2024/25 Quality Improvement Plan
"Improvement Targets and Initiatives"

Health Sciences North 41 Ramsey Lake Road, Greater Sudbury , ON, P3E5J1

AIM		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	Methods	Process measures	Target for process measure	Comments

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Access and Flow	**Timely**	90th percentile emergency department wait time to inpatient bed	O	Hours / ED patients	CIHI NACRS / ERNI hospitals: December 1st 2022 to November 30th 2023. Non-ERNI hospitals: April 1st 2023 to September 30th 2023 (Q1 and Q2)	959*	45 hours January 2024	35.5hrs for the monthly 90th percentile by March 31, 2025	Achieve pre-pandemic performance = 13% improvement. 2023-24 YTD Dec. 40.9, 2022-23 = 38.1, 2019-20 = 35.5. HSN cohort 2022-23= 24.5. Contingent upon 31 beds implementation.		Standardization of discharge planning with EMR	Implement discharge workflow in Expanse	% of units that have implemented standard discharge workflow	100% by March 31, 2025	
											Implement additional bed capacity	Open 31 beds at Amberwood to support transitioning ALC patients to the community	# of beds open	31 beds by September 30, 2024	
Experience	**Patient-centred**	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?	O	% / Survey respondents	Local data collection / Most recent consecutive 12-month period	959*	72.1% January 2024	63% by March 31, 2025	Ontario Teaching Hospital average from 2021. Gap in more recent comparator data due to shift to new Qualtrics survey	Future Benchmarking across other Ontario Hospitals	Discharged patients receive the appropriate information when leaving the hospital	Implement Meditech Expanse EMR	% discharge summaries printed	80% by March 31, 2025	
Safety	**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.	O	% / Discharged patients	Local data collection / Most recent consecutive 12-month period	959*	73.0% January 2024	80% by March 31, 2025	EMR implementation saw improvements over 90% BPMH at admission at wave 1 hospitals. This is expected to result in matching Med Rec at discharge rates		Improve discharge medication reconciliation performance	Implementation of Meditech Expanse EMR	% discharge medication reconciliation completed for all admitted inpatients	80% by March 31, 2025	Excluding patients leaving Against Medical Advice and patients that expire prior to discharge and newborns
											Improve capturing medication reconciliation on admission (BPMH) will improve the quality of medication reconciliation at discharge	Implementation of dedicated BPMH collection staff in the ED Implementation of Meditech Expanse EMR	% of admitted patients from the ED with BPMHs collected % of admitted inpatients on units with a completed BPMH	80% by March 31, 2025 90% by March 31, 2025	 Current performance 80-83%
Experience	**Patient-centred**	The year-to-date turnover rate of HSN staff in aggregate, calculated by dividing the sum of resignations, retirements, and involuntary terminations	C	% / Worker	Internal Data collection	959*	12.2% December 2023	Contain Turnover to 13% by March 31, 2025	2% improvement over current year target and maintain current year performance		Recruitment	Targeted recruitment efforts	A minimum of 4 action plans implemented for high need recruitment areas (Nursing, PT, OT, Radiation Therapy)	100% by end of Q1	Note: As circumstances change throughout the year, additional targeted recruitment plans will be added

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		by average headcount and multiplying by 100.										Time to Fill	Reduce time to fill external nursing positions from date of first contact to first verbal/ conditional offer.	2 weeks for all positions	
												Exit interviews	Increase participation; develop process to regularly share information with units to implement improvements	15% by end of Q2	
											Engagement: Enhance culture of well-being	Implement 2023-24 Stay interview recommendations	% of stay interview recommendations implemented in Nursing, Allied Health and Support Services (2 recommendations/ group)	20% by end of Q4	
												Organizational focus on HCW satisfaction	% of program level targets/plan to improve upon HCW satisfaction.	100% by end of Q3	
												Enhance shared learning opportunities	# of quarterly organizational report outs	4 by end of Q1	
												Enhance recognition program	HCW President's Awards implemented	by end of Q3	
												Organizational Wellness Strategy	Implement annual Wellness action plan	Number of individuals accessing Wellness resources by initiatve	
											Develop our People	Optimize professional development opportunities with a focus on leadership and skills development	# of development opportunities	Quarterly	
											Safety: Reduce number of safety events resulting in Lost Time by 10%	Improve reporting and data accuracy	% supervisor incident report are completed by month end	100% by end of Q4	
												Pro-active approach to top 3 areas of hazard risks	Organizational level action plans	Completed by end of Q2	
												Enhance critical event processes	% of critical event investigations complete within 30 days.	100% of by end of Q4	
												Enhance internal responsibility system (IRS)	% of active management completed Supervisor Safety Training; % of new hires receive training through general orientation % of Board of Directors complete their training.	100% by end of Q4	
												Improved organizational health and safety engagement	OHSW safety rounding	Minimum of 2 program visits per week by end of Q1	