

Baycrest 2015/2016 Quality Improvement Plan

AIM	Objective	Measure	Unit / Population	Source / Period	Current performance	Target	Target justification	Change	Methods	Process measures	Goal for change ideas
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas
Access	Improve access to rehabilitation services	% of clients with hip fracture who met the expected length of stay of 28 days	HTR	Q2 2014-15; internal data/NRS length of stay	50%	70%	QBP target for High Tolerance Rehabilitation.	Implement standard processes to inform patients/families about their discharge	Conduct quarterly audits as designed in unit huddles	% compliance with standard processes	80% by March 2016
Effectiveness	Improve organizational financial health	Total margin	N/A	Q3 2014-15/ OHRS	-0.15%	0	HSAA target.	As a component of the broader implementation of Year-1 unit level Performance Reporting (Clinical Units in Year-1), roll-out financial variance reporting for clinical units, including a set of tools/reports to support the variance reporting process (i.e., Financial Statement, Activity Report, Labour Distribution Report, Detailed Trial Balance)	Directors will meet monthly with managers to review financial variance reports, supported by Finance in terms of education and interpretation.	% of all inpatient/resident care areas with unit level variance reports	100% by March 31, 2016
								In conjunction with the financial component of unit level variance reporting for clinical programs, conduct education sessions for directors and managers to assist them in performing their financial variance analysis.	Track attendance of clinical directors and managers at training sessions.	% of clinical directors and managers that take part in training.	90% or more by March 31, 2016
	Manage responsive behaviours	% of clients with worsened behavioural symptoms	CCC	Q3 2014/15 MDS	2.0%	2.0%	Baycrest serves an ever increasing complex population with more severe behaviours. Maintaining our performance, which already exceeds the provincial average [8.2% for CCC and 14.1% LTC] will require significant quality improvement work as the population complexity and severity of behaviours continues to increase.	Develop a stratified education and practice competency model related to managing responsive behaviours, inclusive of all staff across Baycrest, in all departments	Track project milestones	% project (competency model) milestones complete	100% by March 2016
								Implement the tier one (foundational) educational components for support staff across the Baycrest campus and incorporate into the core competency annual educational certification	Track staff attendance at training sessions	% support department staff trained	50% of all staff in support departments by March 2016
		% of clients with worsened behavioural symptoms	LTC	Q3 2014/15 MDS	3.1%	3.1%		Develop and test a Knowledge Translation approach to facilitate the uptake and implementation of responsive behaviour management practices on two clinical departments (one hospital, one Apotex) involving the clinical care team in the process and the evaluation of the pilot	Evaluate knowledge integration through a before and after method using simulation or case studies 3 months after initial training	% practice integration change from baseline	25% improvement of regulated health professionals by March 2016
Improve employee engagement levels	% of employees who would recommend Baycrest as a preferred place to work	All	2013-2014; Metrics@Work	71%	71%	Previous performance exceeds Metrics@Work database median – maintain current performance.	Engage staff in culture-building discussions to support a culture that promotes employee engagement and client by conducting executive walkabouts on patient safety culture	Track the completion of the walkabouts by VP	% of departments complete	100% by March 2016	
							Gather feedback directly from employees across the organization on what Baycrest can do to improve the quality of the workplace by conducting employee focus group discussions to develop action plans to drive employee engagement.	Track the number of focus groups conducted	# of employee focus groups	5 by June 2015	
							Review survey results and identify the top-two areas for improvement to implement specific initiatives to positively impact these priority areas	Develop project plan for action items.	# corporate action items completed/ implemented	2 by March 2016	
Integrated	Reduce unnecessary time in CCC for ALC patients	% ALC rate	CCC	Q3 2013-14-Q2 2014-15; WTIS	14.2%	13.5%	5% improvement over current performance. Current performance is better than the HSAA performance standard which is 14.6%	Implementation of Alternative Level of Care (ALC) and Discharge Policy and procedure	Monitor staff attendance at education	% of regulated staff educated	100% of regulated staff educated by March 2016
	Reduce potentially preventable transfers to the Emergency Department	Number of ED visits for potentially avoidable conditions/Number of active LTCH residents X 100	LTC	Q3 2013-14-Q2 2014-15; LTCHomes.net	18.5%	17.5%	5% improvement over current performance. The Ontario average is 23.8%	Educate physicians and staff on Advanced Care Planning	Track knowledge acquisition of introductory Advanced Care Planning concepts in direct care nursing staff at each education session	% of correct responses post education sessions	>80% of staff will respond to questions correctly by September 2015
								Introduce Advanced Care Planning discussion for all new residents to the Apotex and CCC clients within the first six weeks of admission.	Track number of completed advance care planning conversations of newly admitted clients facilitated by a Social Worker on a monthly basis.	% completed advance care planning conversations with newly admitted residents and CCC clients within 6 weeks of admission	90% by January 2016
								Implement the Plan for Life Sustaining Treatment form (PLST) for all new admissions and existing residents and clients at Baycrest	Conduct a monthly audit of PLST compliance	% of PLST forms on all new admissions and those who have had an annual quality of life meeting in the Apotex	100% of all new admissions and 25% of existing residents/ clients
								Develop processes to provide appropriate treatments on site that were not previously available (i.e.. IV therapy for antibiotics, suturing)	Review number of residents who receive IV and suturing treatments onsite and determine if sent to ED.	% of residents who received treatment and were not admitted to hospital for that episode	>60% of residents who received treatment and were not admitted to hospital for that episode
						Establish protocol to enable clinical feedback for residents with changes in status at weekly team rounds.	Evaluate number of residents with changes in status who are discussed during weekly team rounds.	% of residents identified with change in status discussed at clinical rounds as documented on "change in status communication form".	>60% of residents identified with change in status will be discussed at team rounds by December 2015.		

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Patient-centred	Improve the client experience	% of clients satisfied with care received from staff	All	In house survey	98.5%	98.5%	Historical performance. Performance exceeds HQO benchmark of 96.4%. Continue to aim for high performance	Formalize the role for client/family advisors to inform and participate in process improvements	Track the number of family advisor applicants and track number of advisors who have completed the training	# of trained advisors	At least 3 trained patient advisors by December 2015	
								Establish a central mechanism for the screening, training, deployment of advisors.	Track the number of referrals and opportunities for engaging advisors	# committees that engage these trained advisors	At least 3 committees engaged patient advisors by February 2016	
								Revise the current family/visitor page on the Internet using family advisors	Evaluate progress towards milestones; track visits to the site	100% of project milestones complete	Baycrest family page ready by March 2016	
								Implement robust Client Relations Model across the campus	Train managers and staff in effective client relations techniques	% of staff and managers trained	50% of staff will be trained by March 2016	
	% of clients who are treated with respect	Baycrest Model pilot units	2015; InterRAI QoL survey	CB	1% increase over current performance	We are testing a new survey tool for quality of life and aiming for a 1% improvement over current performance.	Baycrest Model: Deliver Customer Service Training to all staff on pilot units	Audit number of all staff including support service staff that have attended training	% of staff trained	100% of all staff trained on pilot units by Dec 31, 2015		
							Baycrest Model: Implement team development activities/learning that focus on, but are not limited to; communication, conflict resolution and diversity to all staff on pilot units in an interprofessional and collaborative manner	Audit number of all staff including support service staff that have participated in team development activities/learning	% of staff participation	100% of all staff participated on pilot units by Dec 2015		
Safety	Manage client falls	% of clients who have fallen within the last 30 days	CCC	Q2 2014-15; CCRS	7.1%	7.6%	Our Q2 performance is better than provincial average which is 7.6%. However, our falls rate over the past two quarters has been increasing. We have set the target at 7.6%, which is our average performance over the past year.	Individualized interventions for falls identified in care plans on pilot units (Apotex and Hospital)	Conduct monthly audits	% of care plans with individualized interventions identified on pilot units	100% by March 2016	
		% of clients who have fallen within the last 30 days	LTC	Q2 2014-15; CCRS	12.2%	12.4%	Our Q2 performance is better than provincial average which is 13.8%. However, our falls rate over the past two quarters has been increasing. We have set the target at 12.4%, which is our average performance over the past year.	Utilize Knowledge Translation strategies to implement and evaluate change in practice of falls prevention on two pilot units	Evaluate knowledge integration through a before and after method using simulation or case studies 3 months after initial training	% practice integration change from baseline	25% improvement of regulated health professionals by March 2016	