

Quality Improvement Plans (QIP): Progress Report for the 2018/19 QIP

Note from Health Quality Ontario: 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.

Overall Care Experience

ID	Measure/Indicator from 2018/19	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	% 'excellent' rating by clients and/or families to the question: Overall how would you rate Holland Bloorview' (%; Pediatric Patients; 2017/18; NRC Picker)	59.30	60.00	61.30	This was our first year tracking 'top box' or excellent responses only and the target of 60% was achieved marking an improvement over our baseline. Optimizing the client and family experience is a priority for the hospital and as such we will be continuing to focus on this indicator in the 2019/20 QIP cycle and evolving the target to reflect our commitment to optimizing the client and family experience. The focus for the upcoming year includes furthering our transitions, mental and care for the caregiver strategies.
Change Ideas from Last Years QIP (QIP 2018/19)		Was this change idea implemented as intended?		Lessons Learned	
Measurement and Feedback: Continue pilot of kids feedback process		Yes		The second iteration of the kids' feedback process began in late summer of 2017 concluding in spring of 2018. The dedicated kids' feedback specialist, a former client with Holland Bloorview, conducted 92 feedback interviews with children and youth through the support of a Foundation grant. The interview questions focused on the 5 dimensions of quality that children and youth advisory members had identified through Quality	

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		Improvement Plan engagement as most important to them: safety, communication, access, transitions and care effectiveness. The feedback questions were based on the questions in the NRC Health Client Experience survey and input was sought from a Child Life Specialist to ensure child-friendly language. What came through as important to our clients was the client/provider relationship; ability and confidence to determine their own care journey; independence and clear communication between client and care provider.
Measurement and Feedback: Explore additional real time client and family experience methodologies	Yes	In addition to the real time kids feedback initiative, additional real time methodologies were trialed this fiscal year including one that focused on hearing back directly from our youth population called Youth Feedback Corner. The Youth Feedback Corner used an accessible video recording app to enhance how we collect youth feedback from clients and siblings. Feedback was collected on the quality of the hospital experience as well as youth's broader ideas and experiences on disability stigma in their communities. Additional methods for consistent real time feedback strategies continue to be explored.
Client and Family Experience: Investigate possible solutions to improve parent/caregiver sleep quality on the inpatient units	Yes	The sleep quality initiative was developed in partnership with CFIC and inpatient leadership to support families' ability to maintain their health and wellbeing while staying at Holland Bloorview with their child as he/she receives inpatient rehabilitation. The initiative is comprised of two components: 1) the design and purchase of new sleeper chairs and 2) the creation of "relaxation kits". The sleeper chairs were designed specifically with input from family leaders to ensure that the new chairs met the needs of our inpatient families staying at the bedside. Once the design was finalized, we also sought input from families in colour selection. The chairs will be delivered to the units by early/mid-March. To further support this initiative, the foundation secured a donor who has prepared "relaxation kits" for families who will be using the new sleeper chairs. These kits include a blanket, eye mask, ear plugs and other items to support a restful sleep for families while at the bedside. The relaxation kits

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		will be piloted at the same time as the new sleeper chairs and together will support caregiver well-being, rest and relaxation, and decision-making.
Client and Family Experience: Explore translation of key educational materials into top 5 non-English languages (80% of interpreter service requests)	Yes	Led by the Client and Family Integrated Care team a robust engagement process with over 150 voices of clinicians, clients and families and leadership staff prioritized the documents to be translated. To date 23 documents have been translated into our top 5 languages (Tamil, Cantonese, Mandarin, Spanish, Arabic). These documents include but are not limited to the patient declaration of values, consent forms, information sheets, educational brochures, postcards describing how to provide feedback, and referral criteria. Renewed funding for the 2019/20 year will enable the translation of additional documents.
Client and Family Experience: Advance the organizations mental health strategy for clients, staff, and caregivers	Yes	To date our Client and Youth Mental Health working groups have determined 5 screening tools related to children’s emotional, social and mental health to pilot. Concurrently, we have created a draft of a behaviour guidance principle training program for clinical staff. To enhance staff’s capacity and knowledge of mental health we have trained 66 staff in a 2-day suicide intervention workshop and we have trained 5 internal staff to deliver the 3-hour suicide prevention training. We continue to forge partnerships with mental health community agencies. We were invited to participate in the Child and Youth Mental Health System Planning Reference Group for the Premiere’s council on Improving Health Care and Ending Hallway Medicine.
Measurement and Feedback: Implement NRC Health client experience phone survey in top 5 Non-English languages (2 year implementation plan)	No	Foundational work was done such as developing a sampling plan over the 2018/19 QIP cycle to ensure the correct processes are in place which will enable distribution of the non-English client experience surveys in the 2019/20 year.

Wait Times-Autism Diagnostic Services

ID	Measure/Indicator from 2018/19	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
2	% clients seen within target wait time (137 days) for Autism Diagnostic Services (%; Pediatric Patients; 2017/18; Hospital collected data)	40.30	55.00	95.80	There has been tremendous improvement over baseline for this indicator this year even with a 17% increase in referrals over the previous fiscal year. The wait time to initial assessment is performing at the shortest value in years. The team has had success in a number of improvement initiatives outlined below that resulted in a positive shift in this indicator and more timely access to service for our clients and families.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended?	Lessons Learned
Build Community Capacity through ECHO Ontario funding: Link our internal expert inter-professional teams with primary care providers in our community to increase knowledge and skills for autism diagnoses and on-going medical management.	Yes	Funding for this capacity building initiative was received in Q1 with the first education session held in Q3. This is a local capacity building initiative that aims to reduce wait time for specialized care and allow a focus on the most complex children. There are over 60 clinicians registered for the first cohort. Clinicians who are registered include Developmental Pediatricians, Pediatricians, Nurse Practitioners and Family Physicians. This work will continue next fiscal year as it is a 3 year initiative.
Process Improvement Initiative: Develop the preferred future state for an integrated, coordinated Ambulatory services model to improve access for clients and families	Yes	We continue to define and develop new models of service to optimize efficiency, effectiveness and sustainability of our services. Initiatives implemented this fiscal year include enhanced hours of service for therapy appointments, a personalized intake process that identifies client goals early in the care process, offering group based therapy where appropriate and a continued focus on outpatient orientation for families who are new to Holland Bloorview.
Process Improvement Initiative: Create capacity in the physician schedule to see more clients	Yes	Two Speech Language Pathologists have been trained and achieved reliability in administration of the Autism Diagnostic Observation Schedule (ADOS) which has resulted in the creation of 6 new ADOS testing spots each week. Every 30 ADOS assessments completed by an SLP provides an additional 45 hours of physician

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		assessment time.

Wait Times-Neuromotor

ID	Measure/Indicator from 2018/19	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
3	% of clients seen within 91 days for first therapy service (Occupational & Physical Therapy) with the Neuromotor service (%; Pediatric Patients; 2017/18; Hospital collected data)	24.20	40.00	37.20	Current performance is within target range, with consistent month over month improvement from 14.8% in April to 50% in January. Notable is the continued consistent reduction of the wait lists for therapy services. This will remain a priority indicator for the 2019/20 QIP cycle.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended?	Lessons Learned
Process Improvement Initiative: Streamline referral process for Neuromotor Services	Yes	This work is in progress and referral criteria for Occupational and Physical therapy has been streamlined. This work will continue into the 2019/20 year. The team has also worked to further their partnership with the therapy manager at the Toronto District School Board to determine their scope for therapy and reduce overlap of referrals. Following this the team embedded key questions into a decision making matrix for physicians to optimize appropriate referrals.
Offer assessment/ consultation clinics after triage on a consistent and timely basis to improve access	Yes	Extra clinics are being offered to support enhanced access with an increase of 0.2 FTE through the end of the fiscal year. Further, 'blitz' clinics are held at least quarterly, depending on need.
Offer reminder calls for OT/PT new appointments as well as enhanced hours to improve attendance and reduce no show rate	Yes	Reminder calls were implemented to reduce the number of no show and cancelled appointments, which resulted in a modest improvement in the data. Enhanced hours of service has been implemented across the program.
Streamline and standardize reason for referral for OT/PT, and redirect back to referring physician if more appropriate services are available in the community and continue to build capacity and relationships with our	Yes	There is an ongoing initiative to develop questions for intake to inquire about other services already involved such as with the school board, infant development, etc. to assist in streamlining referrals.

community partners.		
Enhanced hours of service and group therapy	Yes	The team has now embedded enhanced hours of service into operations from Monday through Thursdays, and some disciplines are offering service on Saturdays. As well, the Occupational therapists have been offering group intervention for various populations which has allowed clinicians to see more clients off of the waitlist in a timelier manner. All initiatives are being continued, monitored and developed further in accordance with demand for service.

Supported During Discharge

ID	Measure/Indicator from 2018/19	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
4	% of families and clients reporting they felt they were adequately supported in preparing for discharge (%; Pediatric Patients; 2017/18; Hospital collected data)	90.30	90.00	96.60	Target exceeded. The year to date performance is a 6.7% improvement over baseline which speaks to the focus that the inpatient team has placed on safe transitions home or to the community. As a result of this year's success and continued the recognition of the importance, the target will be increased for the 2019/20 QIP cycle.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended?	Lessons Learned
Education and Training: Update Client and Family Discharge Support (Transition Passport) Materials	Yes	The hospital has introduced a number of tools to facilitate the discharge process for our inpatient clients and families. These tools include a transition passport as well as the Patient Oriented Discharge Summary (PODS). The work this year was to update the transition passport across all 3 inpatient units which was successfully completed with input from clinical leadership, clinicians, external partners and clients and families. Use of these tools is monitored on unit specific quality boards, which includes weekly quality huddles to review data.

Complaint Resolution

ID	Measure/Indicator from 2018/19	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
5	Distribution of Client and Family Relations experience survey within 7 calendar days following complaint resolution (%; All clients and families who file an non anonymous complaint and are reachable; 2018/10; Hospital collected data)	CB	100.00	100.00	Target achieved. The indicator evolved from moderate complaint resolution to focus on timely distribution of a new Client and Family Relations Experience Survey. The survey was implemented in Q1 and the 100% survey distribution target was achieved. For the next QIP cycle, we are exploring how we can evolve the methodology to enhance our response rate.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended?	Lessons Learned
Measurement and Feedback: Understand our new client and family relations experience data.	Yes	In order to better understand how clients/families experience sharing feedback so that we may continue to strengthen our Feedback Culture, we implemented a new Client and Family Relations Experience Survey in Q1 of this fiscal year in alignment with ECFAA which requires patient relations programs to track complainant satisfaction. We are engaging clients/families who have accessed the patient relations process to file formal feedback, so long as they are identifiable, can be contacted, agree to be contacted, and agree to complete the survey. Specifically, we are measuring clients/families indicating satisfaction with the outcome/result; clients/families indicating that the process was fair; and clients/families indicating that they were treated with respect throughout the issue resolution process. We did not achieve our target response rate and we are exploring how we can evolve the methodology from a paper survey sent via email/letter-mail to telephone-based follow-up.
Measurement and Feedback: Continue to monitor resolution times for our client and family complaints	Yes	The organization continues to monitor complaints and compliments data very closely, on a monthly basis. Client and Family Relations (CFR) monthly feedback reports for the whole organization are posted on the

		hospital's intranet site. Additionally, detailed reports are shared bi-annually with leadership and with our Board of Trustees.
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Workplace Violence

ID	Measure/Indicator from 2018/19	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
6	Number of workplace violence incidents reported by hospital workers (as by defined by OHS) within a 12 month period. (Count; Worker; January - December 2017; Local data collection)	CB	CB	75.00	There was no target set in 2018/19 as we were taking the year to better understand our data. We noted seasonal trending in the data connected to periods of high client volumes. A target of increased reporting has been set.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended?	Lessons Learned
Process Improvement Initiative: Complete the community safety program and implementation of recommendations	Yes	A community risk hierarchy has been completed which supports the identification of control measures across various teams providing care in community settings. A community safety policy has been drafted and is currently being finalized in consultation with workplace violence prevention committee, clinical team and managers. This work will continue next year with a focus on training and implementation of control measures.
Process Improvement Initiative: Complete a workplace violence risk assessment	Yes	The workplace violence risk assessments were completed across the organization. Common trends have been identified and include: communicate a commitment to respectful behaviours by all across HB; streamline a process for education and training of staff on de-escalation techniques and non-violent crisis intervention training; update the current workplace violence training to include further support for staff for personal safety strategies, further support to management on domestic violence; finalize and implement a community safety program for staff working in the community; and, early identification of clients with challenging behaviours history to support client and staff safety. The results of these detailed assessment enabled targeted work plan development for the 2019/20 year.

Measurement and Feedback: Harmonize the incident reporting system to accurately capture the number of employee incidents secondary to unintentional/ intentional aggression/ violence	Yes	Work is underway to streamline employee incident reporting within the Meditech Expanse system upgrade, launching in Q1 2019/20. The upgrade will feature an expanded list of contributing factors and enhanced tracking capability (capturing client hospital number) to enable identification of patterns/trends to better support client behavioural needs and staff safety. Organization wide training/education is planned for staff and managers in Q1/Q2 FY2019-2020.
Strategy Development: Develop organizational approach (partnered with clients and families) to minimize safety events secondary to client behaviour	Yes	Meditech Expanse will feature an amalgamated collaborative care plan tool with a section to document behavioural antecedents and safety strategies within the electronic health record to streamline communication across teams. Through root cause analysis we have learned there is variation in what, how and when information is captured about client behavioural needs. A project team has been established to plan, co-design and test an intervention in partnership with clients/families/staff on the one of our inpatient units.
Education & Training: Develop and implement education across the organization on workplace violence	Yes	The workplace violence e-WISE module is being updated to align with best practices in consultation with members of the workplace violence prevention committee. Modules will feature additional resources on domestic violence, intent, personal safety measures and de-escalation techniques.

Understanding Medication

ID	Measure/Indicator from 2018/19	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
7	Understanding Medication: % of families rating that health care providers gave an understandable explanation of medicines (%; All inpatients; 2017/18; Hospital collected data)	96.80	95.00	99.10	Target exceeded. As a result of the target being consistently exceeded for all three years of QIP inclusion, this indicator is being removed from the QIP and will remain on the Quarterly Board Performance Report.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended?	Lessons Learned
Education and Training: Provide refresher education for clinical staff around available medication resources	Yes	Refresher training around available medication resources was conducted for both nursing staff and medical staff this year. New resources will be incorporated into nursing orientation for new staff.
Access to Information: Leverage connect2care as a source of medication information for discharged clients and families.	No	A patient education demonstration event was held with a broad group of stakeholders including family leaders. There was a decision to not move forward with this tool due to limited functionality of the platform in its current state.
Process Improvement Initiative: Incorporate ISMP 5 Questions To Ask About Your Medications poster into Patient Oriented Discharge Summary (PODS) package.	Yes	Complete, the ISMP poster is an education poster targeted to clients and families and has been incorporated into the inpatient discharge materials, known internally as the transition passport. The tool is also available in a variety of different languages.