



UNIVERSITY OF OTTAWA  
HEART INSTITUTE

# 2020-21 Quality Improvement Plan: Improvement Targets and Initiatives

University of Ottawa Heart Institute 40 Ruskin Street, Ottawa, ON, K1V4W7

Measure										Change					
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Timely	Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital.	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	961*	CB	95.00	Collecting baseline with our recent implementation of our new electronic medical record.		1)Monitoring and feedback of discharge summary completion.	Develop a report in Epic to provide physicians with monthly feedback on the completion of the discharge summaries.	Number of after visit summaries completed monthly.	95% of all patients will be discharged with a discharge summary within 48 hours of discharge.	
		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.	M A N D A T O R Y	Hours / All patients	CIHI NACRS, CCO / Oct 2019– Dec 2019	961*	CB	CB	UOH does not have an Emergency Department. We plan to collect a baseline of patients being admitted to Cardiology at the Ottawa Hospital Civic Emergency Department.		1)Discharge policies and practices.	Review discharge policies and practices for cardiac surgery.	We will do a review of the policies that relate to the discharge process for cardiac surgery.	Completion of review by December 2020.	
											2)Provide easy access to length of stay data for all clinical managers and Division Heads.	Have length of stay data available on Unit specific and Physician dashboards.	Addition of Length of Stay to Integrated Clinical Manager Dashboard and Physician Dashboards.	Addition of length of stay to dashboards by October 2020.	
		Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	P	% / Survey respondents	CIHI CPES / Most recent 12 months	961*	74.03	75.00			1)Review of 3 Patient Education Guides.	The Quality Department will work with Patients and the Communications Department to complete a patient centered review of 3 educational guides improve consistency of message as well as modification of readability level to meet best practices for health literacy: Coronary Artery Disease, Heart Healthy Living and Cardiac Surgery.	Health literacy and patient review of 3 guides.	Completed review of all 3 guides by March 2021.	
		Patent Partnership	C	materials / patient partners	internal / 20-21	961*	X		Engagement of patients in Patient Partner Materials.		1)Review and update of Patient Engagement Materials.	Quality Team and Patient Partners will work together to update the recruitment process, educational materials and Patient Rights and Responsibilities.	Review and update of the recruitment process, educational materials and Patient Rights and Responsibilities.	Quality Team and Patient Partners will work together to update the recruitment process, educational materials and Patient Rights and Responsibilities by January 2021.	
Theme III: Safe and Effective Care	Effective	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	P	Rate per total number of discharged patients / Discharged patients	Hospital collected data / Oct 2019– Dec 2019 (Q3 2019/20)	961*	90.67	95.00	We are working towards a stretch target of 100% over the next 2 years.		1)Development and education of new workflow in Epic.	Participate in Atlas Alliance Partnership medication reconciliation workflow review for Epic.	Development and education of new workflow for medication reconciliation by Atlas Alliance partnership.	Implementation of new workflow by March 2021	
										2)Regular performance feedback.	The Quality Department will develop a report to provide physicians with regular feedback.	Development of report pushed out from Epic to physicians.	Report completion by March 2021.		
	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	M A N D A T O R Y	Count / Worker	Local data collection / Jan - Dec 2019	961*	15	15.00	Our goal is work towards a stretch target of 0 incidents.		1)Completion of two risk assessments in our higher risk areas.	Occupational Health and Safety Team will complete a post intervention risk reassessment of Cardiac Surgery Intensive Care Unit and a new violence risk assessment for the new registration area on the main level and the Admitting are on the first floor.	Completion of 3 risk assessments by Occupational Health and Safety Team.	All 3 risk assessments will be completed by March 2021.	
		Patient After Visit Summary	C	% / All inpatients	In house data collection / Fiscal Q3 Oct-Dec 2019	961*	94	95.00	We have been using Epic for 6 months and have a 94% compliance, our stretch target is 100% of all in-patients will go home with their After Visit		1)Improve compliance for Patient After Visit Summary.	Prospectively review of inpatient and outpatient processes for Patient After Visit Summary.	Number of completed Inpatients After Visit Summary. Number of completed Inpatients After Visit Summary.	98% of all inpatients will be discharged with an After Visit Summary. 75% of all outpatients will be discharged with an After Visit Summary.	