

**2017/18
WORKPLAN**



Leamington District Memorial Hospital 194 Talbot Street West

AIM		Measure						Change					
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Org Id	Current performance	Target performance	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for change ideas	Comments
EFFECTIVENESS													
#1	Effective Transition	Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	%/Survey respondents	CIHI CPES/ April - June 2016 (Q1 FY 2016/17)	704	50%	58%	Target is the NRC Average - CIHI CPES/ April - June 2016 (Q1 FY 2016/17)	In collaboration with LAFHT, build a cross-sector discharge planning process.	1. LDMH to meet with LAFHT QI team to come up with a patient-centered discharge process so that there are clear instructions for follow-up. 2. Revamp discharge summary so that it is more user-friendly and patient-centered. Make it easier to implement the discharge summary sheet into the follow-up and communication process. 3. Leverage eNotifications sent from LDMH to LAFHT EMR. Work with LAFHT to see if we can add additional information in the eNotification message. Work with QIDSS to extract eNotification data from EMR. 4. Audit patient charts. Assess whether patients identified for discharge were necessary. 5. Continue to leverage Discharge report in Citrix.	Developing baseline	Developing baseline	Will continue to monitor

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COORDINATING CARE													
#2	Coordinating Care	Percentage of patients identified with multiple conditions and complex needs (Health Link criteria) who are offered access to Health Links approach	%/Patients meeting Health Link criteria	Hospital collected data/Most recent 3 month period	704	CB (Collecting Baseline)	CB	Collecting baseline	Comparable results vs. CKHA	ED visits; admits	Develop coordinated care plans across LDMH, LAFHT and other primary care providers.	Developing baseline	This is a new initiative for our sublhln - Leamington District Memorial Hospital and the Leamington and Area Family Health Team are working towards a new health care system that will facilitate care co-ordination, decrease duplication,increase quality,ensure continuity and be as seamless as possible .
SAFE													
#3	Medication Safety	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	Rate per total number of admitted patients/Hospital admitted patients	Hospital collected data/Most recent quarter available	704	94% (Jan 2016- Dec 2016)	90%	Accreditation Canada recommends that organizations aim to complete medication reconciliations 90% of the time or better	Maintain current process and continue to include pharmacy student as admission medication reconciliation coordinator in the emergency department.	Review monthly admission samples. Want audit to match the admission profile	Continue to audit medication reconciliation at all transitions of care and educate staff on a 1:1 basis when gaps identified.	Maintain	Continue to utilize University of Waterloo resident to assist with monitoring/audits.

#4	Medication Safety	Medication reconciliation at discharge: The total number of patients whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged	Rate per total number of discharged patients/Hospital discharged patients	Hospital collected data/Most recent quarter available	704	88% (Jan 2016- Dec 2016)	90%	Accreditation Canada recommends that organizations aim to complete medication reconciliations 90% of the time or better	Increase pharmacist involvement in discharge medication reconciliation in real time. Link hospital with primary care provider (LAFHT). Send discharge prescription sheet, medication teaching sheet to primary health care providers by fax.	Pharmacy technicians education to complete medication reconciliations on discharge	Continue to audit medication reconciliation at all transitions of care and educate staff on a 1:1 basis when gaps identified.	Involve pharmacy technicians to unit base workflow and involve in medication reconciliation in discharge process	Collaborate pharmacies in community, hospital and LAFHT to improve quality of medication reconciliation upon discharge
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TIMELY													
#5	Timely access to care/services	Total ED length of stay (defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED) where 9 out of 10 complex patients completed their visits	Hours / Patients with complex conditions	CIHI NACRS/ January 2016 - December 2016	704	8.25	9.48	Target represents the ESCLHIN current performance	Facilitate early recognition of the LAFHT patients to ER with the "Community Physician to ED Physician SBAR report sheet".	Patients already seen at LAFHT are fast tracked (1,2 &3). A hand off from physician to physician, as well, patients identified at risk on weekend or off shift are flagged in a manageable system to ensure timely access to care.	Audit use of SBAR and time of patient arrival to visit completion.	8 hours	It is expected that patients who have had a hand-off from physicians, to have completed their visit <less than our current performance.