Quality Improvement Plan, 2022-2023

A Quality Improvement Plan (QIP) 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		TARGET	Q1 (Apr-Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	YTD	2021-2022
EFFECTIVE	**Objective: Early identification** Documented assessment of needs for palliative care patients 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 and is a percentage expressed as a proportion numerator/ denominator.	<u>Measure/Indicator</u> Numerator: number of hospitalizations specified in the denominator that have documented assessments of palliative care needs in the patient's hospitalization records. Denominator: number of hospitalizations where patients were identified in need of palliative care in the most recent 6 months.						
		100%	1/11= 9%	0/10= 0%	16/28= 57%		22%	
EFFECTIVE	**Objective: (Reduce?) Repeat Emergency Visits for Mental Health** Tied to Executive, CoS Compensation at 1% Percentage of unscheduled repeat ED visits following an ED visit for mental health where: 1) index visit must be for mental health 2) Repeats can be for ICD-10-CA Chapter 5 visits (either mental health or substance abuse) 3) Repeats must occur within 30 days of a previous visit	<u>Measure/Indicator</u> Measured as a proportion of all mental health emergency visits. 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) Denominator: total number of unscheduled ED visits for mental health (March 1 to May 30)						
		1.25%	8.6%	7.4%	7.3%		7.7%	4.22%
SAFETY	**Objective: Decrease the number of workplace violence incidents (verbal and physical), establish a committee and workplan.** Tied to Executive, CoS Compensation at 1% During process measure, report on progress (i.e. planning, meetings).	<u>Measure/Indicator</u> Tracking of number of incidents and establish trending and accompanying improvement plan by January 2023; WVPP meeting(s). Tracking type: reported incidents of verbal and physical abuse (during process measure, report on meetings, plan development.						
		Process Measure until January 2023						

NIPIGON DISTRICT MEMORIAL HOSPITAL

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<table>
<tr><th colspan="2">Quality Dimension</th><th>TARGET</th><th>Q1 (Apr-Jun)</th><th>Q2 (Jul-Sep)</th><th>Q3 (Oct-Dec)</th><th>Q4 (Jan-Mar)</th><th>YTD</th><th>2021-2022</th></tr>
<tr><td rowspan="2">PATIENT CENTRED</td><td rowspan="2">Objective: 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 in decisions about your care and treatment?” and where the percentage reflected is the quarterly</td><td colspan="7"><u>Measure/Indicator</u>
Numerator:
Denominator: total number of surveys returned</td></tr>
<tr><td>100%</td><td>1/12: 100%</td><td>1/10: 100%</td><td>1/11: 100%</td><td></td><td>100%</td><td>94%</td></tr>
<tr><td rowspan="2">EFFECTIVE</td><td rowspan="2">Objective: Suicide Prevention in Emergency and LTC
Tied to Executive, CoS Compensation at 1%
The percentage of people with major depression identified by a trained professional to be at considerable risk to themselves or others, or who show psychotic symptoms, who receive immediate access to suicide risk assessment and, if necessary, preventive intervention.
From: policy/procedure for suicide risk assessment in ER/LTC.
Percentage of at risk patients/residents who received a suicide risk assessment (re: CTAS score of 3 or less)</td><td colspan="7"><u>Measure/Indicator</u>
Numerator: number of people in the denominator who receive immediate access to suicide risk assessment and received a treatment plan preventive intervention
Denominator: total number of people with major depression identified using the above criteria</td></tr>
<tr><td>100%</td><td>Process
Research on Validated Tools</td><td>Process
Policy Development and Staff Education</td><td>4/17
24%</td><td></td><td></td><td></td></tr>
<tr><td rowspan="2">SAFETY</td><td rowspan="2">Objective: Medication Reconciliations
Identify the total number of patients with medications reconciled utilizing 2 sources as a proportion of the total number of patients admitted to the hospital.</td><td colspan="7"><u>Measure/Indicator</u>
Denominator: total number of patients admitted to hospital
Numerator: number of admitted patients with medications reconciled utilizing 2 sources</td></tr>
<tr><td>100%</td><td>98%</td><td>97%</td><td>97.5%</td><td></td><td>97.5%</td><td></td></tr>
</table>

Narrative: