

 2021/22 Quality Improvement Plan (QIP)													
Quality Aims	Goals	Measure											
		YE 2019/20		Current Performance YTD Q3 2020/21		2021/22 Target							
		Outcome Indicator	MSH	BH	MSH	BH	MSH	MSH Target Rationale	BH	BH Target Rationale	Planned improvement initiatives (Change Ideas)	Methods	Process measures
Safe	Make care safer by eliminating preventable healthcare associated infections (HAI)	Rate of nosocomial C.Difficile Infection (CDI) per 1,000 patient days	0.16	--	0.27	--	0.11	Best Achieved Internally	Maintain Indicator to be monitored through Infection Prevention & Control Committee	Improve notification and monitoring system for double cleaning of indicated rooms (14N, 10S)	Conduct prevalence audits of process documentation on one surgical (14N) and one medicine (10S) unit to gather baseline data and spread to all units Conduct root cause analysis to identify barriers to adherence. Pilot intervention to standardize process.	% of adherence to double cleaning standard	80% adherence
		Number of nosocomial CDI Cases	N=16		N=18								
		Rate of Catheter associated Urinary Tract Infection (CAUTI) per 1,000 catheter days in Surgery	3.7	--	3.2	--	2.8	10% improvement		Launch and implement the Operating Room UTI Campaign (MSH)	Implement the consensus-based decision tool to guide appropriate indications for catheter use and standardize process of care in each surgical POD (Gyne, ENT, Ortho, Gen Surg)	% of adherence to decision tool # of surgical PODs spread	90% adherence 4/4
		Number of CAUTIs	N=19		N=10								
Rate of Central Line Associated Blood Stream Infections (CLABSI) per 1,000 line days	6.37	--	7.9	--	6.4	Best Achieved Internally		Implement best practices for central line insertion and maintenance process and audit to provide data feedback to team for improvement (MSH)	Implement new processes for Q96Hr line change across NICU. Perform spot audit to provide data and feedback to the team	% of adherence to standard process	100% adherence		
Number of CLABSIs	N=23		N=23										
										Improve hand hygiene adherence supporting all CDI, CAUTI, CLABSI Target: MSH - 55% (E-Monitoring); BH: 95% Direct Observation	Participate in ICU/CCU multi-centre hand hygiene study - leadership participation in weekly multi-centre hand hygiene calls to learn and share (MSH) Expand hand hygiene forum to include all inpatient units to share and spread change ideas related to hand hygiene (MSH) Collaborate with inpatient units to improve placement of hand hygiene dispensers to better align with workflow. Gain consensus with clinical teams on appropriate placement and implement change (BH)	Completion of PDSA cycles Implementation and sharing of QI initiative related to hand hygiene improvement % recommended changes from consensus list complete Pre and post staff satisfaction survey about placement	One PDSA cycle per quarter 14/14 inpatient units 100% 20% improvement in satisfaction

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Timely	Advance our system focus on throughput to ensure timely access to care in acute, complex continuing and rehabilitative care	Time to Inpatient Bed from Emergency Department (90th Percentile)	15.6 hours	--	16.1hours	--	15.6 hours	Best Achieved Internally	--	Enhance overall hospital capacity and decrease demand to recover clinical services to baseline volume activity and address backlog of cases	Maintain and maximize surge capacity for increased demand due to COVID-19 (18 rehab/coc beds, 25 acute care beds, 7 critical care beds - 5 ICU, 2 stepdown)	% Project milestone % Patients accepted from GTA IMS	100% >90%	
										Operationalize new spaces (e.g. OR) to enhance capacity to address backlog for surgical patients	Collaborate with Ontario Health and external partners to support over performance strategies to address backlog for key populations impacted by delay (e.g. surgical, oncology, DI, OP, endoscopy)	% Project milestone % of ORs & Endoscopy Activity	100% 100% recovery of Ors and Endoscopy	
Effective	Be a top performer among academic hospitals in delivering care outcomes by reliably embedding core care standards based in evidence to meet fundamental patient care needs.	Pain: % responding always in pain well controlled during stay (CPES - top box)	57.3% Surgery	58.2% Rehab Ortho	72.2% Surgery	62% Rehab Ortho	79% Surgery	10% Improvement	68.20%	10% Improvement	Audit and feedback of compliance data for pain assessment and reassessment post PRN pain medication administration	Build automated report to track pain assessment and reassessment post PRN pain meds and feedback to the teams for improvement (SHS)	compliance of assessment and reassessment	80%
											Patient Education	Develop a patient education information sheet with non-pharmacological pain management strategies (for all patients) (1 surgical unit)	% patients receiving information sheet by Q4	80%
											Physical Therapies & Strategies	Implement one change idea related to modalities for pain management on an orthopedic unit (ortho rehab)	% project milestone	100%

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Effective	Escalation of Care: Number of serious incidents involving escalation of care (3, 4, 5)	CB	CB	CB	CB	0	Theoretical Best	0	Theoretical Best	Foundational Activities	Establish governance structure, finalize policy and develop an organization approach for dissemination	% of clinical leaders aware of policy (including Senior Clinical Directors, Managers, Practice Leaders, Physician Chiefs)	100%	
										Expansion and full implementation of the vital sign strategy (Masimo technology) across the organization	Develop plan for appropriate use of vital sign strategy including, intended population, criteria for assignment, IT connectivity to fully leverage technology opportunity, professional practice policy development and evaluation starting in surgery and the high flow respiratory unit and then spreading across SHS	% of patients who meet the high risk criteria receiving the technology (surgical area)	>85%	
										Remote video monitoring	Fully operationalize video monitoring technology and conduct an evaluation of the AvaSys technology for expansion (SHS)	% reduction in reported falls	30%	
	Be a top performer among academic hospitals in delivering care outcomes by reliably embedding core care standards based in evidence to meet fundamental patient care needs.	Medication: Number of medication incidents (SSE Classification)	CB	CB	1	0	0	Theoretical Best	0	Theoretical Best	Automation/Closed Loop Mediation Systems	Complete all 7 phases of pharmacy renovations (MSH)	# of phases completed	7/7
											Installation and operationalization of the robotics in pharmacy (MSH)	% Project milestone	100%	
											Implement ADCs in ED, Periop areas post go live (MSH)	% Project milestone	100%	
											Work station on wheels (WOWs) Strategy - Planning, procurement and implementation on the medical and surgical units (MSH)	# of units with full implementation of WOWs	7/7	
											Implementation of Fast Packager in Pharmacy and ADUs in perioperative areas and L&D. Barcoded dose packaging to enable future BMV (MSH)	% Project milestone	100%	
											Review evaluation of CPOE and eMAR/BMV implementation and create an optimization work plan. Implement 2 change ideas. (BH)	% Project milestone	100%	
											Medication Reconciliation	Optimize BPMH and medication reconciliation process in NICU, Obstetrics, Mental Health areas; Conduct readiness assessment of ambulatory care areas and their BPMH and medication reconciliation processes (MSH)	% BPMH and med rec completed	>80%
Determine and begin implementation of appropriate Cerner software for med rec (MSH)	% Project milestone	100%												
Partner with Cerner/Meditech to develop an algorithm to ensure prescribing appropriateness for VTE prophylaxis	% Project milestone	100%												

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Effective	Be a top performer among academic hospitals in delivering care outcomes by reliably embedding core care standards based in evidence to meet fundamental patient care needs.	Pressure Injuries: Rate of Hospital Acquired Pressure Injuries > stage 2	8% ICU	4.3% 6N/S	7% ICU	2% 6N/S	6.3% ICU	10% Improvement	1.8% 6N/S	10% Improvement	Targeted Pressure Injury Prevention Strategies	Acute Review and update patient education materials and develop a process for consistent distribution to patients and families (inpatient, peri-op) Increased audit frequency, enhanced education (ICU) Rehab/CCC (Renal Unit - 6N/S) PI protocol and staff education: Complete root cause analysis and implement appropriate change ideas (nutrition optimization, staff education, changes to EMR documentation)	% of patients receiving pressure injuries education materials	>90%
											Documentation Enhancement - EMR and CPOE to support PI prevention (MSH)	Build and implement the admission order set for PI prevention in the EMR with focused education (MSH)	% of patients with admission order sets	>80%
											Standardization of Pressure Injury and Patient Handling Equipment (SHS)	Implement the bed/mattress, bed positioning and offloading devices strategy for all inpatient units (med/surg/WIH). Full replacement of beds (med. Surgical) including all pressure reduction surfaces (MSH) Ensure availability of specialty mattresses (year 3 of mattress strategy) (BH)	% project milestone % project milestone	100% 100%
People Centred	Eliminate serious employee and physician harm in the workplace	Number of Workplace Violence Incidents (overall)	90	66	107	Best Achieved Internally				Foundational - Awareness Campaign	Raise awareness throughout organization of workplace violence and harassment, reporting, process and available supports Develop program evaluation plan with data collection and analysis process	Count - incidents reported through RL SAFER Reporting System	10% increase from YE of workplace violence incident reports	
		Number of Serious Incidents of Workplace Violence (moderate to severe)	CB	CB	CB	CB	0	Theoretical Best	0	Theoretical Best	Foundational - Corporate strategy	Develop, implement and evaluate: Systemic Bias & Racism action plan, Integrated Health and Safety Framework (physical, emotional, self identity, psychological safety and wellness) Create a "safety flag" ID safety events/risks/triggers in the patient's electronic record so that employees can be aware for future visits	% milestone %milestone	100% milestone 100% milestone
People Centred	Be a top performer in engaging and informing patients and their families in the design and delivery of care	Information Sharing (CPES - Top Box)	52.6%	52.0%	49.5%	50.6%	53.4%	Ont. IP Academic Average	58.7%	10% Improvement	MyChart (SHS)	Spread MyChart to BH. Co-design a patient and caregiver facing summary progress report to be included in MyChart (BH) Expand the availability of clinical reports for patients and caregivers (MSH)	# of patients enrolled (BH)	500
											Provide patient facing materials about the safety incident disclosure process	Co-design information materials with patients and caregivers related to the patient safety incident disclosure process (SHS)	% of patients/caregivers participating in the disclosure process have received the information materials	>90%
											Caregiver Resource Centre (BH)	Operationalize caregiver resource centre; co-design with patients and family caregivers programming opportunities to support go live of caregiver resource centre	% milestone %Caregiver satisfaction with resource centre	100% >80%

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	Engaged (CPES, NICU, OPOC - Top Box)	Maternity - 73.3%		Maternity - 77.6%		Maternity - 77.8%	Maternity - NRC 95th percentile			Establish and optimize local patient family advisories in obstetrics, NICU, mental health.	Recruit patients and caregivers to join the local advisories. Develop and implement the workplan.	# Meaningful Patient family advisories	3/3
	Maternity - Involvement in decision-making	NICU - 78.6%	--	NICU - 53.1%	--	NICU - 78.6%	NICU - 50% Improvement	--	--	Ensure Accreditation standards are met where patient and family engagement are required ("with input from or in partnership with") in year 1 and year 2 survey areas	Review standards and implement co-designed changes as needed to ensure standards requiring engagement are met fully	% of standards within each standard set met	>=95%
	NICU - Visiting policies met needs									Resumption of family presence policy	Reenact the pre-covid family presence policy to enable parents/caregivers with visiting their loved ones (NICU)	% Project milestone	100%
	Mental Health - Participation	MH - 48.9%		MH - 66.7%		MH - 66.7%	MH - Best Achieved						