Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2019/2020 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 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020	Comments
1	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 ; October - December 2018; Hospital collected data)	927	44.15	95.00	95.20	Patients often receive new medications or have changes made to their existing medications during times of transitions in care (admission, transfers and discharge) and there is significant risk of miscommunication leading to medication errors. It has been estimated that patients that have one or more medicines changed at discharge have a 4.4% increased risk of an adverse drug event post discharge. Our primary aim was to establish a standardized medication discharge process to improve the quality and safety of communication amongst all healthcare providers, patients and family and community partners to prevent medication errors. Our goal was for the pharmacist to communicate a complete list of the patient's medications to physician to ensure accurate discharge prescription and to provide a complete list to the next care providers when patient is referred or transferred to another

setting in the community. Our success from having a 44% discharge medication reconciliation process to 94.7% in less than a year, was the result of establishing a pharmacy led multidisciplinary team. The team reviewed best practices, identified current practices and gap analysis, established a standardized discharge process, piloted and refined the process on couple of nursing units, then once sustainability was achieved was spread to the remaining nursing units. The newly designed process helped achieve quick and sustainable improvements. Engaging all stakeholders and the patient and family was one of the best and key strategies that we implemented to ensure a patient-centered approach to medication reconciliation process and that contributed to our success.

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 2019/20)	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?
Continued implementation of medication reconciliation work plan.	Yes	Work plan was fully implemented - see general comments. Key elements included multi-disciplinary team approach and standardized discharge process and roll out to all areas.
Training and Education	Yes	. Our goal was for the pharmacist to communicate a complete list of the patient's medications to physician to ensure accurate discharge prescription and to provide a complete list to the next care providers when patient is referred or transferred to another setting in the

		community. Our success from having a 44% discharge medication reconciliation process to 94.7% in less than a year, was the result of establishing a pharmacy led multidisciplinary team. The team reviewed best practices, identified current practices and gap analysis, established a standardized discharge process, piloted and refined the process on couple of nursing units, then once sustainability was achieved was spread to the remaining nursing units.
Software development	Yes	We implemented a patient friendly version of Medication List to provide the patient on discharge . This helped our patients in getting information on discharge on medications . We focused on a patient friendly tool through engagement with our patients/families . This also increased our experience scores related to understanding of medication questions.

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020	Comments
2	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Count; Worker; January - December 2018; Local data collection)	927	CB	CB	30.00	Our Workplace Violence Awareness strategies have contributed to a decrease in violence experienced by our staff. Our strategies include education, communications and public signage, awareness campaign, encouragement to report and continued efforts of the Safe Workplace Advocate and health and safety Team to review incidents with staff and gain new learnings to prevent future incidents. In addition, the transition to in house security has resulted in greater alignment between clinical staff and security staff. The improved communication means better and faster interventions.

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 2019/20)	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?
Continued Implementation of Workplace Violence Work Plan and 19-20 identified items.	Yes	Our Workplace Violence Awareness strategies have contributed to a decrease in violence experienced by our staff. Our strategies include education, communications and public signage, awareness campaign, encouragement to report and continued efforts of the Safe Workplace Advocate and health and safety Team to review incidents with staff and gain new learnings to prevent future incidents. In addition, the transition to in house security has resulted in greater alignment between clinical staff and security staff. The improved communication means better and faster interventions.

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020	Comments
3	Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital. (%; Discharged patients ; Most recent 3 month period; Hospital collected data)	927	73.00	80.00	71.20	There have been some improvements in this indicator starting in Q3 and we are now at about 83% level for Rehab. The reporting supported awareness and accountabilities monitored at the physician leadership levels. This indicator will improve with the planned implementation of front end Dragon dictation in June 2020.

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 2019/20)	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?
Develop best practice work plan with physicians/MQA to increase timeliness of dictation	Yes	This indicator is reviewed at Medical Quality and the program level physician meetings. This has created an awareness and enhanced accountabilities . Work plan now includes our transition to new HIS system with Dragon front end dictation
Develop HIM improvement plan to improve timeliness of the transcription turnaround times.		From an HIM lens , we were able to set up system to track the 48 hour compliance and also track the number of reports going into a QA que due to errors (missing account number , words etc). This helped us focus on turnaround time of those dictations that were going for QA review and prioritize for correction and distribution . Majority of work from HIM lens was setting up the reporting system to support tracking of this information and getting that to an accurate level .

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020	Comments
4	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? (%; Survey respondents; Most recent consecutive 12-month period; CIHI CPES)	927	47.48	52.00	52.02	We focused in 19-20 on analyzing our feedback from patients related to what information they felt they were not receiving on discharge. Based on this feedback , we revamped our program pamphlets and our discharge report to patients to address the gaps they identified in our real time survey's and feedback. We were able to develop patient experience scorecards and quarterly infographics to support communication of results. We also send monthly reports to the units /programs to utilize at their Unit Based Council meetings to assist in providing real time results directly back to the programs to assist in their quality improvement initiatives. We have seen significant improvements in our Q3 and Q4 real time results .

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 2019/20)	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 Information and communication to patient /families on discharge	Yes	We have implemented in Q4 an updated discharge sheet that includes appointments, equipment needed and medication page for patients . This was based on feedback in our real time discharge

through implementation of work plan strategies.		survey's on what information patients/families felt they needed on discharge to assist their continuing care.
Monitor other patient experience metrics that relate to information sharing.	Yes	We did not focus on this specifically . We did focus on all our patient experience metrics and have created a Patient Experience Quarterly Infographic and results are being sent now monthly to our leadership and unit based council members to support focused quality improvement work related to patient centered care and review of all patient experience metrics. We focused on information sharing indicators related to information on medications as that aligned with our Medication Reconciliation indicator priority .

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020	Comments
5	Proportion of hospitalizations where patients with a progressive, life-limiting illness, are identified to benefit from palliative care, and subsequently (within the episode of care) have their palliative care needs assessed using a comprehensive and holistic assessment. (Proportion; All patients; Most recent 6 month period; Local data collection)	927	CB	CB	CB	A standard palliative care tool was identified and has been built in our new Cerner Clinical Documentation System which is going live in June 2020 . This will allow for the collection of this indicator in 20-21 .

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 2019/20)	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?
Develop Palliative Care Working Group	Yes	There has been an internal team to support Palliative Care standards in place. Palliative Care standardized form was created for our region to include in our new HIS electronic documentation system going live in June 2020 .
Review and Identify work plan to support Health Quality Ontario Palliative Care Standards.	No	Sill in progress .

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020	Comments
6	Rate of mental health or addiction episodes of care that are followed within 30 days by another mental health and addiction admission. (Rate per 100 discharges; Discharged patients with mental health & addiction; January - December 2017; CIHI DAD,CIHI OHMRS,MOHTLC RPDB)	927	10.27	6.00	4.70	Our readmission rate to Mental Health is at it's lowest level in six years. The actual number of cases is very low and in 19-20 YTD, we have had seven cases (150 admissions). Every readmission is evaluated by a interdisciplinary team to identify any system improvements to process to prevent readmission for our 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 2019/20)	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?
Review program structure for intake	Yes	We have added the mechanism where the intake nurse attends the referring facility , assessing the individual in person and review their records. We are working on establishing concrete goals for treatment and recovery .
Implement wait list management to prevent acute care readmissions	Yes	WE also take community admissions now and included that in our wait list management process . This is so patients do not have to go through acute care /ED if they have an existing history with us and allows for quick intervention when an individual is declining. It supports our goals related to patient centered care. We continue to make changes to this process and are reviewing as a next step the admission criteria to address challenges with wait list management procedures.

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020	Comments
7	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 2018; WTIS, CCO, BCS, MOHLTC)	927	11.52	14.50	13.50	All patients receive a CDR (Complex Discharge Round) with an interdisciplinary team . This has proven very successful at HDGH . A standard screening tool to be used across our region will be available in the new Cerner system for use in 20-21.

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 2019/20)	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?
Standardized Discharge Rounds	Yes	This is part of standard work. They are referred to as CDR's and we completed a review of all patients in Q3.
Development of supporting Policies and Screening Tools to support appropriate admission.	No	We are not using a screening tool at this time. We have discussed the ALC admission screening tool and upon reflection have decided that the tool has no value at admission due to the post acute nature of our facility and the length of stay of our patients. There will be a standardized regional screening tool included in the list of tools available in Cerner should we decide to use it in the future.
Review Role of ACT services to support	Yes	