

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)	788	77.50	78.00	76.00	If we reviewed the current period, we have met the target stated in 18/19 QIP

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?
Conduct follow-up phone calls at discharge for patients >65 admitted through ER	Yes	This initiative has provided support to patients post discharge
Continue Patient and Family Advisory Committee in 2018/19 to ensure patient and family perspectives are key drivers to improve care	Yes	PFAC has provided excellent change ideas to improve the patient experience
Implement patient oriented discharge summary	Yes	Project now complete
Implement Hourly Rounding in waiting room for care areas	Yes	This has been helpful for patients to feel more engaged in their care; positive feedback related to this
Bring patient experiences to hospital Board leadership team	Yes	
Increase GEM nursing hours in the ER Department to support safe elderly transitions	Yes	

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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)	788	81.40	82.00	78.90	If we reviewed the current period, we have met the target stated in 18/19 QIP

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Conduct follow-up phone calls at discharge for patients >65	Yes	This initiative has provided support patients post discharge
Patient and Family Advisory Committee in 2018/19 to ensure patient/family perspectives are key drivers to improve care	Yes	PFAC has provided excellent change ideas to improve patient experience
Implement patient oriented discharge summary	Yes	Part of a pilot project with UHN. PODS fully implemented and project complete
Continue Hourly Rounding	Yes	
Evaluate effectiveness of new patient whiteboards	Yes	

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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 2017(Q1 FY 2017/18); CIHI CPES)</p>	788	52.00	60.00	65.90	

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Continue discharge planner follow-up phone calls for all patients over 65 years of age	Yes	This initiative has provided support to patients post discharge
Implement patient oriented discharge summary for all patients over 65 years of age, GEM patients in the ER and Health Link clients for Health Link #9 in the Champlain LHIN	Yes	
Educate staff about appropriate discharge practices and how to verify patients are well informed at discharges	Yes	Project now complete

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4	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 (Q3) 2017; Hospital collected data)	788	87.00	90.00	93.50	

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Measurement and feedback related to the compliance with medication reconciliation	Yes	
Provide continual feedback on the compliance with medication reconciliation	Yes	
To develop an action plan with key stakeholders with defined accountabilities to maintain and sustain change	Yes	Changes have been made to enhance compliance
Develop mandatory education that will be completed by all nursing staff in Learning Management System (LMS)	Yes	Education has been beneficial for all staff to improve metrics

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5	Number of workplace violence incidents reported by hospital workers (as by defined by OHSa) within a 12 month period. (Count; Worker; January - December 2017; Local data collection)	788	X	6.00	18.00	

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Ensure workplace violence incidents are reported	Yes	We have seen an increase in reports this year exceeded target
Ensure the Code White Emergency Response is used for applicable incidents	Yes	This has been met

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6	Percentage of complaints acknowledged to the individual who made a complaint within three to five business days. (%; All patients; Most recent 12 month period; Local data collection)	788	100.00	100.00	100.00	

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All complaints will be acknowledged in the time frame	Yes	Policies were updated and Senior Management responds quickly to concerns.

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7	Percentage of patients identified with multiple conditions and complex needs (Health Link criteria) who are offered access to Health Links approach (%; Patients meeting Health Link criteria; most recent 3 month period; Hospital collected data)	788	69.00	72.00	72.00	Unable to obtain this indicator for one health link as two health links are now combined; data element reflects health 9 and 10

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Health Link staff to attend bullet rounds at the hospital regularly	Yes	This has provided opportunity to generate referrals to the Health Link coordinator
Continue education for all hospital staff and physicians on potential health link clients	Yes	
Ensure health link newsletters with success stories to all hospital staff and physicians	Yes	

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8	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 - December 2017; CIHI NACRS)	788	6.35	6.00	6.30	

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Bullet Rounds will be conducted daily on all inpatient units prior to bed meetings to ensure timely discharges take place	Yes	
Daily bed meeting to facilitate transfers from the Emergency Dept an dearly discharge	Yes	
Audit use of medical directives/order sets	Yes	
Review length of stay data at ED/Acute care committee meetings	Yes	
Continue procedures out of the ER Dept to Medical Day Care Unit when appropriate	Yes	This has helped to decant patients from the ED that could be care for elsewhere
GEM nurse to conduct follow-up phone calls for patients seen outside GEM hours	Yes	
Increase GEM nurse hours in the ER to support safe elderly transitions	Yes	This was done and supported for a six-month timeframe by our hospital

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9	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)	788	20.51	18.00	18.00	

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Measure compliance with completion of Barthel Index on admission to measure functional ability; continue sharing tools to predict functional decline	Yes	Completed on all long stay patients at RVH
Implement patient white boards on TVs to enhance patient and family centered care through communication	Yes	
Home First Joint Discharge Rounds (JDR) to ensure appropriate decisions to avoid long-term care	Yes	Prevents patients from being made ALC early on in admission
Discharge follow-up phone calls	Yes	
Implement bedside discharge rounds	Yes	
Health Links to continue to admit greater than 30 clients for Health Link 9 per year	Yes	
Implement new Home First philosophies, policies and procedures	Yes	