



Appendix 1 Quality Improvement Plan (QIP): Progress Report for 2020/21 QIP





Background: The Progress Report is a tool provided by Ontario Health (Quality) to help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. Ontario Health (Quality) uses the Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

Measure/Indicator from 2020/21	Org Id	Q4 Performance 2019/20	Target as stated on QIP 2020/21	Q3 Performance 2020/21	Comments
Wellness of Our People: <i>Understanding our staff, physicians, learners, and volunteers' perception of stress and support from leaders</i>	936	Stress 38% Support 65%	Stress 38% Support 65%	Stress 40.8% Support 59.8%	Target Not Met to Date 
Change Ideas from Last Year's QIP (QIP 2020/21)	Was this change idea implemented as intended? (Y/N)	Lessons Learned <i>(COVID-19 Pandemic Impact on Improvement Strategies)</i>			
Revise and re-launch our people wellness survey as part of our organization-wide wellness strategy.	Yes	<p>The Our People Wellness indicator was added to the QIP last year to monitor staff and provider wellness throughout pandemic. LHSC and St. Joseph's Health Care London collaborated on a COVID-19 City-wide Wellness Task Force to provide staff, physicians and leaders with a variety of different resources and supports to help manage during this unprecedented stressful period.</p> <p>In the Fall 2020, LHSC's Wellness team implemented strategies including the 'Leading with C-A-R-E program' to all Directors. Additional strategies are underway including leader to leader and, leader to staff check in calls, staff virtual forums, Wellness Boards and champion led programs within departments.</p>			

Measure/Indicator from 2020/21	Org Id	Q4 Performance 2019/20	Target as stated on QIP 2020/21	Q3 Performance 2020/21	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	51.2%	65.0%	58.5%	Target Not Met to Date 
Change Ideas from Last Year's QIP (QIP 2020/21)	Was this change idea implemented as intended? (Y/N)	Lessons Learned <i>(COVID-19 Pandemic Impact on Improvement Strategies)</i>			
Expand use of "auto-authenticate" processes and discharge summary templates.	Yes	<p>This year the QIP target for this indicator was increased from 50% to 65%. Support from the Medical Advisory Council (MAC) as well as department level strategies have led to a performance improvement towards target.</p> <p>LHSC has continued to raise awareness of the corporate performance on this indicator, the professional accountabilities of physicians to complete discharge summaries within 48 hours, and the tools and methods available to meet and sustain performance standards.</p>			

Measure/Indicator from 2020/21	Org Id	Q4 Performance 2019/20	Target as stated on QIP 2020/21	Q3 Performance 2020/21	Comments
Never Events & Falls with Serious Harm: Patient safety incidents that result in the occurrence of a patient fall causing serious harm or one the fifteen identified Canadian Never Events	936	N/A	Collecting Baseline Data	10 Never Events 10 Falls with Significant Injury	This year was focused on collecting baseline data.

Change Ideas from Last Year's QIP (QIP 2020/21)		Was this change idea implemented as intended? (Y/N)	Lessons Learned (COVID-19 Pandemic Impact on Improvement Strategies)		
Develop the infrastructure for reporting and monitoring Never Events.		Yes	<p>At times during the pandemic response, the Patient Safety team were redeployed to support LHSC's response to COVID-19 effectively pausing the planned improvement work on Never Events. When not redeployed, the Patient Safety team focused on developing required infrastructure for the reporting and monitoring of Never Events. The development of key operational definitions has solidified a formalized process for how to identify Never Events. A new feature was added within the management review section of the Adverse Event Management System (AEMS) to better capture Never Events.</p> <p>In the recent months, the Patient Safety Team as well as Process Improvement and Quality Improvement Consultants have provided support to the Surgical Services team to improve processes around foreign body retained events. Additional clinical areas will receive support in the coming months to work on improvements to reduce their Never Events.</p>		
Measure/Indicator from 2020/21	Org Id	Q4 Performance 2019/20	Target as stated on QIP 2020/21	Q3 Performance 2020/21	Comments
Number of workplace violence incidents reported by hospital workers (OHSA definition) within a 12 month period	936	1057	760	647*	Target Met* on track to meet Q4 target 
Change Ideas from Last Year's QIP (QIP 2020/21)		Was this change idea implemented as intended? (Y/N)	Lessons Learned (COVID-19 Pandemic Impact on Improvement Strategies)		
<ul style="list-style-type: none"> Evaluate effectiveness of existing controls Maintain training for all supervisors, managers, directors inclusive of in charge person (ICP) and charge nurses. Monitor compliance to hospital wide policy of behavioural safety alerts (BSAs) for individual's risk of violence 		Yes	<p>This year was challenging to implement any new strategies related to workplace violence as the Occupational Health and Safety Services team was heavily involved in the pandemic response including setting up a call centre, PPE training/fit testing for all staff and physicians, and setting up the onsite LHSC COVID-19 Testing Centre. The team however, was able to successfully pivot to deliver workplace violence training online to leaders.</p>		

Measure/Indicator from 2020/21	Org Id	Q4 Performance 2019/20	Target as stated on QIP 2020/21	Q3 Performance 2020/21	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	21.7	17.0	16.6	Target Met 
Change Ideas from Last Year's QIP (QIP 2020/21)	Was this change idea implemented as intended? (Y/N)	Lessons Learned <i>(COVID-19 Pandemic Impact on Improvement Strategies)</i>			
Implement Patient Flow Bundle across LHSC using a phased approach to standardize Access & Flow.	No	<p>Early on in the COVID-19 pandemic, the fear and uncertainty of the virus as well as pandemic restrictions, slowdowns and lockdowns had negatively impacted emergency department volumes and occupancy at LHSC resulting in improved wait times compared to prior quarters. Performance is diminishing though as the community reaches a “new norm” of life with COVID-19.</p> <p>Prior to March 2020, the key strategy for improvement on this indicator was the implementation of the Patient Flow Bundle for Standardized Access and Flow. Throughout the year, various approaches to managing occupancy have been tested to maintain the Ministry required 85% occupancy target. Post Wave 2 Pandemic, Leaders plan to re- initiate the work on the Patient Flow Bundle and also launch into other clinical capacity management strategic work.</p>			