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)	788	68.80	70.00	77.50	Due to the changes to the surveys done by National Research Corporation, our data results have dropped significantly since April 2016. We were informed by NRC Picker that all hospitals across the province saw a significant drop and that we can't base anything on this for the first year until a baseline is established.

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?
Utilize teach back method to ensure patients understand what has been explained to them	Yes	
Conduct follow-up phone call at discharge for patients >65 admitted through ER	Yes	Resulted in set up of services for patients not managing well after discharges
Continue Patient and Family Advisory Committee in 2017/18	Yes	Involvement of our PFAC has been extremely beneficial to implement change ideas
Implement RNAO best practice client centered care	Yes	RNAO guideline provided guidance for protocols, procedures and support to be successful

Implement Hourly Rounding in waiting room for care areas	Yes	
Ask Domestic Violence question at triage	Yes	Resulted in many positive responses to questions enabling support for these clients
Safety culture training complete for 25 staff at RVH	Yes	
Patient advisor to attend care team meetings twice yearly	Yes	Allowed the patients to have input and feedback from initial ideas brought forward

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2	"Would you recommend this hospital to your friends and family?" (Inpatient care) (%; Survey respondents; April - June 2016 (Q1 FY 2016/17); CIHI CPES)	788	86.80	87.00	81.40	Due to the changes to the surveys done by National Research Corporation, our data results have dropped significantly since April 2016. We were informed by NRC Picker that all hospitals across the province saw a significant drop and that we can't base anything on this for the first year until a baseline is established.

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Utilize teach back method to ensure patients understand what has been explained to them	Yes	
Conduct follow-up phone call at discharge for patients >65	Yes	
Explore opportunity to implement patient family advisory committee	Yes	Completed; very beneficial
Bedside documentation	No	Trial unsuccessful; will hold until electronic chart implemented in 2019
Implement hourly rounding	Yes	
Implement RNAO Best Practice client centered care	Yes	RNAO guideline provided guidance for protocols, procedures and support to be successful
Safety culture training complete for 25 staff at RVH	Yes	
Patient advisor to attend care team meetings twice yearly	Yes	Allowed the patients to have input and feedback from initial ideas brought forward

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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 2016 (Q1 FY 2016/17); CIHI CPES)	788	55.30	60.00	52.00	Discharge follow-up phone calls continue to obtain data on what to change and improve on

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Continue discharge planner follow-up phone calls for all patients over 65 years of age	Yes	Set up services for patients not managing well after discharges
Implement patient oriented discharge summary for all patients over 65 years of age, GEM patients in the Emergency Department and Health Link clients for Health Link #9 in the Champlain LHIN	Yes	Positive feedback to initial patient oriented discharge summary - only a trial with a small group this year; full implementation in 18/19

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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)	788	92.70	93.00	100.00	Exceeded target for this indicator

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Measurement and feedback related to the compliance with medication reconciliation	Yes	
Provide continual feedback related to the compliance with medication reconciliation	Yes	
To develop an action plan with key stakeholders with defined accountabilities to maintain and sustain change	Yes	
Re-educate nursing staff on the importance of best possible medication history (BPMH) at discharge	Yes	Successful accreditation and this required organizational practice was met. The focus on medication reconciliation contributed to the successful accreditation.

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5	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)	788	80.50	82.00	87.00	Exceeded target for this indicator

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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	
Develop mandatory education that will be completed by all nursing staff in Learning Management System (LMS)	Yes	Successful accreditation and this required organizational practice was met. The focus on medication reconciliation contributed to the successful accreditation.

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6	Percentage of acute hospital inpatients discharged with selected HBAM Inpatient Grouper (HIG) that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission. (%; Discharged patients with selected HIG conditions; July 2015 - June 2016; CIHI DAD)	788	16.57	14.00	20.87	High occupancy continues to be a challenge and Discharge follow-up phone calls continue to reduce the number of readmissions by helping the patient with issues before they return to the hospital

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Review "huddle boards" to enhance team communication daily to maximize patient flow and care coordination	Yes	Changed information and name to quality conversations
Implement electronic TVs/whiteboards to enhance patient and family centered care through communication	Yes	Only magnetic boards significant input from patients and families contributed to information that is relevant for patients and families
Home First Joint Discharge Rounds (JDR) to ensure appropriate decisions to avoid long-term care	Yes	
Discharge follow-up phone calls	Yes	
Health Links to continue to admit greater than 30 clients for Health Links 9 per year	Yes	Targets met

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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	55.00	60.00	69.00	Continue to educate and promote service to RVH team

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Health Links staff to attend bullet rounds at the hospital regularly	Yes	Led to increase referral for complex patients and early interventions
Conduct 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	Proportion of patients discharged between POD 3 and POD 4 (National Surgical Quality Improvement Plan NSQIP Indicator) (Days; Patients having elective colorectal surgery; 2016; NSQIP raw data)	788	3.50	3.50	5.60	Low volumes affect numbers significantly when there is a problem

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Best Practice in General Surgery (BPIGS) Evidence Based Guidelines	Yes	
Safe Surgical Infection Prevention Bundle; Chlorhexidine shower night before and morning of surgery; Appropriate hair removal; timely administration of antibiotics; glucose control	Yes	Significant improvement in infection rates post implemtations

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9	Reduce Functional Decline amongst seniors in hospital (%; All inpatients; 2016; In-house survey)	788	90.00	90.00	86.30	Close to target;, will continue to educate staff

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Attend specialized geriatric education follow-up for hospitals who were part of Senior Friendly cohort 1	Yes	
Measure compliance with Up For Meals initiative	Yes	
Measure compliance with risk stratification	Yes	
Measure compliance with completion of Barthel Index on admission to measure functional ability	Yes	Tool easy to use and simple to educate staff
Build functional assessment into electronic chart development at RVH	Yes	Functional abilities maintained or improved prior to discharge with increased emphasis on functional assessments

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10	Reduce rate and/or duration of delirium episodes amongst seniors in hospital (%; All inpatients; 2016; In-house survey)	788	95.00	96.00	100.00	Target achieved

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Monitor CAM Assessment	Yes	
Provide support to nurse completing CAM assessment	Yes	
Monitor use of physician order sets and patient education material developed	Yes	
Provide ongoing education on CAM assessments	Yes	Continue to have high compliance with assessments and audits provide opportunity for feedback and education

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11	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)	788	5.92	5.92	6.35	High occupancy and ER volumes have impacted this metric

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Daily bed meeting to facilitate transfers from the Emergency Dept and early discharge	Yes	
Bullet Rounds will be conducted daily on all inpatient units prior to bed meetings to ensure timely discharges take place	Yes	
Audit use of medical directives/order sets	Yes	
Review length of stay data at ED/Acute Care committee meetings	Yes	
Move procedures out of ER Dept to Medical Day Care Unit	Yes	This change helped to decrease overall volume
GEM nurse to conduct follow-up phone calls for patients seen outside GEM hours	Yes	Allowed for intervention and support post visit
Improve discharge planning and communication through alteration of discharge forms and process	Yes	Some changes made; more changes required to policy and process in 2018/19

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12	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)	788	29.33	27.00	20.51	Exceed target for this indicator

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Review "huddle boards" to enhance team communication daily to maximize patient flow and care coordination	Yes	
Implement electronic white boards on TVs to enhance patient and family centered care through communication	Yes	Only magnetic boards; significant input from PFAC contributed to information being relevant and important to patients
Home First Joint Discharge Rounds (JDR) to ensure appropriate decisions to avoid long-term care	Yes	
Discharge follow-up phone calls	Yes	
Health Links to continue to admit greater than 30 clients for Health Link 9 per year	Yes	
Generate discussion with retirement homes and admitted patients	Yes	