

**2022/23 Quality Improvement Plan Almonte General Hospital, Fairview Manor and Carleton Place & District  
Memorial Hospital Improvement Targets and Initiatives**

AIM		Measure					Change
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Current performance	Target	Planned improvement initiatives (Change Ideas)
Safety	Workplace Violence Prevention (WVP)	*Number of reported workplace violence incidents by hospital workers (as defined by OHSA) within a 12 month period.	Total count of reported incidents	Local data collection 21/22	AGH 17	20	1. Identify gaps in aggressive patient intervention and enhance staff training 2. Ensure there are policies that align with our commitment to staff safety (physical and psychological).
					CPDMH 14	16	
					FVM 30	35	
Patient Centered	Patient Experience	FVM Family Survey: "I feel staff provide time to listen to my concerns."	% of FVM Family Survey answered.	FVM Family Survey Results 2021	FVM 72%	90%	Develop standardized "information to be provided" tool
		Caregiver Identification Project	Rate per total number of patients / residents	NA	AGH NA		Benefits of Caregiver ID: • Enriched patient/resident experience • Staff awareness of the role & importance of caregivers as partners in care • Makes caregivers feel more welcome & confident • Supports essential caregiver policies & screening/safety protocols during Covid-19
					CPDMH NA		
FVM NA							
Effective	Care	Choose Wisely Daily Blood Work	Rate of total number of patients	NA	AGH NA		Complete current state assessment to reduce: 1. Order set review 2. Average Daily blood work trends
		Chosse Wisely Blood Transfusions	Rate of total number of patients	NA	AGH NA		
					CPDMH NA		
	Safe Care/ Medication Safety Complex Continuing Care CCC	*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.	Rate per total number of discharged patients	Local data collection 21/22	CCC NA	AGH 80% Q3 & Q4 CPDMH 90% Q3 & Q4	1. Increase completion of best possible medication history at tiem of admission, as this drives the discharge process. 2. Staff & physician engagement - opportunities for improvement, barriers to completion & support as required.
					CPDMH 80%		
Effective	Improved Physical Functioning in LTC	* % of residents who improved or remained independent in transferring & locomotion. Being independent or showing an improvement in these 2 activities of (ADLs) may indicate an improvement in overall health status and provide a sense of autonomy for the resident.	# of residents who improved or remained independent in transferring and locomotion.	CIHI Data 20/21	FVM 13.42%	18.75%	An increase in the number of residents that demonstrate an improvement in transferring and locomotion.