRS, MOHTLC RPDB / January - December 2016	952*	16.6% 14.84 (HQO)	14.70%	Internal target based on the average of rolling 12 months data	Open the Rapid Access Addiction Medicine (RAAM) Clinic	Implement the Rapid Access Addictions Medicine (RAAM) Clinic at two locations - Lakeridge Health Oshawa and Pinewood Oshawa.	Establish standardized process measures	Establish baseline measurement	
										New Mental Health Model of Care roll out	Development and refinement of new model for Mental Health Care	Implement new model of care	100% Implementation of new model of care at LHO and LHAP in-patient mental health units	Goal of new model to be recovery focused, person centered, interdisciplinary and interprofessional with clear communication established
Patient-centred	Person experience	"Would you recommend this emergency department to your friends and family?"	Custom	% Positive/ Survey respondents	Real-time survey results	952*	64.50%	70.00%	Increase 10% over 17/18 Q3 % positive results	Implement a customer service model	Choose a model for implementation based on the following inputs Phase 1 - Define patient experience Phase 2 - Conduct maturity assessment Phase 3 - Create the framework to select model	Model will be chosen and small scale implementation in targeted units including Emergency Department	Complete phases 1-3	
										Reduce time to Physician Initial Assessment (PIA) at all Lakeridge ED sites	Implement a process improvement exercise Choose the process improvement team Identify the physician leads at each site	Establish the process improvement methodology with the team	Complete the process improvement event in at all Lakeridge Health EDs	
		"Would you recommend this hospital to your friends and family?" (Inpatient care)	Custom	% Positive/ Survey respondents	Real-time survey results	952	95.80%	95.80%	Maintain Q3 17/18 % positive results	Implement a customer service model	Choose a model for implementation based on the following inputs Phase 1 - Define patient experience Phase 2 - Conduct maturity assessment Phase 3 - Create the framework to select model	Model will be chosen and small scale implementation in targeted units including inpatient units	Complete phases 1-3	
Safe	Workplace Violence	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	M A N D A T O R Y	268/4860 Count / Worker	Local data collection / January - December 2017	952*	268	400	Expected increase reporting in 2018	Continued awareness campaign to change culture and encourage reporting	Poster campaign Communications Strategy	# of reported workplace violence incidents	Increased # of reported workplace violence incidents	An increase to the reporting can also be expected with the inclusion of incidents for volunteers, students/trainees, and other contracted staff
										Engage workplace stakeholders in initiatives to prevent workplace violence	Workplace Violence Prevention Steering Committee and Working Group, JHSCs	WV Prevention initiatives implemented based on stakeholder input and informed by WV statistics	WPV Prevention initiatives planned with stakeholder input	
										Assessment of workplace violence risks completed	Review and updating of workplace violence risk assessments	# of workplace violence risk assessments completed	All current WVRAs completed	
										Process implemented to communicate the risk of workplace violence from patients with history or potential for violence	Implement Patient Flagging (note: LH Worker Advisory Guidelines current)	Worker Advisory Guidelines implemented in pilot areas	Implementation in all pilot areas	

M = 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 from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)