

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)	928	64.50	75.00	61.90	

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?
NRCC patient comments emailed to ED manager on a monthly recurring basis to review for trends and themes	Yes	The ED manager provides feedback to staff from comments. A Pain Focus group was developed to help alleviate patients pain in the ED. Anecdotally we are receiving fewer complaints about the ED and more compliments. We still remain above the provincial average.
A review of wait time to be seen, will be undertaken at the EDs at each site	Yes	The wait times are reviewed monthly, by site and sometimes by physician. Data is shared with the senior team and physician leadership. Wait time data is used to make adjustments to the schedules. This is an ongoing process. The difficulty lies in how to share effectively with physicians.
Patient and Family Centered Care (PFCC) education sessions mandatory for all staff.	Yes	All ED staff employed at PSFDH completed their PFCC education by December 2017. There has been a profound shift in the way staff view patient and family involvement throughout the past year. There have been fewer complaints by patients and families about being excluded from triage and the ED, and the staff have become more accepting of patients and their families being co-participants in their care.
Complete a process review of an ED	Yes	An independent consultant completed a process review of the Smiths Falls ED last summer. Recommendations

department at PSFDH
with ED leadership

were given to the Senior team and Emergency Department staff, physicians and leadership. This work has resulted in a code of conduct and communication and work is being done with this as a foundation to address surge and over-census issues.

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2	<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 2016 (Q1 FY 2016/17); CIHI CPES)</p>	928	66.50	70.00	65.00	

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Planning and implementation to begin for the Patient Oriented Discharge Summaries (PODs) project,	Yes	Education and training has been completed for this initiative. It should be live February 6th of this year. Data will be reviewed after the first three months of PODS to determine any impact on the above question.
Enhancing discharge information in the Emergency Department	Yes	All discharge instruction sheets were revised by September 2017 and based on best practice guidelines. They were made available in paper format and online for staff to access for patients. The Patient and Family Advisory Committee is providing feedback for each discharge instruction sheet.
Electronic charting will be introduced in the ED which will force function discharge instructions as a mandatory component.	Yes	There have been implementation challenges from an IT perspective. Electronic triage and tracking will have a go-live test February 6th and be operational by February 20th, 2018. Two of six training sessions have been completed with patient registration staff.
Patient and Family Centred Care bedside whiteboards will be utilized as a discharge information tool.	Yes	Whiteboards are utilized in every inpatient room. Bedside rounding and handovers are done throughout the organization. It has had a positive impact on the patients and families. Concerns about privacy were addressed by getting patients permission before bedside rounding. Staff have accepted this new practice

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3	<p>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</p> <p>(Rate per total number of admitted patients; Hospital admitted patients; Most recent 3 month period; Hospital collected data)</p>	928	86.00	95.00	94.00	

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An interdisciplinary team, previously formed, reviews statistics and processes to examine ways to improve our system	Yes	The team continues to meet and review the statistics. Data for physician non-compliance presented to Medical Quality Assurance for follow-up. Compliance has improved over the last fiscal year
Hire a part time pharmacist to increase capacity to do fulsome med rec at PSFDH for the 2017/18 fiscal year.	Yes	A part-time pharmacist was hired and will soon be starting work on med-rec in the ICU and eventually rolled out to the floors. There were some challenges in staffing and availability.
Implement an electronic charting system for the ED departments to ensure the process of medication reconciliation is begun when the patient first enters the hospital.	Yes	As was previously discussed, there were IT challenges with this. The enhanced module of our Meditech system will have a live test in the next two weeks, followed by a corporate go live date shortly after. Training has begun for staff and the ED nursing staff has been very involved in the development of the programming.
Targeted education for all inpatient units and physician groups regarding medication reconciliation (med rec)	Yes	Nursing staff received med rec training but physician training has not started. Physician compliance is reported back to MQA and the Chief of Staff for follow-up. Our compliance remains high.

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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 ; Most recent quarter available; Hospital collected data)	928	CB	80.00	80.00	

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An interdisciplinary team, previously formed, reviews statistics and processes to examine ways to improve our system	Yes	The team continues to meet and shares data with MQA, Board Quality and the Senior Team. Data is also fed back to front line staff quarterly, via the internal Balanced Scorecard dashboard. Audits are done on all inpatient units on a monthly basis by the Staff Development Coordinator.
Hire a part time pharmacist at PSFDH for the 2017/18 fiscal year.	Yes	A part time pharmacist has been hired and will start working with ICU staff initially, focusing on med rec at all care transitions. They will then work with the inpatient units on med rec.
Implement an electronic charting system for the ED departments to ensure the process of medication reconciliation is begun when the patient first enters the hospital. This will ensure a smoother transition to completing med rec at all care transitions, including discharge.	Yes	The enhanced Meditech module will start in February of this year. ED staff have been involved in the planning and programming, so are heavily invested in its success
Targeted education for all inpatient units and physician groups regarding med rec	Yes	As with med rec on admission, nursing staff have received education sessions. The physician group remains a challenge. It remains one of the priorities of MQA and MAC. A lot of work was done on this prior to our recent



accreditation.

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5	Number of major initiatives that strengthen the organizational importance of Patient and Family Advisors and the influence of our Patient and Family Advisory Council (PFAC) (Count; All patients; 2017/18; Hospital collected data)	928	CB	4.00	4.00	

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Co-chair model (staff and patient/family advisor) for the Patient and Family Advisory Council	Yes	A co-chair model has been in place since September 2017. The PFAC members are fully committed to their roles and engaged in all aspects of hospital business.
Further integration of PFAC members into other organizational committees	Yes	The PFAC members started attending many committees in the past fiscal year and currently are on most, if not all, working groups in the hospital. They bring a new perspective, which staff, physicians and Board appreciate.
Initiate a process for co-design to occur when changes are being considered in processes for patient care or the physical infrastructure of patient care areas	Yes	There is a process of co-design that involves our PFAC in the development of P&P, patient info brochures or changes to the physical environment. For example, they had input into the redesign of the patient registration area.
PFAC members take part in new staff orientation	Yes	Local college students did a video on what the Patient and Family perspective means to us at PSFDH. The PFAC members and other staff were interviewed. This video is shown at orientation for new staff.

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6	Risk-adjusted 30-day all-cause readmission rate for patients with COPD (QBP cohort) (Rate; COPD QBP Cohort; January 2015 – December 2015; CIHI DAD)	928	24.53	21.00	16.89	

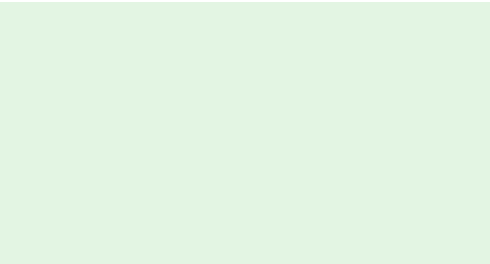
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Spread and sustain Transfer of Accountability (TOA) (bedside handover) initiative. Bedside handover involves patients in their care, improves safety and realization of care goals	Yes	Bedside reports, or Transfer of Accountability, now occurs in both EDs, both ICUs and in all inpatient medical/surgical units. This initiative has been extremely successful with positive feedback from both patients and nursing staff.
Complete the Home First Refresh with CCAC to remind all care providers that home should be considered the first option when a patient is, or may be waiting for, Long term care. This also encourages supports to be in place at home for complex patients like those with COPD which will decrease the risk of readmission.	Yes	The Home First Refresh was completed. The evidence suggests that most patients who are deemed ALC are not immediately categorized as ALC for LTC, with a higher number now identified as ALC Home with Support and eventual LTC placement.
Participate in the Health Care Tomorrow, SE LHIN, working group and review recommendations of the COPD working groups with the aim of being early adopters of recommendations that can be implemented in a community hospital setting.	Yes	Representatives from PSFDH sit on the INSPIRE steering committee, looking at ways to prevent repeat admissions. This initiative is a LHIN wide collaboration.
Patient and Family Centred Care bedside whiteboards will be utilized as a goal setting, health teaching and discharge information tool.	Yes	Whiteboards are used throughout the organization to assist patients and their families with goals of care and discharge goals.

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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 2016 (Q2 FY 2016/17 report); WTIS, CCO, BCS, MOHLTC)	928	29.94	20.00	27.07	

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Spread and sustain Transfer of Accountability initiative.	Yes	This initiative was spread throughout the organization as part of involving patients in their own care plans. Patients and families are aware of care goals and that there is a discharge date and plan.
Complete the Home First Refresh with CCAC to remind all care providers that home should be considered the first option when a patient is, or may be waiting for, Long term care.	Yes	Home First Refresh was completed with the inpatient staff. It was also discussed at our annual, mandatory all staff education sessions. The inpatient manager has operational meetings bi-monthly with CCAC and the Patient Flow co-ordinators to review all ALC patients and their status. It has helped build good relationships with our CCAC partners. The ALC rate still fluctuates above our goal at times.
Complete the implementation of Southeast Health Integrated Information Portal (SHIIP) at PSFDH.	Yes	This project is being implemented now. Staff and physicians have to undertake mandatory privacy training. The launch was delayed due to IT issues. The goal is to coordinate and anticipate the care needs for those complex, high needs patients. The next years data will tell us a better story.
Participation in a research project focused on early surgical hip fracture intervention.	Yes	The HipAttack Research study passed through our Ethics Committee and is underway. There has been one patient



enrolled in the study so far. Within the next six months we should be able to track the percentage of eligible patients who were enrolled in the study. HipAttack philosophy is that a shorter time from injury to surgical repair shortens recovery and rehabilitation time.

