



QUALITY IMPROVEMENT PLAN, 2021/22

A Quality Improvement Plan is a public commitment to meet quality improvement goals

At or better than target

Slightly >5% worse than target

Significantly <5% worse than target

QUALITY DIMENSION	OBJECTIVE	MEASURE/INDICATOR	TARGET	Q1	Q2	Q3	Q4	YTD	PREVIOUS YTD
EFFECTIVE	<p>Early identification</p> <p>Documented assessment of needs for palliative care patients</p>	<p>This indicator measures the proportion of hospitalizations in the most recent 6 months where patients were identified at risk of dying and in need of palliative care and had documented assessments of their palliative care needs in their hospitalization records, The measure is the percentage expressed as a proportion numerator/denominator.</p> <p>The numerator will be the number of hospitalizations specified in the denominator that have documented assessments of palliative care needs in the patient’s hospitalization records. The denominator will be the number of hospitalizations where patients were identified in need of palliative care in the most recent 6 months.</p>	Process Measure						
EFFECTIVE	<p>Repeat Emergency Visits for Mental Health</p> <ul style="list-style-type: none"> Percentage of unscheduled repeat ED visits following an ED visit for mental health Index visit must be for mental health Repeats can be for ICD-10-CA Chapter 5 visits (either mental health or substance abuse) 	<p>Measured as a proportion of all mental health emergency visits.</p> <p>Numerator = number of unscheduled ED visits for mental health in the reporting period plus 30 days for repeats (March 1 to May 30 with possible repeat to June 30)</p> <p>Denominator = total number of unscheduled ED visits for mental health (March 1 to May 30)</p>	Process Measures						



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	<ul style="list-style-type: none"> Repeats must occur within 30 days of a previous visit 								
SAFETY	Increase Reporting of Workplace Violence Incidents (verbal and physical) <i>(Tied to Executive Compensation at 1%)</i>	Tracking of number of incidents Tracking by type (verbal and physical)	30					32	
SAFETY	Zero Tolerance of Abuse and Neglect to Residents	Develop and implement a system to monitor compliance with the Home's abuse and neglect policies	0-2 incidents 3-5 incidents 6 or > incidents					92% (check measure/target)	
PATIENT CENTRED	Patient involvement in decisions about their care	On the Patient Experience survey mailed post discharge, the patient is asked "Were you given the opportunity to be involved as much as you wanted to be in decisions about your care and treatment?"	100%					97%	