Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2017/18 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	"Would you recommend this emergency department to your friends and family?" (%; Survey respondents; April - June 2016 (Q1 FY 2016/17); EDPEC)	736	53.30	58.00	55.00	There was an incremental improvement

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Install 10 monitors in the Emergency Department waiting area for all patients to see. Provide real time information to patients. Enhance the patients experience by keeping them informed.	Yes	In addition to the 10 monitors installed, a feedback mechanism was implemented in FY 2017/18 Q3 to provide real time service recovery in the Emergency Department. This initiative has reduced the number of complaints in ED and will potentially demonstrate a greater impact in the upcoming year.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
2	CDI rate per 1000 patient days (Rate per 1,000 patient days; All acute patients; 2016; Ministry of Health Portal)	736	0.28	0.22	0.3	There is an increase in community burden of CDI

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Monitor environmental cleanliness	Yes	A cleaning audit tool called “Assurance System” was implemented to determine if a surface was cleaned appropriately or not. The cleaning quality was generally high; however, it is not the sole driver for reducing CDI. There are many variables impacting Hospital Acquired CDI rate and the community burden is one of biggest reasons.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
3	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? (%; Survey respondents; April - June 2016 (Q1 FY 2016/17); CIHI CPES)	736	57.10	63.00	56.00	There are multiple variables impacting this indicator

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Creating a Safe Discharge Plan	Yes	Discharge bundle is ready for trial on 1 unit. Work is underway to integrate it into the new electronic tool for roll out corporately in 2018. As it was only trialed in one unit, it did not have a strong organizational impact. Our plan is to roll this out corporately and identify other opportunities to improve on this indicator.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
4	Hand hygiene compliance before patient contact: The number of times that hand hygiene was performed before initial patient contact divided by the number of observed hand hygiene indications multiplied by 100. (%; All patients; Q3 YTD; Hospital collected data)	736	92.00	100.00	91.00	100% compliance is the theoretical best

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Improve the frequency with which patients and families are encourage to "Speak Up" and remind staff to wash their hands prior to providing care.	Yes	A patient safety pamphlet was developed to encourage patients to speak up with key questions to ensure best possible care was being provided. Hand Hygiene was one of the key components of this pamphlet. There were some suggestions made to improve the content and visuals of the pamphlet to make it more patient friendly. These improvements will be made for the following year.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
5	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital (Rate per total number of admitted patients; Hospital admitted patients; Most recent 3 month period; Hospital collected data)	736	85.70	90.00	86.7%	This is a very manual process

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
The addition of a resource (6 month contract) will investigate, recommend and implement improvements in Medication Reconciliation process on both mental health units	No	No additional resources were added to the mental health departments but significant improvement of med rec on admission within this program was achieved. Program actively engaged physician partners to realize this improvement.
The addition of a resource (6 month contract) will investigate, recommend and implement improvements in Medication Reconciliation process on both mental health units	No	Currently, this is a very manual and pharmacy centric process. The project team will explore better avenues to collect, investigate and audit this process.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
6	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; Discharged patients ; Most recent quarter available; Hospital collected data)	736	18.00	36.00	57.8%	Med Rec on discharge was implemented in 2 programs (Cardiac and Surgery)

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Continuing our implementation plan across the organization	Yes	Currently we are 10 months behind on our med rec on discharge rollout plan. One additional unit has been rolled out in 2017/18. Current practice is very labour intensive and requires that discharges are planned and that a pharmacist is available to complete the reconciliation process. There was hope that our new HIS system would provide a needed platform for the discharge medication reconciliation which was not realized. Will need to develop a collaborative approach to medication reconciliation on discharge to be able to sustain any momentum forward.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
7	Non Risk-Adjusted 30-Day All-Cause Readmission Rate (Southlake only) for CHF: As defined for quality-based procedure (QBP) (%; CHF QBP Cohort; YTD Oct; Hospital collected data)	736	14.70	13.20	14.80	The patient complexity is increasing year by year

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Perform a Value Stream Mapping with patients to identify gaps in the journey of care	Yes	A kaizen analysis was completed in the fall of 2017. The improvement ideas will be implemented in the following year (2018/19).
Transitions of Care Standards	Yes	The Health Quality Ontario Transitions Between Hospital and Home document was used to align our practices related to CHF Readmission. These standards will be continuously evaluated to ensure they are being met.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
8	Percent of completed or on target Recommendations of Incident Management from Quality Care Committee reviews. (%; All patients; Q3 YTD; Hospital collected data)	736	90.00	100.00	97.1	Total number of on track recommendations is 34 of 35.

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
QCC Process - Assignment of executive sponsor to QCC Recommendation	Yes	Tracking recommendations is a completely manual process which creates a risk for missing deadlines. Work is being done to ensure that departmental reviews are not included in the QCC recommendation tracking process.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
9	Percent of palliative care patients discharged from hospital with the discharge status "Home with Support". (%; Discharged patients ; April 2015 – March 2016; CIHI DAD)	736	89.72	93.00	86.7%	The success of this indicator is based on a strong partnership with C-LHIN's Home and Community

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Establish a Working Group to explore and understand this new indicator. Include key hospital and community personnel.	Yes	A working group has met several times to investigate different areas and identify opportunities. The team identified documentation, community involvement in case rounds and an IT solution to alert palliative care outreach when a patient presents to the emergency department as improvement strategies. The process requires further understanding of the data collection methods and how the improvement strategies can better align with the appropriate methods.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
10	Percent of patients with a new pressure injury acquired in hospital measured by audit after a minimum 7 day hospital stay. (%; All acute patients; Q3 YTD; Hospital collected data)	736	3.10	2.80	4.10	A significant increase in FY 2017/18 Q3

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Continue implementation of corporate bed plan	No	A capital request was made to include replacement beds. The total number of beds realized was less than the proposed number. 7 standard beds and 2 speciality beds were purchases within the 2017/18 year. In Q4 there will be 20 standard beds replaced in the repair or replace urgent capital budget based on cracked frames. Improvement initiatives were identified related to education, reporting and ensuring standard care to patient with new or existing pressure injuries. Our change idea was based on the availability of capital funding which was not realized.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
11	The number of workplace violence incidents that result in lost days is a count of the number of violent incidents in which an employee has lost more than the day of the actual incident (also known as a lost time incident). (Days; Staff; Q3YTD; Hospital collected data)	736	2.00	0.00	2.00	A target of 0 is the theoretical best

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
NEW Prevention/Investigation tool for Staff Incidents	Yes	Implemented the new tool. All incidences of violence are immediately investigated to ensure legislative compliance and to determine root cause and steps to prevent further incidents. Immediate support is provided to employees and early and safe returns to work strategies are in place to minimize lost time. De-escalation training module is now available to all staff on SOLS to provide additional prevention tools. Despite strategies in place incidents of violence can be unpredictable. Efforts to prevent and minimize all injuries are a primary focus of the safety program. Work continues in maintaining a collaborative relationship with members of JHSC to promote our internal responsibility system.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
12	Total ED length of stay (defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED) where 9 out of 10 complex patients completed their visits (Hours; Patients with complex conditions; January 2016 – December 2016; CIHI NACRS)	736	12.30	8.00	14.20	This indicator is impacted by the volume and complexity of patients

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Research Student will be tasked to perform a chart review - specifics for review to be defined. Common elements will be identified	Yes	Specific interventions based on the student's review were implemented. The following year (2018/19) will focus on efficiency of the processes in the ED and identifying opportunities to improve the ED Consult time by physicians.