Indicators for the Quality Improvement Plan 2022/23

Strat. Plan Algn.	Indicator	Rationale	Target	Current Prf.	Accreditation Std. Definition
		IMPROVING CLIENT & FAMILY EXPERIENCE			
	Improve client centered care as measured by the % of inpatients with a Clinical Assessment Protocol (CAPS) from the Recovery Plan of Care tool updated within 28 days	HIMS group indicator tracking how often client's care plan are being updated. Care plans should be updated regularly throughout an inpatient stay to track & communicate progress towards recovery. The recovery plan of care tool is a multi-disciplinary tool, which can involve families/SDMs in identifying and tracking progress towards care goals.	80%	70%	**Mental Health Standard 8.0/Ambulatory Care Standard 8.0:** Care plans are developed in partnership with the client and family based on a comprehensive assessment. **Mental Health Standard 9.9/Ambulatory Care Standard 9.6:** Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.
		SUPPORTING INNOVATIVE CLINICAL BEST PRACTICES TO ACHIEVE THE BEST POSSIBLE HEALTH OUTCOMES			
	Improve patient safety as measured by the % of medication reconciliation completed in ambulatory care as measured by the % of BPHM confirmed by attending physician (Schizophrenia/Mood & Anxiety/Geriatric Psychiatry)	This measurement focuses on the physician confirming the medication in the E.H.R. BPHM = Best Possible Home Medication list. This formal process aims to ensure accurate and comprehensive medication information is communicated consistently across transitions of care & enables prescribers to make the most appropriate prescribing decisions. Expansion of this indicator to all programs is expected in the 2023/24 fiscal year.	90%	78%	**Ambulatory Care Standard 8.5:** Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information at ambulatory care visits when medication management is a major component of care. (REQUIRED ORGANIZATIONAL PRACTICE)
	Improve transitions in care as measured by the % of Psycho-Social Assessments completed within 21 days of admission (applies to clients with inpatient stays greater than 21 days only)	HIMS group indicator tracking the percentage of clients who have a psycho-social assessment completed within 21 days of an admission which helps to guide and inform the treatment plan and care provided. Benefits of this process include that client goals are identified early (best practice is for discharge planning to begin at admission so barriers to discharge are identified early in the stay this facilitates this) and that valuable information is gathered which can be disseminated early to the multi-disciplinary team.	85%	80%	**Mental Health Standard 8.1:** Each client's physical and psychosocial health is assessed and documented using a holistic approach, in partnership with the client and family. **Mental Health Standard 8.3:** The client's physical and psychosocial needs, choices and preferences as identified in the client assessment are used to develop service goals.
	Improve patient safety by ensuring Royal clients receive a fulsome suicide risk assessment as measured by the % of inpatients who have a Columbia Lifetime Assessment completed within 7 days of admission	In 2020, the Royal adopted the Columbia Suicide Severity Rating Scale Lifetime/Recent Version, a robust and validated instrument, as the optimal tool to support clinical assessment at the Royal. Due to the nature of our work, it is paramount that all clients are screened for risk of suicide.	70%	42%	**Mental Health Standard 8.8:** Clients are assessed and monitored for risk of suicide. (REQUIRED ORGANIZATIONAL PRACTICE)
	Improve the care of our LTC residents by reducing the prevalence of Urinary Tract Infections	Urinary tract infections result in administration of anti-microbial medications. They are also a cause of responsive behaviours, decreased intake, and overall quality of life. Reducing the percentage of residents who are treated for a UTI is an important component of the care provided in LTC. Untreated UTIs can lead to hospitalization and unnecessary antibiotic prescribing can lead to anti-microbial resistance.	6.5%	8.2%	**Long Term Care Standard 9.8:** Strategies are used to reduce avoidable admissions/readmissions to the hospital.

Indicators for the Quality Improvement Plan 2022/23

Strat. Plan Algn.	Indicator	Rationale	Target	Current Prf.	Accreditation Std. Definition
IMPROVING CARE TEAM WELL-BEING					
	Improve workplace safety as measured by the number of Workplace Violence Incidents over a 12 month period	This has been a mandatory indicator from Ontario Health for the last several QIPs. The aim is to track workplace violence incidents for the safety of the workers and also as a means of building an organizational reporting culture. The Royal is striving to improve their reporting culture and thus have been working to see an increase in this indicator over time. A work environment where people feel physically safe and also psychologically safe to report incident is the goal.	66	56	**Leadership Standard 2.12:** A documented and coordinated approach to prevent workplace violence is implemented. (REQUIRED ORGANIZATIONAL PRACTICE)
EFFECTIVELY USING RESOURCES					