



FY 22'23 Quality Improvement Plan

Wellington Health Care Alliance - Groves Memorial Community Hospital & North Wellington Health Care

AIM		Measure							Change				
Quality dimension	Issue	Measure/ Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	Priority level	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Safe	Patient Falls	Falls causing harm (level 2-5)	Rate per 1000 patient days All inpatients (excluding newborns)	Hospital collected data. Most recent quarter available.	GMCH - 0.7 (Q3'21 rate per 1,000 patient days; YTD 20'21 rate 2.3 per 1,000 patient days) NWHC - 4.5 (Q3'21 rate per 1,000 patient days; YTD 20'21 rate 3.1 per 1,000 patient days)	GMCH - 2.6 NWHC - 2.6	Maintain current performance.	Internal indicator	Monitoring performance	Data collected from RL6 Patient Safety Reporting system, event type "Patient Fall", "Severity" level 2, 3, 4, or 5 for all inpatient locations. Measure excludes newborns. Reported quarterly by Manager, Quality and Patient Safety.	Rate of falls causing harm per 1,000 patient days. Numerator: Number of patient falls severity 2-5 on inpatient units in time period. Denominator: Number of inpatient days.	Internal target: Maintain YTD21'22 performance.	
	Medication Errors	Medication incidents reaching the patient (level 1-5)	Rate per 1000 patient days All inpatients (including newborns)	Hospital collected data. Most recent quarter available.	GMCH - 2.3 (Q3'21 rate per 1,000 patient days; YTD20'21 rate 6.2 per 1,000 patient days) NWHC - 5.0 (Q3'21 rate per 1,000 patient days; YTD20'21 rate 6.7 per 1,000 patient days)	GMCH - 6.9 NWHC - 6.9	Maintain current performance.	Internal indicator	Monitoring performance	Data collected from RL6 Patient Safety Reporting system, event type "Medication/Fluid", "Severity" level 1, 2, 3, 4, or 5 for all inpatient locations. Includes newborn, acute and CCC. Reported quarterly by Manager, Quality and Patient Safety.	Rate of inpatient medication incidents reaching the patient (severity levels 1-5) per 1,000 patient days in time period. Includes acute, newborn and CCC. Numerator: Number of medication incidents severity 1-5 on inpatient units. Denominator: Number of inpatient days.	Internal target: Maintain YTD21'22 performance.	
	Workplace Violence	Number of workplace violence incidents (overall)	Count of actual number of incidents All hospital workers as defined by the OH&S	Hospital collected data. Most recent quarter available.	GMCH - 2 (YTD21'22 actual number to end of Q3'21. FY20'21 result was 10.) NWHC - 2 (YTD21'22 actual number to end of Q3'21. FY20'21 result was 10.)	GMCH - 6 NWHC - 6	Maintain current performance.	Internal indicator	Monitoring performance.	Data for workplace violence incidents collected from RL6 Patient Safety Reporting system, event types "Respectful Workplace Complaint" and "Employee Event - Injury from Patient Action", all severity levels. Reported quarterly by Human Resources/OH&S.	Actual number of workplace violence incidents reported by hospital workers in time period.	Actual number of workplace violence incidents reported by hospital workers in time period will not increase from previous performance.	
Timely	Time to Inpatient for Admitted Patients in ED (90th Percentile)	The time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room.	Time in hours All admitted inpatients in ED	Hospital collected data; CIHI NACRS database. Most recent quarter available.	GMCH - 19.4 (Q3'21 time in hours at 90th percentile) NWHC - 5.3 (Q3'21 time in hours at 90th percentile)	GMCH - 20 NWHC - 3	Maintain current performance.	Internal indicator	Monitoring performance.	90th percentile LOS [Date/time Patient Left ED minus ED Registration Date/time]for Admitted patients- Disposition 06 and 07, excludes missing date/time cases. ED Visit Indicator= Y.	1) Bed Availability - Conversable days – Avoidable admissions, Readmission rate, LOS performance as compared to the ELOS - ALC management – overall ALC rate, % patients ALC, ALC designation 24 hours - Bed turnover rate – time of discharge to time bed available - Isolation – Provincial ED advisory waiting for approval/direction from MoH to mandate collection probably April 1 – will give us the ability to drill into impact on LOS 2) Resources - Depart ED timeliness when bed available/communication - Review impact of shift change 3) Process - ED admit process, physician practice variation, identify interruptions in work flow (see above impact shift change) - Time of day variance - Left Without being Seen	Internal target: Maintain YTD21'22 performance.	