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	Decrease the percent of patients who re-visit the Emergency Department for Mental Health or Substance Use concerns within 30 days of initial visit by April 2019. Year 1: establish LHIN working group and implement initial ideas Year 2: adjust approach and expect to achieve results (%; Mental health patients; 2018/19; CIHI NACRS)	674	21.60	16.30	22.00	Year one of this project was to develop a project plan and collaborate with stakeholders. A reduction in the number of ED revisits is expected to take place in year 2 of this project once the implementation of ideas has begun.

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?
Reduce unnecessary ED visits via EMS presentation for individuals with MH needs.	Yes	Unnecessary ED visits have been reviewed. The review of this data has helped to shape the implementation plan in order to reduce these visits.
Provide a safe alternative to ED for patients presenting with primarily alcohol intoxication.	Yes	The overall intent for year one of this project was to understand why patients are arriving at ED and to find alternatives to meet their needs. A LHIN-wide group has been reviewing strategies and alternatives to meet the needs of this population from a system perspective.

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2	Implement Standards of Practice for Transitions on Seniors Mental Health and Complex Care units. (%; Hospital admitted patients; 2017/18; In house data collection)	674	CB	85.00	92.00	This program has initiated the standardization of transitions. Staff enjoy connecting with patients post-discharge. We have learned many aspects to share with programs to roll this out next.

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Identify resources and work-flow for 48-hour post-discharge phone calls.	Yes	The 48-hour post discharge calls are provided by social workers on Seniors mental health unit. Unit was very "ready" from a change perspective, and implementation has gone well. In Complex Care, calls were rotated between therapeutics and nursing. Can take quite a few calls and time to get a hold of the patient or family. Need to idenfiy and limit it to max 3 calls. 48-hour calls were very informative and helped guide the team for further discharges, also nice to hear how the patient/family doing. Can be lengthy and need process to direct questions to both for hospital and community issues. Would be helpful to arrange a time for the call prior to discharge, can document on the AVS/PODS for reminder. Need to identify that this call is different from the patient satisfaction call that they will also receive.
Identify topic areas for mandatory use of teach-back method.	Yes	Topic areas identified were "follow-up appointments" and "medications". Lengthy process to teach all staff (nursing and therapeutics). Needs to be specific direction for what is included in teach back as well as allocating certain items. Need agreement on corporate standard. Start with 1 or 2 items to teach on, start in groups and practice on other staff then move
Develop toolkits and educational materials for staff.	Yes	Tool Kits and Educational material were developed in the Seniors area but not yet for the Complex Care areas. Still under development.

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3	Implementation of the Safewards program on 10 Mental Health and Addiction units. (Number; Mental health patients; 2017/2018; In house data collection)	674	5.00	15.00	15.00	This project has been fully implemented.

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This model by Len Bowers in the UK has gained international attention for its simplicity and effectiveness. There are 8 modules to be implemented with staff and patient involvement.	Yes	Safewards has been fully implemented across all acute, tertiary units as well as PES (psychiatric emergency services). It has become part of the language on the units and is creeping into regular conversation. Other areas of the hospital are looking to implement. Reasons for success include strong support from leadership team, support from MOHLTC for funding a dedicated position. Compromise was key on a particular module that many staff objected to (Know Each Other) - compromise was allowed on the way it was implemented, but not the essence of the module. Manager support was also key to success. Have planned on how to sustain these elements, plan so far: inclusion in CPI training, inclusion in general staff orientation, public relations to maintain momentum through various communication strategies, inclusion in job responsiblities. Likely next steps: inclusion in position postings and embedding concepts into electronic medical record.

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4	Improve antimicrobial use in General Surgery. (%; Hospital admitted patients; 2017/2018; In house data collection)	674	CB	75.00	89.00	

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Implement a systematic process to complete and document day-3 antibiotic reviews on the General Surgery floor (for surgical and GI medicine patients)		This was a continuation of the roll-out in the General Internal medicine programs in 2017/18. Staff were quite comfortable with the process this year. We ran into a workload/capacity issue when the new Electronic medical record was launched in December - pharmacists had a difficult time ensuring that all reviews were completed. However, post-launch, we are back on track.

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5	Increase the number of patients receiving medication reconciliation at admission in 2 acute mental health units (9 and 10 acute mental health) (%; Mental health patients; 2017/18; In house data collection)	674	53.00	90.00	91.00	The implementation of this project went as expected as part of our hospital's overall strategy to have full compliance with medication reconciliation. The implementation was definitely assisted by the adoption of an electronic medical record half-way through the year.

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Implement a systematic process to complete and document admission medication reconciliation on 9 and 10 acute mental health units.	Yes	This is the continuation of our organization-wide target to have all patints receive a documented admission medication reconciliation.

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6	Risk-adjusted 30-day all-cause readmission rate for patients with CHF (QBP cohort) (Rate; CHF QBP Cohort; January 2015 - December 2015; CIHI DAD)	674	23.47	19.50	23.30	The results data for 2016/17 does not reflect the activity and success we have had in 2017/2018. Year to date, we have lowered the readmissino rate down to 17.4%.

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Development and implementation of care pathway.	Yes	Care pathway was developed as were order sets and a comprehensive education for staff. We are currently measuring compliance on the consistency of using the care pathway.

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7	Risk-adjusted 30-day all-cause readmission rate for patients with COPD (QBP cohort) (Rate; COPD QBP Cohort; January 2015 – December 2015; CIHI DAD)	674	20.65	15.50	22.05	The results data for 2016/17 does not reflect the activity and success we have had in 2017/2018. Year to date, we have lowered the readmissino rate down to 17.8%.

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Revise care pathway for COPD patients.	Yes	Care pathway was reviewed and updated with multidisciplinary team. Staff were trained to use the care pathway and compliance with the use of this tool is being monitored. Learnings include the benefit of engaging both staff and patients in the development of this tool.
Standardize education for COPD patients.	Yes	Education was standardized and provided to all general internal medicine staff.
Daily virtual rounds for COPD patients	Yes	Biggest success was the COPD care team and virtual rounds. COPD care team is involved in all COPD patients as a consult service or as an attending service. They have indepth knowledge of patients (clinical, social, etc.) to coordinate care. The virtual rounds occur 4 days a week and focus on discharge planning and coordination.

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8	To ensure that newly admitted patients participate in a conversation regarding their plan of care within 48 hours of admission on 7 mental health inpatient units. (%; Mental health patients; 2017/18; In house data collection)	674	CB	80.00	80.00	

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To integrate the 48-hour conversation into standard practice on these units.	Yes	This is the implementation of a piece of the "home first" refresh strategy. Working group created templates to help with documentation. Was helpful to spend the first quarter planning and developing strategies to implement. Had great success at the beginning. Compliance remained high even through implementation of hospital-wide EMR.