

Quality Improvement Plan (QIP) Scorecard 2021/22

Issue	Quality Dimension	QIP Outcome & Process Measures	Target	FY 2020/21 Quarter 3 (Oct-Dec)	FY 2020/21 Quarter 4 (Jan-Mar)	FY 2021/22 Quarter 1 (Apr-Jun)	FY 2021/22 Quarter 2 (Jul-Sep)	Comments	
Safe and Effective Care	Safe	Number of Reported Workplace Violence Incidents	0 incidents	0	0	1	1		
		Workplace Violence - Action Plan		Action Plan Progress:					
		<i>Physician training: workplace violence, harassment & bullying, working alone *</i>	50% of physicians trained by end of FY 2020/21 Q1	50%	76%	79% Completed		Includes all Active and Courtesy Physicians	
		<i>Incorporate new training materials on workplace violence, harassment & bullying, and working alone into new employee orientation *</i>	Complete by end of 202/21 Q1 FY	Completed in FY 2020/21					
		<i>Board education: workplace violence, harassment & bullying *</i>	75% of Board Members trained by end of FY 2020/21 Q2	83% Completed		56% Completed			
		<i>Conflict management training; responsibility of employees in resolving conflict *</i>	75% trained by end of 2020/21 Q3 FY in Fall For All training	Completed in FY 2020/21					
		<i>Reporting blitz/posters to increase awareness of importance of reporting *</i>	Complete by end of 2020/21 Q3 FY	Completed in FY 2020/21					Increasing awareness of reporting WPV displayed in locations throughout the hospital.
	Effective	% of Repeat Emergency Department (ED) Visits for Mental Health	19%	32%	30%	25%	N/A	For each quarter, the data period includes the reporting quarter and the last 30 days of the previous quarter MOH deadline(January 10th)	
		Reduce Mental Health Repeat ED Visits - Action Plan		Action Plan Progress:					
		<i>Ensure SHHA representation at OHT planning meetings as Mental Health & Addictions is focused population *</i>	SHHA attendance >= 80%	100%	100%	100%	100%		
	<i>Review SHHA re-visit data & summarize in report for Board Quality Committee and MAC *</i>	Complete by end of 2020/21 Q4 FY	Completed		In Progress		Once reported to QUR Committee -it will be reported to MAC		
Timely and Efficient Transitions	Timely	% of Discharge Summaries to Primary Care Physician within 48h of Discharge*	65%	88%	100%	94%	86%		
		Improve Discharge Summaries Turnaround - Action Plan		Action Plan Progress:					
		<i>Re-establish and reinforce support and confidence of physicians--adjust statement in discharge summary *</i>	Complete by June	Completed in FY 2020/21					
	<i>Report achievements/ outcomes to Medical Advisory Committee - Quarterly report (QIP Scorecard) to MAC *</i>	Begin after end of 2020/21 Q2 FY	Completed		In Progress		Once reported to QUR Committee -it will be reported to MAC		
Service Excellence	Patient-Centred	Did You Receive Enough Information upon Discharge? *	85% answer "yes, completely"	59% (n=17)	67% (n=15)	80% (n=10)	67% (n=24)		
		Improve Information at Discharge - Action Plan		Action Plan Progress:					
		<i>Identify opportunities for improvement in discharge preparation and teaching - Continue implementation of discharge phone calls *</i>	Discharge follow-up calls completed to 80% of discharges to home	96%	73%	97%	85%		
		<i>Aim to more holistically address patient needs at and before discharge- discharge phone call template to include assessment for social isolation and outline referral options *</i>	Complete by 2020/21 Q4 FY	Completed in FY 2020/21					directly address social isolation during our follow up phone calls/refer to appropriate resources as applicable
		<i>Continue to learn about best practices in preparing for discharge and adopt one new practice from Transitions Between Hospital and Home playbook *</i>	Minimum 1 new practice adopted by end of FY 2020/21	Completed in FY 2020/21					standard work adopted for discharge rounds

Legend		
Achieved/ Exceeds Target	In Progress; Within 10% of Target	At Risk; >10% from Target

* "pay at risk" indicator (including action steps taken and/or achievement of target)

Colour indicates performance relative to target that was in place for that time period