**Excellence**

**Theme III: Safe and Effective**

*2019/20 Quality Improvement Plan*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Methodology</th>
<th>Target</th>
<th>Measure</th>
<th>Data Source</th>
<th>Action Plan</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of hospital admission days prior to a full admission discharge summary</td>
<td>Reviewing discharge summaries for the previous year, targeting those with a full admission prior to discharge summary.</td>
<td>2019-20</td>
<td></td>
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<tr>
<td>2</td>
<td>Number of patient complaints acknowledged to the OHSA within a 12 month period</td>
<td>Analyzing patient complaints reported to the OHSA in the previous year.</td>
<td>2019</td>
<td></td>
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<tr>
<td>3</td>
<td>Satisfaction with resident experience</td>
<td>Surveying resident feedback to gauge satisfaction.</td>
<td></td>
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<tr>
<td>4</td>
<td>Percentage of patients discharged from the Royal's system within the first 30 days</td>
<td>Tracking patients discharged within 30 days post-discharge.</td>
<td>2019</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>Rate of workplace violence incidents</td>
<td>Monitoring workplace violence incidents reported to the OT.</td>
<td>2019</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Rate ofMedication Related Admissions</td>
<td>Reviewing medication-related admissions in the Royal's system.</td>
<td>2019</td>
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</tbody>
</table>

**Planned Improvement Strategies**

1. **Workgroup Development**
   - Create workgroup to consider at one program level: Is workplace violence a priority? What is the current focus for improving workplace safety? What is workplace violence in the Royal's system? How can we do this in the future?

2. **Interventions and Training**
   - Develop a workplan to engage the teams as part of the plan.
   - Focus group with resident council and review specific elements.
   - Implement recommendations based on the principles of co-design.

3. **External Collaborators**
   - Create connections with external collaborators that leverages the new E.H.R. implementation.
   - Engage with programs and the community physician.

4. **Process Measures**
   - Develop a stepped care model.
   - Create a simulation exercise, working with the programs.

**Local Data**

<table>
<thead>
<tr>
<th>Year</th>
<th>Type</th>
<th>Patient Population</th>
<th>Count</th>
<th>% of Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>RPDB</td>
<td>January - February</td>
<td>651*</td>
<td>10.00</td>
</tr>
<tr>
<td>2019</td>
<td>WPV</td>
<td>March - May</td>
<td>651*</td>
<td>91.7</td>
</tr>
<tr>
<td>2019</td>
<td>Local</td>
<td>June - August</td>
<td>651*</td>
<td>3.00</td>
</tr>
</tbody>
</table>

**Future Directions**

- Investigate new E.H.R. tools.
- Engage with programs.
- Develop workflows to capture data from the MAP Program.
- Implement recommendations from the MAP Program.
- Develop a workplan and engage the teams as part of the plan.

**Supportive Measures**

- Supportive measures will be developed to capture data from the MAP Program.
- Implement recommendations from the MAP Program.
- Develop a workplan and engage the teams as part of the plan.

**Accreditation**

- Accreditation process measures will be reviewed.
- Accreditation measures will be monitored.
- Accreditation will be determined based on the calculated improvement.
- Accreditation will be reviewed.

**System Changes**

- System changes will be made to improve safety and quality.
- System changes will be implemented to enhance performance.
- System changes will be implemented to enhance safety and quality.
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