

**2016/17 Quality Improvement Plan  
"Improvement Targets and Initiatives"**



Holland Bloorview Kids Rehab Hospital 150 Kilgour Road

AIM		Measure						Change				
Quality dimension	Objective	Measure/ Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Effective	Improve compliance with use of outcome tools	% of clinicians using GAS & COPM outcome tools for inpatient and outpatient therapy	% / Pediatric Patients	Hospital collected data / 2015/16	Collecting baseline (CB)	80.0%	There is no historical data to anchor the target on. The target selection is anchored in the outcome strategy initiative and in conversation with key stakeholders within the organization.  This is a multi-year strategy with the current measure focusing on compliance and a goal to move towards outcome measurement in subsequent years.	1. Process Intervention: Facilitate Transitions	a. Pilot test use of technology to monitor progress/compliance to therapy program between appointments in an outpatient clinic  b. Conduct education and training with staff and participating clients  c. Monitor progress  d. Evaluate intervention	% taught what you and your child needed to know about how to continue rehab at home  % therapists talking about activities that might help child during rehab at home	90% taught what you and your child needed to know about how to continue rehab at home (in pilot program)  90% therapists talking about activities that might help child during rehab at home	As part of the QIP development process we conducted a number of focus groups with families, youth and children. One of the primary themes that came through was around effective transitions. This intervention deals specifically with motivating clients to comply to their therapy program in between appointments. The pilot program for our children and youth voice will be in our Neuromotor program. The remaining information will be captured in our NRCC client experience survey. Critical success factors include client engagement to use the technology at home as well as staff engagement. Family Leaders and Youth Leaders both voiced that effectiveness and joint goal setting is pivotal in the provision of care and demonstrating worth/value.
								2. Process Improvement Initiative: Implement goal setting process in partnership with clients and families	a. Establish process to embed the use of outcome tools (GAS and COPM) into clinician workflow  b. Provide staff education on the importance of client and family understanding of goals  c. Regular performance reporting  d. Monitor and adapt workflow as necessary to meet clinician and family needs	% clinicians using GAS and COPM tools by discipline  % families feeling that therapists worked with them to plan child's therapy	80% clinicians using GAS and COPM tools by discipline  80% families feeling that therapists worked with them to plan child's therapy	This is a component of HBKRH's outcomes strategy, led by our Collaborative Practice team. This is a multi-year strategy, our goal is to shift from a process (compliance) metric to reporting on client achievement of goals. Goal Attainment Scaling (GAS) is a therapeutic tool that refers to the development of a written follow-up guide between the client and the clinician used for monitoring client progress. The Canadian Occupational Performance Measure (COPM) is an evidence-based outcome measure designed to capture a client's self-perception of performance in everyday living, over time. Both tools are strongly validated within the literature, and appropriate for the paediatric population.
Efficient	Ensure safe transitions upon discharge into the community	% of clients/families within the Feeding Service called within three weeks of service provided	% / Pediatric Patients	Hospital collected data / 2015/16	0	80.0%	Based on family feedback we are piloting the inpatient post discharge follow-up phone call in one of our outpatient clinics, the Feeding Service. There is currently no structure for follow up phone calls in our outpatient clinics.	1. Process Improvement Initiative: Pilot test the warm handover process in one outpatient clinic, the Feeding Service	a. Assemble improvement implementation group  b. Identify staff roles to complete the call and incorporate into staff workflow  c. Identify questions for follow up phone call  d. Conduct staff education and training  e. Monitor client/family satisfaction data  f. Sustain improvements in feeding program  g. Plan for spread to additional outpatient areas	% of families contacted within 3 weeks of service provided  Satisfaction scores on survey questions (to be developed)	80% families in Feeding Service contacted within 3 weeks of service	Based on family feedback we are expanding the inpatient follow up phone call to our outpatient area, beginning with a pilot test in the Feeding program. One aspect of the pilot will include identifying if there is a specific patient population to target within this service.

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		% of inpatient clients/families who receive a follow up phone call after discharge for safe transition home within 3 business days	% / Pediatric Patients	Hospital collected data / 2015/16	91.16%	90.00%	Target advanced by 10% from 2015/16. There is a sustainability plan in place.	1. Process Improvement Initiative: Sustain implementation of the 72 hour post discharge follow up phone call to ensure there are 'warm handovers' to minimize gaps across transition points in the system	a. Sustaining the 3 business day follow-up phone calls to families once discharged home b. Refinement of the discharge tool and alignment with the Patient Oriented Discharge Summary (PODS) c. Evaluation of the discharge process/pathway for warm handovers which allow for safe transition into the community d. Capture family satisfaction of discharge process within the tool for quality improvement initiatives e. Including the 'warm handover' concept as part of the core competency training of nurses f. Internal monitoring and reporting of data g. Comparison of results to NRC Client Experience survey results	Family satisfaction with the warm handover process % of families contacted within 3 business days Satisfaction scores for individual survey questions	90 % of families contacted within 3 business days	This is ongoing work from the previous QIP cycle. Work will also continue to align the questions in the phone call to those included on the NRC Client Experience Pediatric Rehab Inpatient survey.
Patient-centred	Improve patient satisfaction	“Overall, how would you rate the care and services you received at the hospital?” (inpatient), add the number of respondents who responded “Excellent” and “Very good” and divide by number of respondents who registered any response to this question (do not include non-respondents).	% / All patients	NRC Picker / October 2015 – December 2015	86.0%	90.0%	This value is based on excellent and very good responses only. We have implemented a new survey tool that is administered by a third party agency (NRC Picker) and have very limited results for benchmarking and target setting purposes.	1. Measurement and Feedback: Enhance Client Experience Performance Reporting	a. Implement corporate performance reporting strategy b. Implement visual management strategy	% of families ready for discharge (IP) % families feeling that their child’s doctors and nurses worked with them to plan the child’s therapy % therapists paying attention to your experiences and suggestions in caring for your child % consistency between different therapists and staff about care information % families who felt treated with courtesy and respect % families who felt welcomed by therapist	New corporate performance strategy to roll out by end of Q1 16/17 75% of families ready for discharge (IP) 75% families feeling that their child’s doctors and nurses worked with them to plan the child’s therapy 75% therapists paying attention to your experiences and suggestions in caring for your child 75% consistency between different therapists and staff about care information 75% families who felt treated with courtesy and respect 75% families who felt welcomed by therapist	The new corporate performance reporting process includes a focus on indicators that reflect the client experience. Historically the organization captured client satisfaction through an 'in house' tool that combined the Measures of Processes of Care (MPOC-20) and other questions to enable system applicability. The visual management strategy will include a focus on qualitative information, including the comments from our NRC client experience surveys.
								2. Education and Training: Develop orientation package for clients and families	a. Develop orientation package for clients and families b. Obtain family feedback c. Modify as necessary	% of families received an orientation package	% of families received an orientation package	This work is being led by our Family Advisory Council with support from our Client and Family Integrated Care team.

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								3. Process Intervention: Gather direct client feedback post-intervention	a. Pilot post therapy block client feedback interview in the Neuromotor program b. Develop interview questions c. Establish performance reporting and monitoring structure d. Monitor data e. Consider expansion to other programs	% clients feeling safe when visiting Holland Bloorview % clients understanding communication with health care provider % clients satisfied with access to service % clients who know how to continue their rehab therapy at home % clients who feel that their care is helping them reach their goals	95% clients feeling safe when visiting Holland Bloorview 75% clients understanding communication with health care provider 75% clients satisfied with access to service 75% clients who know how to continue their rehab therapy at home 75% clients who feel that their care is helping them reach their goals	This change idea came out of the feedback from our children and youth advisory councils who feel that much of the feedback we have been collecting to date comes directly from the parents/guardians; however, the clients themselves do not have sufficient opportunity to provide feedback directly. There is a similar initiative in the inpatient program, where the interview is conducted by a child life specialist.
	Improve Patient Satisfaction through Complaint Resolution	Complaint Resolution: % of moderate complaints resolved within 21 days	% / Pediatric Patients	Hospital collected data / 2015/16	89.7%	70.0%	This is an advanced measure from the previous complaint resolution indicator, which focused on days to resolution of a straight-forward complaint. We do not have significant historical data and there is also wide variation which suggests a conservative approach in target setting.	1. Measurement and Feedback: Understand our moderate complaints	a. Conduct deep dive into moderate complaints data b. Continue monthly reports to Programs and Services on complaint profiles and resolution actions c. Continue collection of complaint resolution times across all categories	% operations manager awareness of QIP target	95% operations manager aware of QIP target	Our goal for this year is to develop a more fulsome understanding of our moderate complaints data such as the variability in complaints, number per month/quarter and types of complaints. We have only been collecting moderate complaints data for 21 months. The outcome of the data analysis will inform future improvement opportunities. Our Client and Family Integrated Care (CFIC) team has a well established process for handling and resolving complaints. This is the first year we will be looking at resolution of moderate complaints.
Safe	Increase proportion of clients and families who understand their medication	Understanding Medication: % of families rating that health care providers gave an understandable explanation of medicines	% / Pediatric Patients	NRC Picker / 2015/16	90.1%	90.0%	This represents a 10% increase in our target from the previous QIP. We are expanding the population included to all inpatient and outpatients, where in previous years we only monitored inpatient understanding of medications. The current performance value reflects inpatient data only. This indicator was introduced last fiscal year and aligns integration and collaboration.	1. Process Improvement Initiative: Enhance Outpatient Client/Family Understanding of Medications	a. Establish working group with family leaders b. Develop process to enhance medication summary information that families receive c. Create a tool for families that outlines medication information such as dosage and instructions d. Develop family engagement strategy to verify medication information was provided and understood	% awareness of medication side effects % of families with a medication tool % families who understood communications with therapists	80% awareness of medication side effects 80% of families with a medication tool 75% families who understood communications with therapists	This year the change plans for the medication reconciliation and understanding medications indicators are the same. We will incorporate this work into our Ambulatory Care Accreditation working group which includes 5 family leaders. The goal as expressed by our families is to have a medication information tool that they can take with them to various appointments, both within and outside of Holland Bloorview.
								2. Process Improvement Intervention: Enhance Inpatient Families' Understanding of Medications at Discharge	a. Design study to investigate how families best receive medication information at discharge b. Identify/prioritize improvement opportunities based on study results c. Continue with improvement work to fully implement the Patient Oriented Discharge Summary (PODS) and enhance the discharge pathway d. Develop performance measures, begin implementation and identify methods to sustain improvements	% awareness of medication side effects % families who understood communications with therapists	80 % awareness of medication side effects 75% families who understood communications with therapists	The is a key improvement area as identified by our Family Advisory Committee. The study is being led by a research student who is investigating how families best receive medication information at discharge. The study design is qualitative, retrospective in nature and will include 8-10 families, with more than 3 medications at the time of discharge. We will look to align the improvement work with the PODS (patient oriented discharge summary) work.

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								3. Process Improvement Initiative: Failure Mode Effects Analysis (FMEA) for Leaves of Absence (LOA).	a. Establish working group including family leaders b. Review LOA incidents c. Develop targeted improvement strategies d. Test improvements through use of PDSA cycles e. Sustain improvements f. Spread where appropriate	# LOA-related incidents	Reduce the number of LOA related incidents	A key component to a successful LOA is a family's knowledge and understanding of their medication information, including administration times, doses, and potential side effects. This FMEA will be looking at the entire LOA process and we will be investigating all LOA related incidents from the past 3 years. We will also tease out medication related incidents to identify improvement opportunities specific to the medication aspects of a LOA.
	<b>Increase proportion of clients receiving medication reconciliation at all points of care</b>	Medication reconciliation at all points of contact, including admission, inpatient transfer, inpatient discharge, and all outpatient medical clinics	% / Pediatric Patients	Hospital collected data / 2015/16	97	100.00	As a result of family feedback, this year we will be focusing on medication reconciliation across all transfer points and as such will be reporting on them collectively, as an aggregate. Performance for medication reconciliation at admission, transfer and discharge was well over 90% for the past several years, and closer to the theoretical maximum of 100%. Theoretical maximum is where we strive.	1. See "Understanding Medications"	See "Understanding Medications"	See "Understanding Medications"	See "Understanding Medications"	Medication reconciliation at admission, transfer, discharge and across all outpatient clinics will be reported separately internally to ensure specific areas that require improvement are identifiable.
								2. Measurement and Feedback: Continue Medication Reconciliation Audits	a. Continue current auditing process to monitor med rec compliance at admission, transfer and discharge and in all outpatient clinics b. Report compliance through internal performance reporting structure c. Discuss compliance at the Medical Advisory, Pharmacy and Therapeutics, and Patient Safety Committees	% medication reconciliation at admission (inpatients) % medication reconciliation at transfer(inpatients) % medication reconciliation at discharge(inpatients) % medication reconciliation at outpatient clinic visit	100% medication reconciliation at admission (inpatients) 100% medication reconciliation at transfer(inpatients) 100% medication reconciliation at discharge(inpatients) 100% medication reconciliation at outpatient clinic visit	We are regularly assessing our medication reconciliation process and looking for opportunities to improve and streamline it.
<b>Timely</b>	<b>Reduce wait times for Clients accessing Autism Diagnostic Services</b>	80th percentile - longest wait measured in days	80th percentile / Pediatric Patients	Hospital collected data / 2015/16	164	137.00	Target is in days. The target remains unchanged as the demand for services has increased and capacity has been maximized. Performance continues to hover around 165 days for autism services, therefore 137 days is a stretch target. Additionally Autism Diagnostic Services and Neuromotor	1. Measurement and Feedback: Enhance Wait Time Performance Reporting	a. Implement weekly, monthly and quarterly corporate performance reporting strategy b. Monitor performance data and compliance to wait time targets	% of medical clinics attended monthly % of staff meeting predefined 'new' appointment targets % of staff meeting predefined weekly, monthly attendances ASD Attendances Cancellation/No Show Rate	90% of medical clinics attended monthly 90% of staff meeting predefined 'new' appointment targets 90% of staff meeting predefined weekly, monthly attendances ASD Attendances 20 % Cancellation/No Show Rate	Presently both Autism and Neuromotor services share the same staffing resources and would be impacted similarly by the same change initiatives. The goal for both services is to improve timely access. We are restructuring our corporate performance reporting structures and processes where there is a strong focus on wait time indicators and other related indicators, such as efficiency and utilization. The performance reporting work is being led by the Quality, Safety and Performance team in partnership with Decision Support.

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							share resources which require ongoing ambulatory care oversight. This continues to be part of the ambulatory care strategy and will require 1-2 more years for completion.	2. Process Improvement Initiative: Continue 2015/16 improvement work.  3. Process Improvement Initiative: Communicate with families who are waiting for service  4. Process Improvement Initiative: Introduction of an Electronic Referral System using the electronic child health network (eCHN) platform	a. Continue to implement recommendations of the re-design work conducted in Appointment Services to address referrals criteria, referral flow (intake to assessment), reduce cancellations, reduce 'no shows' and advance client/family education  b. Implement recommendations of the 'ambulatory care' review  c. Implement an 'operational model' for overseeing all ambulatory care functions, metrics and strategy  a. Develop an information package for families who are waiting for services  b. Enable family access to our Connect2Care portal while waiting for service  a. Defined partnership with eCHN to pilot the electronic platform - project charter, milestone identification and implementation in predefined areas  b. Implement and pilot the electronic referral platform in key program areas that touch upon three typical referral scenarios (straightforward referrals, complex referrals, and self referrals).  c. Evaluate the eCHN electronic referral platform and develop a plan of scalability cross-organizationally	% of medical clinics attended monthly  % of staff meeting predefined 'new' appointment targets  % of staff meeting predefined weekly, monthly attendances  ASD Attendances  Cancellation/No Show Rate  % families waiting for service contacted  See above	90% of medical clinics attended monthly  90% of staff meeting predefined 'new' appointment targets  90% of staff meeting predefined weekly, monthly attendances  ASD Attendances  20 % Cancellation/No Show Rate  To be determined - it is anticipated that the client experience score will be positively impacted. This will be used as a proxy measure, but % contribution is unknown.  Goal for the electronic referral process is the overall reduction in wait time associated with delays in referral flow and information requirements	The Strategic Goal is to provide timely access to Autism assessment services across Holland Bloorview Kids Rehabilitation Hospital (all sites). Presently both Autism and Neuromotor services share the same staffing resources and would be impacted similarly by the same change initiatives. The goal for both services is to improve timely access.  The information package will outline what other services are offered at Holland Bloorview and direct the family to other supports that are available in the meantime while they are waiting to access these services. Connect2 Care is an online tool that allows clients and families to review and manage their Holland Bloorview health-care information. This change idea is in partnership with Client and Family Integrated Care.  eCHN (electronic Child Health Network) is the first network in Canada to enable member organizations to electronically exchange patient information, protect patient privacy and confidentiality, and help children receive the right care at the right time as close to home as possible. It enables viewing of health information from participating facilities without getting new consents signed. The platform has the opportunity to be leveraged across community providers to gather information in a centralized and electronic fashion that enables future analysis and improvement initiatives.

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	Reduce wait times for Clients accessing Neuromotor Medical Assessment Services	80th percentile - longest wait measured in days NMT	80th percentile / Pediatric Patients	Hospital collected data / 2015/16	179	137.00		1.The Strategic Goal is to improve access to Neuromotor services at Holland Bloorview Kids Rehabilitation Hospital to enable timely access to secondary services.	See change methods under Autism	See process metrics under Autism	See goals under Autism	Presently both Autism and Neuromotor services share the same staffing resources and would be impacted similarly by the same change initiatives. The goal for both services is to improve timely access.