

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 17/18	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)	930	62.00	60.00	50.80	Nursing staff were educated on the importance of explicitly querying patients for follow-up questions. This change idea is difficult to audit regularly and accurately. In 17/18, this was further complicated by the resource requirements of electronic medical system replacement in the emergency department. Posters for myth-busting and informing the public have been created and placed in the emergency department for ongoing public education. A video communication was not developed.
Change Ideas from Last Years QIP		Was this change idea implemented as intended?		Lessons Learned: 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 patient/family communication to ensure all questions are addressed.		Yes		Nursing staff were educated on the importance of explicitly querying patients for follow-up questions. This change idea is difficult to audit regularly and accurately. In 17/18, this was further complicated by the resource requirements of electronic medical system replacement in the emergency department.		
Improve the patient's understanding of the ED processes.		No		Posters for myth-busting and informing the public have been created and placed in the emergency department for ongoing public education. A video communication was not developed.		

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 17/18	Current Performance 2018	Comments
2	"Would you recommend this hospital to your friends and family?" (Inpatient care) (%; Survey respondents; April - June 2016 (Q1 FY 2016/17); CIHI CPES)	930	87.00	80.00	81.00	In 2017/18, to improve patients awareness/recognition of care providers, the medicine, rehabilitation, and complex continuing care programs have implemented photo log with pictures and relevant details about healthcare providers. Staff in the medicine program also started wearing role/designation tags which patients and families have singled out as a helpful tool in the identification of care providers. Although staff changes often make it difficult to update the information, the overall concept is perceived very positively by both patients and staff. A gap analysis was conducted with the rehabilitation program to understand why the survey response rate was lower. In order to address these gaps the program extended it's survey duration to 4 weeks per quarter and is also exploring options for ongoing surveying . The medicine program implemented a new initiative, Geographical Rounding, which has led to well synchronised multidisciplinary rounds that have proven to be especially helpful in transfer of information [TOI]. The team uses a well defined script to prevent any information loss. The cancer program has reviewed transfer of information with the regional satellite sites and has engaged in meetings with WW LHIN partners. The SBAR tool is now used when transfer of information is exchanged between community providers and Grand River Hospital staff. Grand River hospital is also redeveloping its TOI policy, with a specific focus on bedside safety checks, and a education refresh is planned for all clinical staff.
Change Ideas from Last Years QIP		Was this change idea implemented as intended?	Lessons Learned: 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 patients awareness/recognition of care providers.		Yes	To improve patients awareness/recognition of care providers, the medicine, rehabilitation, and complex continuing care programs have implemented photo log with pictures and relevant details about healthcare providers. Staff in the medicine program also started wearing role/designation tags which patients and families have singled out as a helpful tool in the identification of care providers. Although staff changes often make it difficult to update the information, the overall concept is perceived very positively by both patients and staff.			
Improve survey response rate for the inpatient rehabilitation patient experience surveys.		Yes	A gap analysis was conducted with the rehabilitation program to understand why the survey response rate was lower. Currently, the surveys are conducted prior to discharge and this can conflict with therapy times and surveyor availability. The survey duration, 2 weeks per quarter, also make it difficult to capture a meaningful sample as the rehabilitation program generally has few discharges than inpatient areas such as medicine or surgery. In order to address these gaps the program extended it's survey duration to 4 weeks per quarter and is also exploring options for ongoing surveying .			
Increase patient continuity of care		Yes	The medicine program implemented a new initiative, Geographical Rounding, which has led to well synchronised multidisciplinary rounds that have proven to be especially helpful in transfer of information [TOI]. The team uses a well defined script to prevent any information loss. The cancer program has reviewed transfer of information with the regional satellite sites and has engaged in meetings with WW LHIN partners. The SBAR tool is now used when transfer of information is exchanged between community providers and Grand River Hospital staff. Grand River hospital is also redeveloping its TOI policy, with a specific focus on bedside safety checks, and a education refresh is planned for all clinical staff.			

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 17/18	Current Performance 2018	Comments
3	<p>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> <p>(%; Survey respondents; April - June 2016 (Q1 FY 2016/17); CIHI CPES)</p>	930	54.00	75.00	77.00	<p>In the stroke, rehabilitation, complex continuing care, and mental health programs, families are consistently involved in the discharge process. In 2017/18, extensive education is provided to staff and physicians regarding the process of determining a substitute decision maker [SDM] or power of attorney [PoA]. The surgical program now calls patients prior to surgery and provides useful discharge education, including the importance of family members being available post surgery. The medicine, stroke and children's programs have made changes to discharge checklist to ensure that patients get all useful information including whom to contact after discharge. The cancer program is educating the staff on teach-back and the understanding of preferred adult learning styles. The complex continuing care program has implemented patient oriented discharge summaries [PODS], this is an ARTIC supported initiative led by the OpenLab at UHN. The mental health and addictions program [MHAP] has redeveloped the discharge instruction sheets used in the adult, specialized, and child and adolescent areas to be more patient centred. The MHAP worked collaboratively with primary care partners in the redevelopment of this sheet with the aim of improving community discharge success. The sheet is faxed to community care providers to ensure more consistent transfer of care information. The surgical program has implemented a process whereby physicians prompt patients for questions prior to discharge. Meds to Beds project has been successfully expanded from the medicine program to include the stroke and surgery programs, as well as the general internal medicine rapid assessment clinic [GIMRAC]. This program had to be revamped several times in order to develop a workflow that worked well for the patients, discharge nurses and the pharmacy staff (both inpatient and at HCCP). Communication and an openness to try something new were essential to the success of the program. Having pharmacy support was critical to the success of this initiative as the pharmacist is best situated to identify which programs are ready for implementation.</p>
Change Ideas from Last Years QIP		Was this change idea implemented as intended?	Lessons Learned: 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?			
<p>Improve patient/family communication to ensure patients are prepared following discharge.</p>		Yes	<p>In the stroke, rehabilitation, complex continuing care, and mental health programs, families are consistently involved in the discharge process. Extensive education is provided to staff and physicians regarding the process of determining a substitute decision maker [SDM] or power of attorney [PoA]. The surgical program now calls patients prior to surgery and provides useful discharge education, including the importance of family members being available post surgery. The medicine, stroke and children's programs have made changes to discharge checklist to ensure that patients get all useful information including whom to contact after discharge. The cancer program is educating the staff on teach-back and the understanding of preferred adult learning styles. The complex continuing care program has implemented patient oriented discharge summaries [PODS], this is an ARTIC supported initiative led by the OpenLab at UHN. The mental health and addictions program [MHAP] has redeveloped the discharge instruction sheets used in the adult, specialized, and child and adolescent areas to be more patient centred. The MHAP worked collaboratively with primary care partners in the redevelopment of this sheet with the aim of improving community discharge success. The sheet is faxed to community care providers to ensure more consistent transfer of care information. The surgical program has implemented a process whereby physicians prompt patients for questions prior to discharge. Meds to Beds project has been successfully expanded from the medicine program to include the stroke and surgery programs, as well as the general internal medicine rapid assessment clinic [GIMRAC]. This program had to be revamped several times in order to develop a workflow that worked well for the patients, discharge nurses and the pharmacy staff (both inpatient and at HCCP). Communication and an openness to try something new were essential</p>			

		to the success of the program. Having pharmacy support was critical to the success of this initiative as the pharmacist is best situated to identify which programs are ready for implementation.
--	--	---

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP 17/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
4	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)	930	95.00	96.00	95.00	Medication reconciliation at admission is tracked on the scorecard of all applicable clinical programs. Collaboration with the University of Waterloo was instrumental in improving this indicators. Co-op students were involved in reviewing the best possible medication history [BPMH] and documented their work for review and auditing. The stroke and cancer programs in particular identified the engagement of students a critical success factor for this initiative. The overall safety of medication was improved; a significant number of near misses caught. Significant work was done with patient records to develop and implement process measures.
Change Ideas from Last Years QIP		Was this change idea implemented as intended?		Lessons Learned: 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 completeness and accuracy of best possible medication history.		Yes		Medication reconciliation at admission is tracked on the scorecard of all applicable clinical programs. Collaboration with the University of Waterloo was instrumental in improving this indicators. Co-op students were involved in reviewing the best possible medication history [BPMH] and documented their work for review and auditing. The stroke and cancer programs in particular identified the engagement of students a critical success factor for this initiative. The overall safety of medication was improved; a significant number of near misses caught. Significant work was done with patient records to develop and implement process measures.		

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 17/18	Current Performance 2018	Comments
5	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)	930	8.02	8.00	9.72	Replacement of electronic medical record system significantly impacted efficiency of the ED front line staff and physicians. Additionally, not having all of the ED AFA hours filled in the physician schedule,on-boarding of new physician recruits, and an increase in admitted patient length of stay all negatively affected the emergency department's length of stay.
Change Ideas from Last Years QIP		Was this change idea implemented as intended? (Y/N button)		Lessons Learned: 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 efficiency of patient flow within the Emergency department.		No		Replacement of electronic medical record system significantly impacted efficiency of the ED front line staff and physicians. Additionally, not having all of the ED AFA hours filled in the physician schedule,on-boarding of new physician recruits, and an increase in admitted patient length of stay all negatively affected the emergency department's length of stay		

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 17/18	Current Performance 2018	Comments
6	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data (Rate per 100 inpatient days; All inpatients; July – September 2016 (Q2 FY 2016/17 report); WTIS, CCO, BCS, MOHLTC)	930	10.95	11.00	14.36	Posters have been implemented in key hospital areas. Ongoing need for education and better partnerships to get right patient in the right bed. Discharge planning, idle bed policies as well as escalation process need evaluation.
Change Ideas from Last Years QIP		Was this change idea implemented as intended?		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?		
Guide earlier discussions between each member of the interdisciplinary team and their patients and families by placing "going home" posters in key areas of the hospital.		Yes		Posters have been implemented in key hospital areas.		
Explore opportunities for the repatriation of complex patients to long-term care.		No		Ongoing need for education and better partnerships to get right patient in the right bed. Discharge planning, idle bed policies as well as escalation process need evaluation.		