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)	962	41.50	51.70	37.60	

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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 a regular review of patient complaints and compliments from Patient Relations to identify specific trends.	Yes	These reviews occur on a quarterly basis and are reported to the Board through the Quality Committee. The larger themes evolving have been identified with an intended partnership with Brock University in 2019/20 to dive more deeply into the data to understand trigger's, hot-spots and opportunities for improvements. Complaints/Compliments is multi-faceted and requires more complex statistical analysis both qualitatively and quantitatively. Both need to be analyzed together to understand the trigger to an exceptional care experience and the associated triggers to a negative experience.
Pilot the addition of a Volunteer Welcome Desk within the St. Catharines Site ED.	Yes	To date, 35 volunteers have been trained on the ED Desk at the St. Catharines Site. Recruiting for the right mix of volunteers is essential to ensure there is consistent support for the program. It is also essential to set up the logistics for supporting patients and determine an appropriate volunteer schedule. To ensure privacy is maintained, the volunteers utilize the tracker board in the ED as a means to locate patients rather than through accessing Meditech on a mobile cart.
Implement Fit2Sit in the ED.	Yes	As one of the busiest Emergency Departments (EDs) in the province, wait times for patients brought to ED by ambulance has become an ongoing challenge. To address this multi-factorial systems issue, NH and NEMS partnered to launch "Fit-2-Sit," a transformative program adopted with permission from the United Kingdom (UK) National Health Service (NHS) to improve flow and outcomes through mobility-driven interventions. After 3 months of testing and evaluation, NH and NEMS moved to full implementation of the initiatives in April 2018. From April-October 2017, the offload time at the 90th percentile was 114 minutes; one year later, it had dropped to 105 minutes. For Niagara EMS, this equates to three extra ambulances available each day. Overall, what we learned from this improvement work was that staff engagement and a spirit

		of teamwork is crucial to project success. Given the initiatives were a joint partnership between NH and NEMS, success in implementation required significant trust and collaboration between nurses and paramedics during the transfer of care process.
Continue with public education campaign to support appropriate use of the ED, Urgent Care Centers and Family Physicians.	Yes	Triage data demonstrates that the majority of patients are presenting for care at the appropriate place (ED or UCC) based on their medical condition. Engaging partners in the community helped us to share our messages in a cost effective way to a broader reach of people. This included school boards, university and college, healthcare partners, etc. Use all channels available to communicate in order to reach all audiences. For example, communication research shows that older adults prefer printed materials as opposed to the heavily digitally influenced younger stakeholder groups.
Regular review of patients utilization of ED wait time information to assess effectiveness, impact on system and inform public education strategy.	Yes	Know Your Options focus (when to go to ED, when to go to UCC, when to go to walk-in clinic) along with tips to stay healthy (flu shot, frequent hand washing) continues to be a focus of our communication. However, given the connection between wait times and patient complaints, we introduced a secondary communication campaign proactively focused on how the Emergency Department works to help people to understand what impacts wait times, how activities in other areas of the hospital impact the ED, what to expect when they visit, and what to bring with them (a list of their medications, in particular). This work included widespread social media activity on multiple platforms, tips sheets with key messages for staff, printed posters and digital videos in the ED/UCC waiting rooms, and media coverage – print and broadcast . Feedback from leaders and staff demonstrates this focus is helping to set realistic expectations with patients/visitors and improve understanding of the ED. They also shared that they feel supported by the organization. Social media engagement is high as it relates to ED wait times, and these comments are closely tracked, with posters receiving timely responses to their inquiries and requests that they follow up with our Patient Relations specialists to address concerns. Surveys of patients, public and staff will be conducted in 2018-2019 to garner more controlled qualitative and quantitative feedback. As wait times continue to be an issue across NH, the focus on how the ED and other areas of the hospital work and why patients wait will continue to be a communications priority in 2018/2019.

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2	"Would you recommend this hospital to your friends and family?" (inpatient acute) (%; Survey respondents; January-December 2017; In house data collection)	962	81.50	83.90	78.70	

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Real time patient satisfaction survey	Yes	Post implementation of bedside surveying has had positive results related to our complaints. Since implementation reported complaints through the Patient Relations department have reduced to 583, resulting in a 59.84% decrease in overall complaint volume. We believe that this significant reduction of complaints is correlated to the initiation of bed side surveys, as real time intervention by clinical managers and charge nurses has created meaningful and powerful impacts on overall patient experience. The bedside survey has allowed NH to gain a deeper understanding of the factors that influence patient experience.
"We Rounding" on inpatient units	Yes	Beginning in 2016, Niagara Health identified We Round as phase 1 of the safe sharing and exchange of information initiative to proactively meet the needs of patients across a complex, multi-site, community health system. In order to effectively meet the needs of patients across multiple care areas, Niagara Health customized the rounding activities by clinical program, developing unique tools and rounding approaches for a) Acute/Complex Care, b) Mental Health and Addictions, c) Womens' and Babies' Health, and d) Children's Health. To date, there has been a 28% decrease in inpatient falls with harm in all acute, mental health and complex care units across the organization and a 19% decrease in the number of facility-acquired pressure injuries, stage 3 and above (4.3% in Nov 2018 P&I vs. 5.3% in May 2017 P&I).
Establish and evaluate Unit Based Teams	Yes	UBTs are a commonly used quality improvement tool in healthcare that empowers staff to act as change agents of their own units and shared accountability in the provision of high quality safe care. Since the implementation at Niagara Health, 25 UBT's teams have produced over 330 ideas across the organization. Ideas ranged from large transformational changes, such as revamping the palliative care process, to small ideas such as rearranging work units to improve flow and efficiency. While the quality improvement benefits were obvious to patients, families and the Board, the real focus for NH was the secondary benefits of residual improvements in staff engagement and satisfaction. NH has been able to directly correlate the relationship between high performing UBTs and higher overall staff engagement scores.

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3	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 (excluding patients discharged within 24 hours of admission). (Rate per total number of admitted patients; Excluding patients discharged within 24 hours of admission; January-December 2017; In house data collection)	962	86.90	90.00	89.50	

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Implement a Best Possible Medication History (BPMH) form that acts as the admission order form	Yes	Our key learnings with this indicator is that a BPMH that also acts as the medication order form mitigates transcription errors. Dialoguing with the patient/caregiver improves accuracy and completeness of medication information being documented. The implementation of a proactive BPMH approach reduces the number of subsequent clarifications. Including a completion reminder on admission order sets is a helpful guide towards the process. Key advice for others is planning for a staggered roll-out (in increments) with a champion assigned per program (nurse, physician etc) helps with the success.
Introduce pharmacy technicians in ED for BPMH support	Yes	The creation of a standardized training and certification program improves documentation, ensures completion in a timely manner and improves the quality of the BPMH. It is important however to clarify roles and reiterate the shared responsibility around gathering BPMHs (i.e. who completes BPMH when technicians are not present).
BPMH quality audits	Yes	Reviewing quarterly audits with each program has helped to focus the discussion on quality parameters not being met. In addition, random audits that are being completed (approx. 22 per month) results in helpful education tips/feedback that is provided individually to healthcare professional via email. In terms of advice, there should be continued focus on the quality of completion and not just completion.

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4	Medication reconciliation at discharge. Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created (excluding patients discharged within 24 hours) as a proportion of the total number of patients. (Rate per total number of discharged patients; excluding patients discharged within 24 hours; January-December 2017; In house data collection)	962	5.90	55.90	39.40	

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Introduce Best Possible Medication Discharge Plan (BPMDP) Meditech report that acts as discharge prescription	Yes	There has been slower than anticipated uptake of the BPMDP tool by end-users due to hybrid module, length and appearance of the report (prescription printed from Meditech but completion of reconciliation and prescription quantity is by-hand). Prescribers prefer to use prescription pad to document only new medications vs. the BPMDP which includes all medications a patient should be taking at time of discharge. Compliance increases with pharmacy involvement at time of discharge but this is limited due to resource availability. A mandated standard discharge process across all programs with the inclusion of a BPMDP would help in meeting this metric.
Prescriber education	No	Many prescribers did not respond to emails regarding potential one-on-one education sessions that were being offered. We therefore had to explore other means of communication. Advice would include determining best means of communication for each profession in advance.
Direct BPMDP process through any discharge order sets	No	Although a good idea, it is only effective if the discharge order set is actually used consistently, which it is not. The BPMDP is a prescriber-driven process. Prescribers may not be present at the time of patient discharge to actually complete the BPMDP i.e. bed available at Shaver, prescriber not at hospital, patient transferred to hospital with medication administration record. BPMDP did not increase post creation of the discharge order set. If a forcing function is available it is advised e.g. patient can’t be discharged from the hospital system without BPMDP printed and completed.

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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)	962	Collecting Baseline	Collecting Baseline	1664.00	

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Capture baseline data for total violent incident reporting	Yes	Baseline data has been captured. As this was the first year, Purchased Services programs were included, recognizing that longer baseline period is required to be able to analyze data and set new targets. A lesson learned is to ensure reporting systems are in place in a useable format to facilitate immediate and on-going accurate data collection when negotiating contracts for Purchased Services.
Improve communication about respectful workplace and the importance of reporting	Yes	Two e-learning training modules have been completed and are assigned annually to all staff. The new hire training program has also been updated to include this information. A lesson learned is that effectiveness of training is increased when reinforced by regular messaging from leaders. Signage has been implemented across hospital sites including this information. In order to perform additional analysis, further baseline collection is required.

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6	Percentage of patients receiving complex continuing care with a newly occurring Stage 2 or higher pressure ulcer in the last three months. (%; Complex continuing care patients; July - September 2017; CIHI CCRS)	962	7.89	7.50	8.78	

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Monitor compliance of turning and repositioning process/forms completed.	Yes	A key component of “We Round” is to ensure patients with compromised skin integrity are turned and repositioned on a routine basis. Audits are being completed to assess compliance related to documentation of care.
Monitor Braden Assessment compliance as per policy	Yes	Routine audits of Braden Scale Assessments are being completed on all Complex Care Units. This includes both initial assessment as well as 48 hour updates.
Standardize wound care products and develop a standardized process/algorithm for bed and surface rentals.	Yes	Professional Practice, in collaboration with the NH wound care team, continue to implement a standardized approach to wound care products/bed and surface rentals based on an established algorithm. Education of the algorithm was key component to ensure all teams had the necessary knowledge and understanding of the rationale.
Implement Skin Assessment for all new admissions within 12 hours of admission.	Yes	Re-education has been completed by Professional Practice/NH wound care team to reinforce the importance of initial assessments within 12 hours of admission. Audits are performed to assess compliance related to documentation of care.

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7	Rate of psychiatric (mental health and addictions) discharges that are followed within 30 days by another mental health an addictions admission to a Niagara Health site. (Niagara Health patients only; Niagara Health patients only; January-December 2017; CIHI DAD,CIHI OHMRS,MOHTLC RPDB)	962	12.30	9.80	12.00	

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Expand Rapid Access Addictions Medicine (RAAM) clinic	Yes	We have been successful in recruiting a new Addictions Medicine Physician to facilitate expansion of RAAM in the community, GNG, and WHS. Currently we are meeting the RAAM target of 5 days for assessment but in many instances the client may need to be seen more rapidly. New physician resources will enable us to triage clients and increase timeliness to service.
Introduce weekly report that identifies emerging need(s) clients according to 3 ED visits and 1 inpatient admission	Yes	Identification of clients with emerging needs has been very important as this is a population of focus for the Wellness Recovery ICC Program to help prevent readmissions. Producing a weekly trigger report has been essential for real time identification of clients requiring service. One of the key learnings is that when clients on the emerging needs list have been contacted, many have declined a visit from the team. However, in many cases, the individual then re-presented to ED with readmission thus indicating an incongruence in wellness status. As a result, the process was changed so that a clinician will go out to see the client at least once to better assess the situation and this has been well received and is expected to improve the patient experience.
Introduce NP urgent access stream within IMPACT team	Yes	This role was put into place specifically to support ED physicians to connect clients with the NP within 5 days. This service is underutilized with empty slots open on most days. More education will continue. This strategy has not impacted the metric.
Brief Intervention Psychotherapy Team	Yes	This team has working primarily with our high user client group. The focus has been on comprehensive chart reviews and diagnostic clarification. Diagnostic clarification has enabled WRICC team to connect with clients to tailor individual care plans to specific needs. A lesson learned is that chart reviews are important for the Brief Psychotherapy model but require a significant amount of time to complete.