Excellent Care for All
Quality Improvement Plans (QIP): Progress Report for 2018/19 QIP

London Health Sciences Centre

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.

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
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?	936	56.34%	62.0%	59.2% (Jan - Dec 2018)	Target Not Met to Date

Change Ideas from Last Year's QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N)	Lessons Learned
Develop and expand the patient oriented discharge summary (PODS) pilot project.	Yes	The PODS pilot project was completed and replicated in eight other clinical care areas within Medicine. The biggest challenges in implementing this idea were converting the traditional paper version of the PODS into an electronic form and educating the volume of people who needed to understand and participate in PODS processes. Success required the entire team to be invested in achieving a stable process. Resident commitment was essential to implementation and sustainability. Resident orientation and education days have been amended to teach the importance and the process of creating patient oriented discharge summaries. There has been high patient satisfaction associated with this process that has been reflected in spontaneous patient feedback and follow-up patient phone calls, as well as patient experience surveys received from areas where PODS was implemented. Spread into additional clinical areas in FY2019/20 will be essential to improve overall corporate performance.

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
Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital.	936	31.8%	50.0%	34.0% (Q3)	Target Not Met to Date 

Change Ideas from Last Year's QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N)	Lessons Learned
Educate on expectation of 48hours to complete discharge summary (Medical Advisory Committee (MAC) rules and regulations).	Yes	Raising awareness of the expectation and performing education on how to perform the task of completing a discharge summary, while essential did not result in significant behaviour change. Senior physician leadership accountability is critical to success. The MAC accepted accountability for overall performance which was a significant step in driving individual accountability. Each department has different needs. As we continue to work on this initiative physician and resident department champions will help to tailor local sustainable solutions.
Enhance monitoring, feedback, and reporting capability.	Yes	Having reliable data to share at the individual and department level was required to engage stakeholders in the performance monitoring and management conversations. We had to start by creating a data sharing platform that was easy to access and use (See idea ID 3). Physician leaders often created department level structures for feedback as a performance management strategy.

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
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.	936	66.4%	77.0%	79.2% (Q3)	Target Met 

Change Ideas from Last Year's QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N)	Lessons Learned
Enhance monitoring, feedback, and reporting capability.	Yes	Physician leaders have also been active participants in corporate quarterly performance discussions since the introduction of a professional staff indicator component to the balanced scorecard process in Q3 2017/18. Quality and Performance worked with physician leadership to develop a professional staff data set which easily allowed physicians to monitor performance on key indicators at several operational levels of interest. This data set is used for monitoring and performance reporting on the following indicators: medication reconciliation at admission and discharge, discharge summaries available within 48 hours, and resuscitation status. The use of this data and accountability for monitoring and managing performance is supported by LHSC's Medical Advisory Committee (MAC), and indicator progress is reported by Department Chairs or Chair Chiefs on a quarterly basis as part of balanced scorecard processes. The development of the data set and the buy-in of physician leadership have provided the foundation for performance management and quality improvement for these indicators. Since these process changes medication reconciliation at discharge has improved by 19.3% year over year. The monitoring, feedback and reporting capability was further enhanced in Q2 2018/19 by the introduction of a web-based tool for the balanced scorecard locally developed to provide a platform for two-way dialogue and knowledge sharing among teams.

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
Number or workplace violence incidents reported by hospital workers (OHSA definition) within a 12 month period	936	844.0	886.0	954 (Jan - Dec 2018)	Target Met 

Change Ideas from Last Year's QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N)	Lessons Learned
Implement standard tool for individual patient risk assessments.	Yes	High degree of consultation with many parties required to implement the standard tool. The standardized tool allowed for consistency in communicating violence-related risk to healthcare teams. Successful implementation relied on both e-learning and in-person training sessions to ensure all applicable staff received training.
New and updated training program for all supervisors, managers, directors inclusive of in charge person (ICP) and charge nurses in high risk for violence units who have not had previous LHSC 8 hour Supervisory Competency training as well as any and all new supervisors	Yes	Logistics of planning / delivering training for a large number of people was challenging. Supervisor Awareness training enhanced general awareness of legislated health and safety responsibilities, including the Internal Responsibility System, worker rights as well as the supervisor's role in workplace management. Successful completion was the result of management commitment to ensure all applicable workers attended the training sessions.

Adopt standard violence risk assessment tool for individual units.	Yes	High degree of consultation with many parties required to implement the standard tool. The standardized tool allowed for consistency in communicating violence-related risk to healthcare teams. Successful implementation relied on both e-learning and in-person training sessions to ensure all applicable staff received training.
Mandatory search policy for patients and visitors on B7, addition of metal detecting equipment.	Yes	Policy development, consultation, acquiring metal detecting equipment, and all related training represented a moderate level of difficulty, but was challenging to implement in the required timeline. The impact was positive in instances where contraband items that may pose a threat to patient or staff safety, were detected utilizing a ward search. Successful implementation resulted from a coordinated approach to training for staff, patients, and visitors.
Ensure all workplace violence policies, procedures, measures, and training will be reviewed and updated to reflect the new measures and procedures listed above.	Yes	Policies, procedures, etc. followed already defined processes for review/update. The review and update ensured all relevant parties understood and were trained on the new measures and procedures. Successful implementation resulted from thorough Joint Health & Safety Committee consultation and a well-coordinated training plan.

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
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	936	12.8	12.7	14.2 (Q3)	Target Not Met to Date 

Change Ideas from Last Year's QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N)	Lessons Learned
Implement new ED decanting protocols	Yes	The implementation of new ED decanting protocols brought a standardized approach to the management of bed resources during times of patient access pressure. This required a significant amount of teaching in the moment and coaching of front line staff and leaders when protocols needed to be invoked. Having policies to support the implementation of the protocols was essential to reinforce roles, responsibilities and expectations. The hallway transfer protocol has been invoked 57 times since its inception resulting in a total of 111 patients pulled from the ED within 2 hours of protocol activation. Each activation ensures more patients get access to an appropriate level of care in a timely manner. Because of the success of the hallway transfer protocol, it has been unnecessary to enact the Code Gridlock protocol which was designed as an escalation process in the event that the hallway transfer actions did not deliver acceptable results.
Open additional mental health department beds	Yes	The introduction of additional mental health beds has had a positive impact on ED length of stay. In concert with other patient care initiatives in the mental health area, the length of ED wait for bed at the 90th percentile was reduced by 16.6% (93.8 hours to 78.2 hours) between Q1 to Q3, and the ED pull to bed within 8 hours of decision to admit improved by 313.6% (6.6% to 27.3%) over the same time period. Additional measures to analyze the management of mental health beds are underway with the end goal of reducing overall length of stay in this clinical area.

Reduce inpatient length of stay (LOS)	No	The expected date of discharge processes and a discharge algorithm were rolled out in a limited number of areas. Positive results have been seen as a proof of concept, but there has not been enough spread throughout clinical areas to affect the corporate level indicator. Both of these initiatives will be rolled out as part of an access strategic initiative to standardize access processes across the organization that will include resources dedicated to the management of admissions, discharges, and repatriation.