Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2018/19 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 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	"Would you recommend this emergency department to your friends and family?" (%; Survey respondents; April - June 2017 (Q1 FY 2017/18); EDPEC)	930	50.80	60.00	61.10	All clinical staff have been educated to remember to ask if the patient has any questions prior to patient discharge. As GRH is in the process of implementing a new electronic health information system across the organization, including the ED, the current system has not been developed to capture and receive audit results. This is being built in the new system. Myth busters and patient education material have been placed in the ED patient washrooms to continue to inform patients of expectations of care in the ED to better improve ED patient experience performance

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 2018/19)	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?
Strengthen audit process for whether patients have been asked "Do you have any other questions for	No	All clinical staff have been educated to remember to ask if the patient has any questions prior to patient discharge. As GRH is in the process of implementing a new electronic health information

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2	"Would you recommend this hospital to your friends and family?" (Inpatient care) (%; Survey respondents; April - June 2017 (Q1 FY 2017/18); CIHI CPES)	930	81.00	80.00	71.60	From the learnings of our high performing programs, we implemented a number of improvement strategies. These included model of care changes, physician care model improvements, and patient communication material enhancements. In October 2018, we began using the National Reporting Centre (NRC) for our patient experience surveying instead of the in house process we have previously been using. This will allow us to achieve greater standardization and comparability of our results with a goal to inform more meaningful changes. There has been a decline in our performance which we believe is due to this change and standardization.

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Identify areas with positive variance in results, understand what allows them to achieve better results, and mobilize that knowledge to areas with lower performance	Yes	In our high performing programs of surgery, children's and childbirth we identified communication as a key driver to performance. As a result, the medicine program implemented physician geographical rounding, where physicians round on patients with the care team at the patient's bedside, to support improved communication from the entire care team. The rehab program implemented a new nursing/allied health model of care that created nursing and allied health care teams to improve consistency and communication for patients. In the stroke

and mental health programs, discharge information packages were developed in collaboration with patients. In critical care, quality improvement tickets from staff and patients are being used to improve communication and processes. The change idea was useful and helped us identifying and prioritize the strategy to improve performance.

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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 2017(Q1 FY 2017/18); CIHI CPES)	930	77.00	78.00	66.10	By reviewing the instructions and support plans, the Patient Oriented Discharge Summary (PODS) implemented on our Restorative Care unit has made the patient's experience of transitioning to home easier and smoother. It leads to better medication adherence and greater confidence among patients in their ability to take care of themselves. Because completing the PODS requires multiple team members to input information into one location there can be some challenges with respect to its electronic implementation in future. It is important to ensure that the necessary infrastructure is in place to support its completion. In October 2018, we began using the National Reporting Centre (NRC) for our patient experience surveying instead of the in house process we have previously been using. This will allow us to achieve greater standardization and comparability of our results with a goal to inform more meaningful changes. There has been a decline in our performance which we believe is due to this change and standardization.

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Implement Patient Oriented Discharge Summary [PODS]	Yes	By reviewing the instructions and support plans, PODS has made the patient's experience of transitioning to home easier and smoother. It leads to better medication adherence and greater confidence among patients in their ability to take care of themselves. Because completing the PODS requires multiple team members to input information into one location there can be some challenges with respect to its electronic implementation in future. It is important to ensure that the necessary infrastructure is in place to support its completion.

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4	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Count; Worker; January - December 2017; Local data collection)	930	CB	CB	217.00	Based on our preliminary analysis, a higher rate of incidents was identified in our mental health program, and was therefore the focus on our initial improvement efforts. In addition, a Violence Prevention Committee was established in October 2018 to continue to develop change ideas and support implementation of ongoing improvements. Our work also included establishing a defined approach to data collection, and the ability to report workplace violence incidents at the program level.

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Provide all inpatient staff in the Mental health and Addictions Program [MHAP] with Gentle Persuasive Approach [GPA] training	Yes	100% of staff in our Seniors Mental Health program received Gentle Persuasive Approach (GPA) training in 18/19. Following the training staff have identified that it is a necessary skill for them to effectively care for patients within the mental health and addictions program. They report that the training provided them with greater awareness of the causes of responsive behavior in their patients as well as their own behaviors and their impact on patients. Opportunities to provide this training in other patient care areas are ongoing.

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5	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 2017; WTIS, CCO, BCS, MOHLTC)	930	14.36	12.50	16.60	We chose to focus our improvement efforts on exploring strategies to better access and facilitate flow to manage the needs of ALC patients in the community and also improve our practices in terms of the management of discharge process to minimize delays. Leading practices in these areas were gathered and informed through our review of Cancer Care Ontario's Alternate Level of Care Leading Practices resource. In order to continue to advance this work, a dedicated lead has been assigned. This role will facilitate continued collaboration between inpatient programs and the WWLHIN to impact patient flow and discharge planning processes.

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Implementation of Cancer Care Ontario's [CCO] Alternate Level of Care [ALC] Leading Practices	Yes	Leading practice 1 (considering management in the community) and 5 (escalation process, effective management of potential discharge delays) were selected to focus on. There is still continued worked

being done to complete all strategies within the leading practices. This change idea has formalized the escalation process and validated strategies that had already been implemented within the organization. It has identified opportunity areas to focus on for future improvement. Our advice to others would be, It is going to take time with some of the strategies for staff to gain a comfort level. The escalation process is an example of this that staff will have to go through that process multiple times to gain that comfort level and ability to address it with a level of expertise.