2024/25 Quality Improvement Plan
"Improvement Targets and Initiatives"

Niagara Health System 1200 Fourth Ave. St. Catharines . ON. L2S0A9

Hospital

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AIM		Measure								Change					Progress Report 2024-25		New Change Idea
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments	Was the Change Idea Implemented? Yes/No	Lessons Learned: What were the successes and/or challenges?	Insert NEW Change Idea(s) that were tested but not included in last year's QIP
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on), O = Optional																		
	Access and Flow - Timely	90th Percentile ambulance offload time	P	ED patients	Hospital collected Data		Baseline - Dec/22-Nov/23 136 minutes at the 90th percentile out of 36,841 ambulance arrivals	122 minutes at the 90th percentile, assume same 36,841 ambulance arrivals	11% improvement to 122	Niagara EMS	1) Refresh and implement the Fit2Sit Program in the ED	Updating Fit2Sit criteria Implement education for NH ED Staff & EMS about the Fit2Sit process Education for patients & families related to the Fit2Sit program including waiting room digital and laminated paper posters	# of Fit2Sit patients # of NH staff & EMS paramedics educated #/types of materials created for patients and families Ambulance Offload Time (AOT) of Fit2Sit pts	100% trained 3 materials developed (posters, patient information sheets, video for waiting room)	This is a preexisting program that will be refreshed and implemented to support those individuals who are well enough to sit to wait to see a health professional. It is important to note that this is also a refresh of a previous created program.	Yes	Successes: Fit2Sit Criteria was updated, Education was delivered to staff and Niagara EMS. Materials were created to support community understanding of the Fit2Sit Program. Challenges: Replicating the model for other NH Sites has proven difficult due to differing ED contexts. Ongoing efforts have been established to identify appropriate implementation strategies for the other ED Sites.	
											2) Develop targeted triage processes for EMS arrivals to expedite ambulance offload	Nurse prioritizes triage of EMS patients to expedite ambulance offload	# of patients triaged through the new process Ambulance Offload Time for associated immediately triaged patients	Baseline data to be captured in year one	Having a process where the patients are prioritized at triage will then alleviate the EMS staff to return to the road. The goal would be to triage these patients who can then be attended to by the ED Tech/Offload Nurse or to Fit2Sit	Yes	Successes: Ambulance offload triage process in place Challenges: When multiple EMS arrive at the same time, it is challenging to maintain expedited triage	
											3) Offloading EMS to Offload Nurse or ED Tech	Triage Nurse will offload EMS patient to Offload Nurse or ED Tech while waiting for space in ED for patient	# of patients Offload Nurse & ED Tech attend to Ambulance Offload Time	Baseline data to be captured in year one		Yes	Successes: Decrease in AOT at 90th % Challenges: The implementation of the new Hospital Information System has impacted workflows that are currently being reviewed	
											4) Implementation of a triage process for C-POD (mental health and addictions)	Patients presenting with Mental Health & Addictions complaint are triaged and cared for in CPOD or other appropriate mental health and addictions location	# of patients cared for in CPOD Ambulance Offload Time for those MH&A patients # of Code Whites linked to the patients transitioned to CPOD as compared to those who were not	Baseline data to be captured in year one		Yes	Successes: CPOD and other appropriate mental health and addictions location are being used to care pts presenting with MH&A complaints Challenges: None	
	Equity - Equitable	Percentage of staff who have completed relevant equity, diversity, inclusion and anti-racism education		Niagara Health Staff Members	Local data collection		Baseline - Apr/22 - Dec/23 78.58% 4,412 staff completed the module out of 5,615 active staff accounts	Need 4,773 staff to complete module assuming same 5,615 active staff accounts	6.42% improvement to target 85%	N/A	1) Leadership engagement in San'yas Training	All senior leaders, directors and managers are provided with San'yas Training through an online module training program.	# of leaders (managers, directors, supervisors, EVPs and President) completing the training	100% of all leaders complete training	San'yas training is an anti-racism Indigenous cultural safety training program.	Yes	Successes: Currently at 97% complete Challenges: None	
											2) New clinical hires engagement in Cultural Humility Training and the Mutually Respectful Workplace and Diversity Training	All new nurses engage in cultural humility training at orientation and are to complete the Mutually Respectful Workplace and Diversity Training	# of new hires engaged in training	100% of new hires engaged in training	Moving forward the goal will be to evaluate behavior change as a result of the training.	Yes	Successes: Embedding this training in a well-established and mandatory process (New Hire Orientation) enables us to achieve 100% compliance. Challenges: None	
											3) Existing staff prompted to complete Mutually Respectful Workplace and Diversity Training	Staff are provided with the LEARNH module through the internal learning platform. Managers to follow up with staff to ensure the completion of these modules within the year. Managers to support staff with time to complete the modules.	# of completed modules	85% of staff complete LEARNH module	Moving forward the goal will be to evaluate behavior change as a result of the training.	Yes	Successes: The use of reminders and sharing completion rate data to leaders has been helpful to support completion. Challenges: Time to complete LEARNH Module was a challenge so an on-line video module was created to be viewed as a group, which supported completion rate.	
	Patient-centred	Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?		Discharged Patients	Patient Survey		QIP 23/24- Apr-Nov/23 49% 119 out of 242 inpatients responded 'completely'	Need 216 inpatients to answer completely assuming same 415 (annualized projection)	3% improvement to target 52%	N/A	1) Implement methods to enhance survey responses.	Enhance the current process at admission to obtain patient emails to send the survey to post discharge. This will incorporate education for admission clerks on the importance and process for communicating with patients on the rationale for collecting emails. As well as considering alternative methods to reach patients ([i.e. text message with survey; gathering feedback on day of discharge before leaving the hospital). By engaging with the Patient Partners the team will identify best possible approaches for gathering feedback.	# of patient emails obtained # of educational sessions (i.e. huddles) with admission staff # of resources developed for staff (LearnH module, information sheets on how to collect this information)	30% of patients admitted provide emails	Focusing on how we obtain the data through our survey is dependent on our processes to reach our patients post discharge. Having a robust process at admission will enhance our response rate and provide robust information for improvements.	Yes	Successes: Scripting for patient registration was updated to enhance patient agreement to provide e-mail. Challenges: It has been difficult to obtain e-mails of high acuity patients at registration. For patient who opt-out, registration staff are handing out cards to patients to opt-in at a later time.	
											2) Creation of standardize tools and workflow processes that are tailored to programs; patient satisfaction with discharge information.	Collaborate with professional practice (nursing) and discharge planners to review and refine discharge practices.	Patient satisfaction with discharge information.	Baseline data to be captured on the patient satisfaction with discharge	The review and refinement of current practice will be done in collaboration across programs and in consultation with patient partners.	Yes	Successes: Patient Experience Unit based rounding implementation and current review of pilot. Challenges: none	
	Safety-Effective	Medication reconciliation at discharge		Discharged Patients	Local data collection		Baseline - Jan-Dec/23 80.8% annual performance 22,932 completed forms out of 28,390 patient discharges	Need to complete 24,734 forms out of an assumed 28,390 patient discharges	6.3% improvement to target 87.1% - Niagara Health continues to improve on this metric and setting this realistic and achievable goal will allow for continued progress towards higher rates of Med Rec completion.	N/A	1) Collaborative Quality and Med Rec Pharmacist Huddle	A Quality team Member together with the Med Rec Pharmacist will attend each units huddle twice in 2023-24 to discuss med rec on discharge including the process, roles, responsibilities, barriers and opportunities for improvement.	# of clinical unit huddles attended	100% of clinical huddles attended twice per year	Given the number of huddles that occur at multiple sites at NH, the twice per year approach is feasible to support Med Rec messaging and discussion.	Yes	Successes: Improved communications through huddles about Med Rec to enhance compliance with process. Challenges: the workflow and collection of data has changed with the implementation of the new HIS.	
											2) Monthly physician data review	Monthly reviews of med rec will be conducted by program chiefs or delegate to identify low-performing physicians and personalize plans for improvement.	Improvements to Med Rec at discharge completion	Improve physician performance on med rec by 5% each quarter	The focus is on physicians completing the Med Rec to ensure safety of patients and engrain this behavior and action to support the transition to the new HIS.	Yes	Successes: Unit specific processes were created to support compliance with Med Rec; i.e., discussion/reminders at quarterly meetings, circulation of data to individual prescribers, and/or one-on-one refresher sessions for low-performing prescribers only. Challenges: None	
											3) Monthly completion of Quality audits	Completion of Med Rec at discharge audits by the Med Rec Pharmacist per month retrospectively.	20 per month	# of audits completed		Yes	Successes: Auditing the data for completeness provided insights into high performing units vs those that required further support. Challenges: none	