Excellent Care for All
Quality Improvement Plans (QIP): Progress Report for 2019/20 QIP; Progress Report Q3

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 QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020	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	59.2%	65.0%	59.9% (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
Continue to develop and expand the patient oriented discharge summary (PODS) pilot project.	Yes	The PODS pilot project was completed in Medicine in 2018, expanded to Vascular Surgery in 2019 with tentative plans to expand into Ambulatory Mental Health in 2020. Spread documents created by the Medicine team were a useful tool to educate and jumpstart the understanding of PODS processes in other areas. However, different workflows and discharge roles have necessitated alterations to the processes. In addition, the lack of familiarity with the development of the electronic PODS form created a steep learning curve for new areas. Lessons learned from the first replication area will benefit subsequent areas implementing the process.

Develop and implement a patient experience survey feedback and process improvement process	No	Patient Experience reports were sent to clinical Managers in the first quarter of the fiscal year and expanded to Managers and Directors in the 2nd quarter. Subsequently, leaders were interviewed to assess the value of the reports and how they were using the information to drive improvements. Leaders shared that they ideally preferred a bundling of data and an integrated approach to work with the existing quarterly reporting cycle. Patient Experience is now reworking their plan to integrate with quarterly reporting cycle and provide education on data translation and development of quality improvement opportunities.

Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP 2019/20	Target as stated on QIP 2019/20	Current Performance 2020	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	34.0%	50.0%	51.2% (Q4)	Target Met

Change Ideas from Last Year's QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N)	Lessons Learned
Expand use of "auto-authenticate" processes and discharge summary templates.	Yes	LHSC has continued to raise awareness of our corporate performance on this indicator, the accountabilities of physicians to complete discharge summaries within 48 hours, and the tools and methods which could make it easier for physicians to meet and sustain performance standards. Quality and Performance has worked with physician leaders to create a process for authorizing a discharge summary "auto-authenticate" function for physician learners. In addition, Quality and Performance is working to expand the use of advanced clinical notes templates in areas where the workflow supports this process. Face to-face conversations with physician leaders has yielded process improvement suggestions, such as providing education on all professional staff indicators. The accountability to complete discharge summaries within 48 hours should be included in Medical Affairs orientation for new physicians. Additionally, a change to College of Physicians and Surgeons of Ontario (CPSO) guidelines in October significantly raised awareness of this accountability to all physician groups.

Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP 2019/20	Target as stated on QIP 2019/20	Current Performance 2020	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	79.2%	85.0%	75.6% (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
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. The use of this data and accountability for monitoring and managing performance continues to be 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. In addition, Medical Affairs continues to work with department Chiefs through the MAC to reinforce the importance of Medication Reconciliation being completed upon patient discharge.

Physicians are using the professional staff data set as a monitoring and feedback tool to support improvement opportunities within their departments. Improvement initiatives include:
- Development of standard discharge protocols
- Performance reviews at physician leadership meetings
- Physician driven medication reconciliation audit programs

The implementation of the patient care bundle by the Access and Flow department has had the added benefit of providing a standard set of discharge planning tools to support the further improvement of discharge medication reconciliation compliance and quality. |

Measure/Indicator from 2018/19	Org Id	Current Performance	Target as stated on QIP 2019/20	Current Performance 2020	Comments

		as stated on QIP 2019/20			
Number or workplace violence incidents reported by hospital workers (OHSA definition) within a 12 month period	936	954.0	886.0	1,044 (Jan - Dec 2019)	Target Met ✅

Change Ideas from Last Year's QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N)	Lessons Learned
Evaluate effectiveness of existing controls	Yes	There have been zero level 5 workplace violence incidents in 2018 and 2019. Level 4 events have remained stable at approximately 1.5% of reported events, and Level 3 events have also remained stable at approximately 2.6% of reported events. Level 2 events have increased with a proportionate decrease in Level 1 events due to a change in definition of Level 2 events which began in 2018. A special sub-committee of the Joint Health and Safety Committee (JHSC) was struck in 2019 to maintain a clear focus on organizational workplace violence. More panic alarms have been made available throughout the organization, and the Occupational Health and Safety department is investigating the implementation of a new panic alarm system.
Maintain training for all supervisors, managers, directors inclusive of in charge person (ICP) and charge nurses.	Yes	Planning and delivering workplace violence training within a large organization has continued to be a challenge. In 2019 LHSC hired a full time educator to manage the delivery of workplace violence training. It was determined that on the floor training was a gap that needed to be addressed. This educator lead has been providing in-situ training to assist leaders and staff with concerns related to workplace violence.
Monitor compliance to hospital wide policy of behavioural safety alerts (BSAs) for individual's risk of violence	Yes	Quarterly audits of compliance to the use of the PSHSA Acute Care Violence Assessment Tool (VAT) are being conducted by Nursing Professional Practice (NPP). As of Q2, audits confirm that 96.5% of all inpatients are assessed for risk of violence using the prescribed tool.

Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP 2019/20	Target as stated on QIP 2019/20	Current Performance 2020	Comments

| Time to Inpatient Bed: Time interval between the Disposition date/time and the date/time patient Left the Emergency Department (ED) for admission to an inpatient bed or operating room at the 90th percentile | 936 | 19.1 | 17.0 | 22.4 (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 Access and Flow strategic initiative projects.	Yes	The Patient Flow Bundle is in the process of being implemented in Medicine and Oncology services. There have been many lessons learned: • Many roles across LHSC are involved in Access & Flow • Significant variation exists across sites and between units • Some great practices are already in place • Early communication to physician partners and staff about the Patient Flow Bundle and the process is needed to build support for implementation • Physician engagement is critical – in working sessions and beyond • A high level of engagement and co-development with all members of the Interdisciplinary Team is needed for refining and readying the Patient Flow Bundle • Strong leadership is required to successfully manage change • IT solutions have been helpful to alleviate some pain points in the process