

**2019/20 Quality Improvement Plan  
"Improvement Targets and Initiatives"**

Holland Bloorview Kids Rehab Hospital 150 Kilgour Road

AIM		Measure						Change				
Theme	Quality dimension	Measure/ Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Theme I: Timely and Efficient Transitions	Access	Percent clients seen within target wait time (137 days) for Autism Diagnostic Services	% / Pediatric Patients	Hospital collected data / 2018/19	95.8	65.00	Consistent with our 3 year plan to evolve the target. The target takes into consideration the system evolution of the Ontario's Autism Program.	1. <b>System Capacity Building.</b> Continue to build community capacity through ECHO (Extension for Community Healthcare Outcomes) continued	a. Continue building partnerships b. Evaluate with partner and family input c. Modify and sustain	# sessions held attendee satisfaction (by professional group) # clients on wait list	10% decrease in clients on the wait list	This initiative is aimed at building community capacity for autism diagnostic assessment and medical management.
								2. <b>Improvement Initiative:</b> First point of contact calls	a. Evaluate pilot b. Phase out implementation to other ambulatory programs c. Continue evaluation and make enhancements as necessary	clinician and family feedback % clients/families indicating that their doctors/therapists worked with them to plan therapy (NRC)	Increase proportion of families/clients indicating that their doctors/therapists worked with them to plan therapy (NRC)	Intake calls were implemented as a measure to personalize pathways from the first point of contact for new families while waiting for services. The calls have been piloted in two clinic areas and evaluated by a multi-disciplinary team.
								3. <b>Improvement initiative:</b> Offer appointment reminder calls	a. Provide reminder calls two weeks prior to appointment b. Monitor impact to no show rate	No show rate	10% reduction in no show rate	A previous pilot of reminder calls demonstrated an decrease in our no show rate.
								4. <b>Capacity Building:</b> Build capacity of the Occupational Therapists (OTs) and Speech Language Pathologists (SLPs) to conduct diagnostic testing	a. Train SLP and OTs in ADOS (autism diagnostic observation schedule) b. Build ADOS appointments into schedule c. Monitor and evaluate	# ADOS completed by SLP + OT	40 ADOS complete by SLP and OT	As the number of ADOSs completed by the SLP and OT increases, this creates additional capacity in the physician schedule for new client dialogic appointments. This is building on the work completed in 2018/19, and the focus has expanded to include OTs as well as SLPs.
		Percent of clients seen within 91 days for first therapy service (Occupational & Physical Therapy) with the Neuromotor service	% / Pediatric Patients	Hospital collected data / 2018/19	37.2	50.00	This is a stretch target for the program and reflects continued improvement in the reduction of wait time. Consistent with three year plan to evolve the target yearly.	1. <b>Improvement initiative:</b> Enhance use of interdisciplinary clinic model	a. Form working group b. Conduct PDSA cycles to determine optimal model c. Monitor and sustain	# PDSA Cycles 80th percentile wait time for physician appointment % families indicating they were able to get a therapy appointment within an appropriate time frame	137 days for physician appointment Increase percentage of families indicating they were able to get a therapy appointment within an appropriate time frame	Interdisciplinary clinics will include Occupational and Physical Therapy as well as Social Work and Nursing. The goal is to learn from successful interdisciplinary models that are being leveraged.
								2. <b>Improvement Initiative:</b> Increase offering of group based therapy interventions	a. Continue to incorporate group appointments into clinician schedule b. Evaluate based on clinician, client and family feedback	# group appointments 80th percentile wait time in days for PT and OT therapy (in Neuromotor program)	Increase number of group appointments 91 days for first therapy appointment	Group appointments are being tested across many different therapy groups including Occupational and Physical Therapy, Speech Language Pathology, Music Therapy. Parents and caregivers are also encouraged to attend the group therapy session and connect with other parents. The group appointments are fostering a more holistic model of care focusing on the 6Fs (function, family, fitness, friends, fun and future). The evaluations being conducted are qualitative in nature.

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								3. <b>Education and Training:</b> Strengthen and leverage community partnerships.	a. Identify key partners and contacts b. Develop engagement plan c. Implement plan d. Monitor and evaluate	# appropriate referrals	Increase proportion of appropriate referrals	Our focus will be on creating stronger partnership with school board therapists and early abilities program.
Theme II: Service Excellence	Client and Family Centred	Percent 'excellent' rating by clients and/or families to the question: 'Overall how would you rate Holland Bloorview?'	% / Pediatric Patients	NRC Picker / 2018	61.3	65.00	Stretch target. Historical performance is variable and ranges from the low fifty's to low sixty's percent range and achieving the OHA benchmark of 60 per cent would be a significant improvement over baseline.	1. <b>Process Improvement &amp; Skills Development and Training: Care for the Caregiver.</b> Implement clinician referral process to Family Resource Centre and deliver training sessions to educate and support clinicians in initiating caregiver conversations and enhance knowledge of available resources.	a. Creation of education materials b. Conduct education series through established structures (i.e. practice councils and business meetings) c. Design and implement referral form (prescription) for Family Resource Centre	# sessions delivered # referrals to Family Resource Centre % families/caregivers responding positively to the new NRC question: 'Did a member of your healthcare team talk to you about your caregiver support needs?'	6 sessions Collecting baseline for outcome (NRC) measure, new custom question	Early clinician engagement will be critical in the success of this initiative.
								2. <b>Client and Family Experience:</b> Advance Transition Strategy through introduction of post discharge follow up phone calls after transitioning to adulthood.	a. Design phone call methodology and timeframe b. Pilot post transition warm handover follow up phone call c. Evaluate results and consider spread	# youth contacted New NRC transition experience question	Targeting Fall 2019 for phone call go-live	This follow up phone call will be targeted to clients who have recently 'graduated' from Holland Bloorview. The appropriate time frame of the phone call will be determined by our youth advisory council.
								3. <b>Client and Family Experience:</b> Investigate possible solutions to improve overall satisfaction with hospital food.	a. Explore options in partnership with clinicians, leadership, clients and families b. Pilot potential solutions and evaluate impact c. Implement selected improvements d. Monitor impact	# PDSA cycles food satisfaction rating (hospital + NRC survey)	Solution identified by Q4 2019/20 Collecting baseline food satisfaction data	We contract our food services to a third party, partnership and early engagement with team members will be critical.
								4. <b>Client and Family Experience:</b> Continue to advance the organizations mental health strategy for clients, staff, and caregivers	a. Awareness: Create a culture inclusive of mental health b. Enhance Practice: Identify screening tools and pathways to address mental health c. Education and Training: Increase capacity and knowledge of staff regarding mental health and resilience of children, youth and families d. Resources: Identify a core team of experts in mental health e. Partnerships: Connect the system by establishing strong community partnerships and pathways for child/youth mental health	Address mental health status as it pertains to the child and youth and accordingly, the family. Advance the capacity of staff to recognize, respond and manage child and youth mental health Enhance the potential for Holland Bloorview to be a leader in advocating for services for child and youth mental health as it pertains to disability	This is a long term project, with a target of 3-5 years for full implementation.	To date our CYMH 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. It is anticipated that instances of escalating behaviour with clients will be reduced with this consistent understanding and approach to behaviour thereby allowing for the child's rehabilitation experience to occur. 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 and took part in a knowledge exchange event with presentations from 5 city-wide access points for mental health services. 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.

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								<b>5. Measurement and Feedback:</b> Launch Translated NRC Client Experience questionnaires (Top 5 languages)	a. Translate updated English survey b. Incorporate into measurement plan c. Review results quarterly; compare and contrast results to English language survey results	# non English surveys distributed	150 non English survey distributed	At Holland Bloorview our 5 most common languages other than English are Mandarin, Arabic, Cantonese, Tamil and Spanish. These languages account for more than 80% of our requests for interpreter services. As outlined in last year's change plan, this change idea builds on the planning work conducted in the 18/19 fiscal year.
		Percent of families contacted post resolution of a concern to Client and Family Relations to evaluate the experience	% / All patients	Hospital collected data / 2018/19	Collecting baseline	90.00	We have advanced our moderate complaint resolution time indicator to focus on the percent of families contacted post resolution of a concern through the CFR process. We are evolving the process of data collection from last fiscal year.	<b>1. Measurement and Feedback:</b> Test new mode for collecting client and family relations experience data	a. Test new Client and Family Relations (CFR) experience survey data collection mode b. Monitor response rates c. Report survey results on biannual basis to Quality Committee of the Board and other internal committees	Survey response rate Client and family experience rating for satisfaction with outcome/result, fairness of process and treated with respect	25% response rate Collecting baseline on experience measures	This is the second year for the CFR experience survey, this year the mode of data collection is being changed in hopes of enhancing our response rate.
								<b>2. Measurement and Feedback:</b> Continue to monitor resolution times for client and family complaints	a. Client and Family Relations Facilitator will continue to track and report CFR indicators through various internal reporting channels	# complaints # compliments % operations leaders receiving monthly CFR reports	100% operations leaders receiving monthly CFR reports (where a complaint related to their department was filed with CFR)	Tracking client and family complaints and compliments continues to be a tremendous source of information for the hospital. Thematic analysis is shared regularly across the hospital and biannually with the board of trustees. The number of compliments is shared with staff on our inpatient units as part of their weekly quality huddle.
	Seamless	Percent of families and clients reporting they felt they were meaningfully supported in preparing for discharge	% / All inpatients	Hospital collected data / 2018/19	96.6	95.00	Following input from our family and youth advisory councils as well as clinical staff and hospital leadership, the target increased from 90 to 95% demonstrating our ongoing commitment to safe and effective transitions. The target includes Top Box responses only. Data source is our 72 hour follow up phone call.	<b>1. Education and Training:</b> Continue to build our Transition Passport	a. Review content based on environmental scan and feedback from clinicians and families b. Embed document as part of family team meetings	% families who feel ready for discharge	95% of families feeling ready for discharge	The objective of this change idea is to ensure families are confident using and referencing the material in the passport prior to discharge.
								<b>2. Education and Training:</b> Continue to leverage the Patient Oriented Discharge Summary (PODS)	a. Continue use of the tool in pre discharge conversations to support clients and families b. Review tool and update based on evaluation of 72 hour follow up phone call data c. Monitor data	% PODS completion % of inpatient families who received a discharge follow up phone call 72 hours post discharge	95% PODS completion 90% of inpatient families who received a discharge follow up phone call 72 hours post discharge	To ensure the information in the PODS is what is most relevant in meaningfully supporting clients and families in the discharge transition process the team will be reviewing the data from the 72 hour follow up phone call and analyzing the opportunities for improvement. The results of this analysis will inform potential changes to the PODS.
								<b>3. Process Improvement Initiative:</b> Design and implement a pre-discharge checklist.	a. Design a pre discharge checklist to guide conversations with clients and families to further support the transition process b. Analyze 72 hour data c. Identify opportunities for improvement	# pre discharge checklists disseminated % families feeling ready for discharge	Checklist adopted 90% of families feeling ready for discharge	The pre-discharge checklist will be based on the questions in the 72 hour follow up phone call as those questions were designed with robust client, family and clinician engagement to identify what was most important. Topics include equipment, medication management and service coordination.
								<b>4. Client and Family Experience:</b> Implementation of #HB Welcome Initiative- Welcome Package	a. Conduct scan and obtain feedback from clinicians, clients, families and system partners b. Update welcome package to support smooth transition into Holland Bloorview c. Disseminate updated package	Updated welcome package # times welcome package distributed % clients/families indicating the welcome package supported their orientation to HB	New welcome package in use	This is board of a broader strategy, known internally as #HBWelcome to personalize pathways from the first point of contact. The welcome package was previously known as the orientation package. External partners including the Hospital for Sick Children, the Toronto Central LHIN have been engaged at an early stage and their involvement will continue.

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Theme III: Safe and Effective Care	Safety, Work Life	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period (Mandatory).	Count / Worker	Local data collection / January - December 2018	75	83.00 (10% increase in reportig)	Our target is a 10% increase in reporting of workplace violence incidents as it is known in the literature that these	1. <b>Process Improvement Initiative:</b> Implement community safety program	a. Implement new policy and procedure b. Develop and deliver training for staff working in the community c. Implement safety kits	# staff incidents from the community	Increase in reporting of community safety incidents	Alignment with Accreditation Canada's risk hierarchy.
								2. <b>Process Improvement Initiative:</b> Identify and implement organization and local work plans based on completed workplace violence risk assessment	a. Identify common trends for corporate work plan b. Identify department specific work plans c. Final report to Senior Management	# improvement initiatives identified	At least 10 improvement initiatives identified and implemented	Workplace violence risk assessments were completed in FY 2018/19 as mandated by the Occupational Health and Safety Act (OHSA). A fulsom review will ensure alignment and standardization across different program areas as appropriate.
								3. <b>Education:</b> Implement education across the organization on workplace violence	a. Roll out two new modules (one for staff and one for hospital leadership) b. Create and implement work plan violence toolkit	% staff completed eWISE	80% eWISE completion	Additional ongoing activities include de-escalation training and non violence crisis intervention (mandatory for clinical staff)
								4. <b>Process Improvement Initiative:</b> Early identification of client behaviours	a. Design and test an intervention on pilot inpatient unit b. Evaluate and modify as required c. Spread successes	% clients with behaviour plan # workplace violence incidents initiated by clients on pilot unit	Increase proportion of clients with behaviour plan on pilot unit	Early connection and partnership with referring hospital will be critical in the success of this initiative. There is potential for future phases of this project to test interventions and spread learnings to other inpatient and ambulatory care areas at Holland Bloorview and externally.