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)	941	56.60	70.60	56.15%	Humber River Hospital currently has the largest Emergency Department volumes in Ontario and continues to improve the patient experience. We continue to leverage traditional methods to measure patient satisfaction and are exploring real-time measures and actions to improve patient experience.

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?
Posting of NRCC Results on unit-specific quality dashboards in conjunction with daily safety huddles	Yes	Efficiencies would be had in automation of updates via electronic boards.
Implement ED physician phone calls to patients that may have additional concerns/follow up	Yes	Patient comments illustrated that ED physician phone calls increased satisfaction.
Unit quality dashboard and Tracker Boards to post data	Yes	Efficiencies would be had in automation of updates via electronic boards.
Reinventing Care Council	Yes	Great initiative of frontline ownership. Presented successes at IHI.

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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)	941	74.70	81.80	65.53%	Patient satisfaction and overall experience remain a strategic priority for Humber River Hospital.

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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)	941	62.60	65.73	47.6%	Quality improvement initiatives continue to seek optimal communication with patients, families, support networks, and Humber River Hospital's teams. Leveraging our reinventing care councils, patient and family advisors, and primary research, we aim to co-design services and experiences.

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Add this question to our white boards and discharge process	Yes	Efficiencies would be had in automation of updates via electronic boards.
Refresh staff on discharge education which includes ensuring patients receive this information and follow up actions	Yes	Opportunity exists to educate patients on the discharge process and to co-design the discharge experience.

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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)	941	95.80	97.00	96.74	Pharmacy technicians in the Emergency Department have been valuable in sustaining medication reconciliation at admission.

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Pharmacy technician to provide support for BMPH to facilitate medication reconciliation upon admission	Yes	Reflect on the return on investment to have pharmacy technicians 24/7 in the Emergency Department. Important link to the Digital Health Drug Repository (DHDR) for history.

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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)	941	CB	50.00	77.00	Implementation of Meditech 6.1 is scheduled for fiscal year 2018/19.

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Meditech implementation	No	Delay in technical implementation.

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6	Percent of palliative care patients discharged from hospital with the discharge status "Home with Support". (%; Discharged patients ; April 2015 – March 2016; CIHI DAD)	941	57.61	67.70	77.42%	We continue to collaborate to improve transfer of accountability and the discharge process.

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Palliative care education for staff for patients to be discharged home with support	Yes	Expansion to priority areas including the emergency department.
Development of a standardized palliative care order set including supports for return to the community	Yes	Order set developed.

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7	Risk-adjusted 30-day all-cause readmission rate for patients with stroke (QBP cohort) (Rate; Stroke QBP Cohort; January 2015 - December 2015; CIHI DAD)	941	9.91	9.53	8.20%	Through continuous quality improvement we continue to collaborate with internal and external partners.

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Complete an analysis of stroke readmissions for last 3 years	Yes	Complex stroke and dysphagia were key factors in readmissions. Opportunity exists to further screen for dysphagia and escalate complex stroke patients early.
Develop specific patient and family education for patient population who self-identify as Home First candidates but may be better redirected to long-term care by Q2, begin implementation in Q3	Yes	Education helped to standardize expectations.
Ensure appropriate follow up from the outpatient clinic as part of the referral process by Q3	Yes	Embedding appropriate follow up from the outpatient clinic, as part of the discharge process, was effective.

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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 2016 – December 2016; CIHI NACRS)	941	9.80	8.00	9.00	Humber River Hospital currently has the largest Emergency Department volumes in Ontario and we continue to optimize our performance.

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Accelerate EMS offload	Yes	
Physician Initial Assessment	Yes	
Streamlining patient flow	Yes	
Readmission audits	Yes	Very useful exercise to identify opportunities for improvement.

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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 2016 (Q2 FY 2016/17 report); WTIS, CCO, BCS, MOHLTC)	941	17.68	12.20	13.9%	Through innovative partnerships, Humber River Hospital continues to optimize care for alternative level of care patients.

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Blaylock Risk Assessment implementation	Yes	Impactful assessment.
Social work involvement	Yes	
Discharge panel	Yes	Great value and promotes coordination.