

2015/16 Quality Improvement Plan for Ontario Hospitals
 "Improvement Targets and Initiatives"



St. Joseph's Health Care System-Hamilton 50 Charlton Avenue East

AIM		Measure						Change					
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement Initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Patient-centred	Improve patient satisfaction	Patients who receive a plan of care within 48 hours of admission	chart completion / All acute General Internal medicine patients in GIM beds	Hospital collected data / End of 2015/16	2003*	0	0.5	Improvement in communication to, and expectations of patients.	1)Implement standardized and documented practice to discuss the care plan with patients and families and to discuss iwth the Family	Standardized review and documentation. To be developed with staff and patients.	Process measures will include monitoring compliance with the new process.	50% of all patients with a length of stay greater than 48 hours will receive a plan of	
Safety	Increase proportion of patients receiving medication reconciliation upon admission	Medication reconciliation at admission: The total number of patients with medications	% / All patients	Hospital collected data / most recent quarter available	674*	100	100	Current performance is 100% on 1 inpatient unit (Rehab)	1)The following two key parameters are essential to completing a medication reconciliation on admission: 1. There is a documented	By adding pharmacy technician's capacity, defining our internal process for gathering a best possible medication history and aggregating data across units, we will be completing and reporting on medication reconciliations across all of MHAP.	Audits will be performed to measure progress.	83% of patients at the West 5th Campus will have medication reconciliation at	
	Reduce hospital acquired infection rates	Number of patients with NEWS scoring system applied.	completed on chart / All patients on 2 surgical units	Hospital collected data / By end of 2015/16	674*	0	100	Will standardize the vital sign reporting documentation on these 2 units.	1)To improve the early detection of sepsis. Early warning signs often go unnoticed. We will implement the evidence-	Implement NEWS scoring system on 2 surgical inpatient units.	Compliance with scoring system.	100% of patients by the end of fiscal 2015/16 on 2 surgical inpatient units.	We expect that this will reduce sepsis mortality.
	Standardize Safety Briefings	Percent of inpatient units at Charlton Campus that have implemented daily safety briefings.	Number of units / Inpatient units at Charlton	Hospital collected data / By end of fiscal 2015/16	674*	10	70	Most units are huddling or conducting safety briefings, however these	1)Standardize safety briefings on 70% of our inpatient units, plus the Emergency Department and the Operating Room, with	Introduce, educate, and audit.	Auditing.	Our goal is for 70% of our inpatient units to have a standardized safety brief in place by	