



2022/23 Quality Improvement Plan Improvement Targets and Initiatives

AIM		Measure						Change				
Issue	Quality dimension	Measure / Indicator	Unit / Population	Current Performance	Target	Target Justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Theme I: Timely and Efficient Transitions	Timely	% Referrals Acknowledged within 14 Days: referrals acknowledged within 14 days / total # of referrals for onboarded clinics (excludes incomplete referrals, includes referrals from internal and external sources)	# of referrals received in eligible clinics	Collecting Baseline	80%	Align with External Benchmark: This new indicator replaces the previous referral wait time 1 indicator even though they measure different parts of the process. A focus on reliable referral intake and management was felt to be more meaningful at this time. The 14-day threshold is aligned with CPSO guidelines for responding to referrals. As the new referral management process is implemented in each clinic, they will be captured in hospital-wide measurement. Based on early pilot data, 80% has been established as the minimum standard.	Referral partners including UHN, Sinai Health System	<p>1) Process Redesign. WCH has undertaken a large referral management modernization project that involves digitization, de-centralized management, and standardization. A successful pilot has been completed resulting in reduced processing time, fewer manual steps, and greater transparency. A staged rollout plan for all clinical areas has been developed.</p> <p>2) Electronic Monitoring. A referral dashboard has been developed to allow clinical managers greater oversight and to drive local and system-wide improvement. This tool will enable Managers to better understand their referral patterns in real time, as well as ensure that referral management practices are consistent.</p>	As clinics are onboarded, % referral acknowledgement is tracked via referral dashboard (in EPR) and organization-wide on the Quality Scorecard	# of clinics onboarded to the new referral management system	8 clinics by Dec 2022	Aligns with our strategic goal of revolutionizing health systems.
	Effective	AACU - Avoidable ED Visits Per Day: ED referrals + ED follow up visits / days in period	Count / average per day	11.2	11.2	Maintain Previous Improvement Gains: Space and staff limitations prevent further improvement and thus the goal for FY22.23 is to maintain the gains achieved last year (8% improvement). The team is committed to re-imagining the AACU including its health system role in terms of ED diversion	UHN, St. Michael's Hospital, Sinai Health System	<p>1) Optimize Capacity. The AACU team will continue to seek opportunities to optimize capacity through process refinements and greater integration of various information systems. We will also continue to seek stable funding for AACU expanded hours (24/7) in order to address care gaps and reduce "hallway medicine".</p> <p>1) Awareness. The AACU team remains vigilant with education and reminders to our ED partners in order to maximize utilization. We will solicit partner feedback on barriers and challenges so that we can improve our processes as well as to inform current strategic planning.</p>	The leadership team for the AACU tracks progress of these efforts and reports regularly to the Senior Leadership Council. Regular updates are also provided via tracking on the quarterly Quality Scorecard.	# of ED referrals received daily stratified by source and weekend vs. weekday (to understand needs and activity patterns)	11.2 avoidable ED visits (ED referrals + ED follow ups) per day maintained until Mar 2023	
										# of reminders/ communications to referral partners; frequency of feedback solicitation	2 reminders or communications by Dec 2022; feedback solicited from referral partners at least once by Dec 2022	

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Theme II: Service Excellence	Patient-centred	MyHealthRecord Activations	% patients with myHR active within 30 days of appointment (all patients)	57.3%	60%	Establish Relative Improvement Goal: Last year, we saw a 15% improvement despite a significant return to in-person visits. The new target of 60% represents a 5% increase above the FY21.22 Average (57.3%). Although modest, it takes into account the massive gains achieved due to the proliferation of virtual care during the pandemic as well as pending system changes related to virtual care including physician remuneration.	Epic	<p>1) Process Improvement. In collaboration with IM/IT and other internal stakeholders, we will focus our efforts on optimizing the workflow for video visits. Since myHR activation is required for video visits, removing barriers and unnecessary steps to this process will have a positive impact on our overall myHR Activation rate.</p> <p>2) Awareness & Promotion. Activities to increase awareness of the benefits of using myHealthRecord among clinicians and patients will be delivered via multiple venues - signage, websites, social media, and participation in Digital Health Week. We will also leverage Women's Virtual initiatives to promote activation of myHealthRecord.</p>	myHealthRecord activation rates are monitored at multiple venues and by Senior Leadership including tracking on the quarterly Quality Scorecard; the volume of virtual interactions as a proportion of overall clinical interactions is tracked on the Corporate Scorecard and Women's Virtual stratifies this data by phone and video modes	% of virtual visits using video mode will be tracked hospital-wide and at the clinic level	10% increase overall in proportion of video visits	Aligns with strategic goal of revolutionizing care and care experience.
	Equitable	Staff Equity Education: % of staff who have completed Anti-Black Racism education	% staff who have completed Anti-Black Racism education / total # WCH staff	Collecting Baseline	80%	Establish Baseline: New indicator tied to the hospital's ambitious equity strategy, reflecting the proportion of staff who have completed online Anti-Black Racism training. The FY 2022.23 target was established by the WCH Equity Committee.	TAHSN members (to standardize content)	<p>1) Electronic Monitoring. Automated compliance reports for all mandatory e-Learning modules are distributed to Supervisors/Managers/Directors so that they can follow up with staff who have not completed the ABR module. Additional efforts are underway to improve the integrity of data from the e-Learning system, as more accurate reports will strengthen the effectiveness of this method. The latter involves collaboration with our Human Resources and Information Management & Technology teams.</p> <p>2) Reminders. Updates and reminders about WCH's Anti-Black Racism commitments will be shared via strategic communication channels.</p>	Tracked quarterly on the hospital's Equity Scorecard and the Quality Scorecard which are reviewed by Senior Leadership Council and as well as the WCH Equity Committee.	Compliance rates at the team/area/ Department level	80% by March 2023	Stratification of compliance data is required for tracking of physician compliance and thus allows for customized and targeted strategies including the standardization across TAHSN hospitals in order to avoid duplication (longer term goal).
										# of promotional activities	3 promotional activities by Mar 2023	
										# of corporate communications related ABR education	At least 3 ABR education corporate communications (Town Halls, CEO emails, WCH Connect articles) will be completed by December 2022	

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Theme III: Safe and Effective Care	Effective	Medication Reconciliation	% / eligible patients in Surgical Services, AACU & 1 new clinic	65%	70%	Maintain Previous Improvement Goal: The goal for FY2022.23 is to hold the gains made in the past two years, largely attributed to MedRec integration within Epic in Surgery. Process improvements and refinements in AACU continue. A major focus of the year ahead is the development of a plan to spread MedRec to additional clinical areas. A target of 70% represents an 8% improvement over last year's baseline.	NA	<p>1) Process Improvement. We will collaborate with our IM/IT colleagues to leverage the after visit summary (AVS) for medication reconciliation, and in particular for providing patients with a complete medications list. Epic (our EPR) will also be leveraged to streamline data collection in order to free up Pharmacy team members so they can devote more time to patient care activities.</p> <p>2) Spread. We will finalize a spread plan for MedRec, focusing on clinical areas and patient populations where medication management is a major component of the encounter.</p>	Progress will be monitored by both the Pharmacy leadership team and clinical areas where MedRec is implemented. Senior Leadership Council is provided with regular updates including performance tracking on the quarterly Quality Scorecard.	% patients meeting criteria who receive a complete medications list (stratified by area and method); automation of MedRec data collection processes	65% by March 2023; partial automation of data collection by Dec 2022	
	Safe	Number of workplace violence incidents reported by hospital workers (as by defined by OSHA) within a 12 month period.	Count / Worker	8	10	Establish Relative Improvement Goal: The overall goal remains to increase reporting of Workplace Violence incidents as well as incidents of incivility. The number of incidents reported increased by 60% (from 5 to 8) in FY2021.22 and thus the new target represents an additional 25% improvement over current baseline. Increased reporting is associated with a positive safety culture.	Public Services Health & Safety Association	<p>1) Education, Training & Awareness. WCH continues to track workplace violence and related training, seeking opportunities to improve the delivery and content. It is acknowledged that education and awareness are continuous activities and thus Occupational Health, Safety and Wellness (OHSW) continues with a number of engagement activities such as Code White drills, in-service sessions, attendance at staff meetings, and team huddles, etc. As of April 2022, The Occupational Health, Safety, and Wellness team has started tracking incidents of incivility via the electronic incident reporting system to better understand and action contributing factors before they escalate to violence.</p> <p>2) Process Improvement. OHSW has implemented a new risk of violence assessment tool as part of its annual process that will better inform proactive prevention strategies in the local area as well as across the organization. Enhancements to the Code White alarm system are expected to be complete by August 2022, with an aim of improving utilization of personal duress alarms, an important safety tool for workers who are at a higher risk for workplace violence.</p>	The number of workplace violence incidents and related activity is tracked and discussed via multiple venues including on the Quality Scorecard and at Senior Leadership Council. Code White drills are summarized at the Emergency Preparedness and Joint Health and Safety Committees.	# of Code White drills completed; # of incidents of incivility	10 Code White drills to be completed by March 2023; collecting baseline data for the number of incivility incidents	FTE=815
										% of annual risk of violence assessments completed	85% of scheduled annual risk of violence assessments will be completed by Mar 2023.	