Quality Improvement Plan (QIP): 2015/16 Progress Report

Holland Bloorview
Kids Rehabilitation Hospital

Medication Reconciliation for Outpatient Clinics

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
1	% complete medication reconciliation on outpatient clinic visit assessments (%; Pediatric Patients; Fiscal Year 2014/15; Hospital collected data)	97.30	100.00	97.40	We are approaching theoretical maximum and the change plans associated with the measure are limited given the performance. Organizationally we continue to include medication reconciliation within the outpatient services through audits.

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Change Ideas from Last Year's QIP (QIP 2015/16)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
The Strategic Goal is to ensure all clients and their families are assured safety as it relates to the management of their medication The strategies remain similar to inpatients, with ongoing education for staff.	Yes	Our change plans were limited given our high performance. We are at a sustainability stage with our outpatient medication management which continues to be discussed at Pharmacy & Therapeutics, Safe Medication Committee and the Medical Advisory Committee through incident management. Our next steps are looking at the 'knowledge translation' element to encompass the journey of our client and take system level process into client/family knowledge integration. Advice on sustainability would include monthly discussion, prediction, trending and usage of process control charts.

Medication Reconciliation on Inpatient Discharge

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
2	% complete Medication Reconciliation on patient discharges (%; Pediatric Patients; Fiscal Year 2014/15; Hospital collected data)	88.20	90.00	92.50	Organizationally we have committed to monitoring medication reconciliation across every transfer point to ensure safe passage of clients. We have seen almost a 5% improvement since last year, and continue advance our system processes to enable us to reach the theoretical maximum.

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Change Ideas from Last Year's QIP (QIP 2015/16)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
The Strategic Goal is to ensure all clients and their families are assured safe transitions as it relates to the management of their medication 1. Visual Management process of medication management performance 2. Monthly huddles with teams discussing medication reconciliation of all transfers 3. Ongoing discussion of medication management incidents across Medical Advisory Committee and Pharmacy and Therapeutics	Yes	Our key areas that assisted in the improvement was working with our Meditech partners to ensure a 'force function' process step was included in the medication reconciliation pathway to ensure checking of this step. Additionally discussion at huddles, safety walk abouts, Pharmacy & Therapeutics, Safe Medication and Medical Advisory Committee discussions have allowed for advancement. Learnings organizationally were to understand each process step. Fully aligned with our present Nursing Strategy, understood was 15 unique steps in the delivery of medication, and mapping the reconciliation process identifying areas for improvement to standardize and streamline process.

Medication Reconciliation on Inpatient Discharge

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
3	% complete medication reconciliation on patient transfers (%; Pediatric Patients; Fiscal Year 2014/15; Hospital collected data)	X	90.00	89.30	Target for transfers was achieved and within the acceptable performance corridors. One quarter skewed results where the actual reconciliation was completed but the task of entering into the Electronic Medical Record had been omitted.

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The Strategic Goal is to ensure all clients and their families are assured safe transitions as it relates to the management of their medication 1. Visual Management process of medication management performance 2. Monthly huddles with teams discussing medication reconciliation of all transfers 3. Ongoing discussion of medication management incidents across Medical Advisory Committee and Pharmacy and Therapeutics 4.	Yes	Please see above explanation on medication reconciliation on admission and discharge.

Inpatient Families Follow Up Phone Call

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
4	% of clients who receive a follow up phone call after discharge for safe transition home within 3 business days (%; Pediatric Patients; Fiscal Year 2014/15; Hospital collected data)	83.10	80.00	91.30	Target achieved, sustainability plan in place along with a plan to pilot in an outpatient area in 2016/17. Feedback from families has highlighted the value of introducing the warm handover process into the outpatient setting.

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Change Ideas from Last Year's QIP (QIP 2015/16)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
The Strategic Goal is to ensure there are 'warm handovers' to minimize gaps across transition points in the system. 1. Sustaining the 3 business day phone calls to families once discharged home 2. Refinement of the discharge tool 3. Evaluation of the Discharge Process/Pathway for warm handovers which allow for safe transition into the community 4. Capture Family Satisfaction of discharge process within the tool for quality improvement initiatives 5. Including the 'warm handover' concept has part of the core competency training of nurses	Yes	Change plans were implemented with key evaluation points for staff and families to understand the process, value of the questions and ability to 'action' improvement. While the indicator is a process measure in identifying if we called families in a timely way, which has benefit in evaluating compliance, the actual benefit of the measure is having a nurse provide the call, execute the carefully crafted survey that tapped into gaps during the transition and providing support if required. The actual survey questions, performance and narrative feedback has been helpful in staff understanding the importance of the actual measure and why 3 days is critical in the transition point. As well - relating the measure to what is important from a client and family perspective. What we have not implemented is the 30 day phone call and this was intentional with the new administration of the NRCC client experience tool which is sent out to 100% of all discharge inpatient clients. The questions were similar and families were informed about the tool and request to complete.

Staff and Volunteer Influenza Vaccination Rate

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
5	% of 'eligible staff and volunteers' receiving influenza vaccine annually (%; Health providers in the entire facility; Fiscal Year 2014/15; Hospital collected data)	94.00	95.00	88.50	Our annual report of vaccination amongst staff and volunteers concluded on December 31st, 2015. The organizational target of 95% was not met with achieved performance of 88.5%. On further review our staff only vaccination rate was 94.5% with less of our volunteers choosing to vaccinate. Overall the rates this year are lower across the Toronto Academic Health Sciences Network (TAHSN) hospitals. This can be attributed to people waiting for the start of flu season (which arrived late January 2016) and concerns about the efficacy of the vaccine based on last year's mismatch. Holland Bloorview continues to have the highest vaccination rate among TAHSN hospitals. Additionally with pending decisions on the aggressive system wide strategy of mask or vaccinate and the challenges by specific health care groups, there was concern of our own organization. What was clear was that our volunteer rate and the delayed flu season were contributing factors.

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Change Ideas from Last Year's QIP (QIP 2015/16)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
The Strategic Goal is to ensure the spread of nosocomial infections is minimized at Holland Bloorview through the vaccination of all our eligible staff and volunteers 1. Staff and Volunteers must sign an 'influenza vaccination form' which identifies the reason for not receiving the vaccination 2. Refinement of the vaccinate or mask policy 3. Sustained implementation of the vaccinate or mask policy 4. Improved access to vaccination with availability across shifts, days and weekends.	Yes	All change plans were implemented.

Overall Client and Family Experience

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
6	% of excellent only responses from clients/families who would 'overall rate Holland Bloorview' (%; Pediatric Patients; Fiscal Year 2014/15; In-house survey)	68.70	75.00	51.3	Holland Bloorview historically used an 'in house' developed tool that pulled measures and questions from various areas. Historically the tool used was the Measures for Processes of Care MPOC-20, which included TC LHIN questions on quality, and the NRCC question on overall care. The survey was distributed annually and this approach had been used over the past decade. While the MPOC-20 tool was validated, adding other questions psychometrically always posed concern. Additionally, we historically have had a sample size of 680 surveys representing a 16% response rate. This past year was a landmark shift for the organization with a decision to introduction of a new survey tool tapping fully into the client experience, using tools that are fully aligned with paediatric rehabilitation on an inpatient/outpatient setting and partnering with NRCC a third party provider. The tool was introduced in the Fall of 2015; therefore we do not currently have a full closed quarter of data, but met the minimum requirement of 100 surveys for the legislation. Current performance is based on preliminary (open) results. Literature does suggest that we would expect to see a decrease in the overall experience values when moving from an in house survey administered by Holland Blooorview to one administered by a third party agency. We anticipate this upcoming year will be a journey of learning, with rich information to guide our quality and safety activities.

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Change Ideas from Last Year's QIP (QIP 2015/16)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
The Strategic Goal is to ensure the voices of our clients are heard	No	With the organizational decision to shift from our

incorporating issues of equity and diversity 1. Redesign the methodology to ensure a higher response rate for inclusion 2. Pulse Check for all inpatient clients with surveys provided at discharge 3. Revising 'new' core questions to address equity and education 4. Explore potential partnership with NRCC for survey expertise and administration 5. Implement identified improvement initiatives (e.g. discharge pathway, lab processes)		internal 'Tell Us What You Think' survey to the outpatient and inpatient paediatric rehabilitation tool, our change strategies were null and void.
Validation of the tool from NRCC for our clientele. Training for all staff. Education to our Family Advisory Committee to garner support and leverage Family Leaders to communicate our strategy.	Yes	With the shift in decision and tool we have followed a very scripted plan of education, training, implementation and communication strategy to increase awareness for our families.

Family Understanding of Medications

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
7	% of families rating 'strongly agree or agree' on the 72 hour discharge call that indicates health care providers gave an understandable explanation of medicines (%; Pediatric Patients; Fiscal Year 2014/15; In-house survey)	CB	80.00	90.10	There was a change in survey question wording and response scale form 2014/15. Consultations with family, youth and child leaders suggest that this remains a key priority for improvement in 2016/17, even though we saw improvement in this fiscal year.

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Change Ideas from Last Year's QIP (QIP 2015/16)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
The Strategic Goal is to ensure knowledge translation surrounding safe medication practices continues after discharge from hospital 1. Implementation of medication management questions (understanding) on the client and family satisfaction survey	Yes	All implemented. Key learning is to really involve all parties (pharmacy, nursing, physicians and families) in understanding what is needed and the importance of flagging gaps.

Authentic Partnership with Family Leaders

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
8	% of Family Leaders who would rate their experience as an authentic partnership. (%; Family; Fiscal Year 2014/15; In-house survey)	89.30	90.00	82.00	While the target was not met, the number of family leaders at Holland Bloorview almost doubled in 2015/16, which clearly indicates that our families are engaged and willing to partner with us. The Client and Family Integrated Care Team is in the process of reaching out to our family leaders to provide context to the data provided in the family leader engagement survey and to identify opportunities to improve the program. We continue to value the voice of our clients within all activities of the organization, and seek input on all initiatives. The measure was to ensure that our engagement with families is meaningful and authentic.

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Change Ideas from Last Year's QIP (QIP 2015/16)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
The Strategic Goal is to ensure Family Leaders feel their experience is an 'authentic partnership' with Holland Bloorview 1. Develop a validated tool measuring 'authentic partnership' 2. Evaluation of the tool	No	The development of a validated tool is still in process. There was a temporary change in leadership of the Client and Family Integrated Care team as well as the number of family leaders continues to expand.

Falls Rate

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
9	% of inpatients with a completed Falls Risk Assessment who go onto sustain an accidental fall (%; Pediatric Patients; Fiscal Year 2014/15; Hospital collected data)	3.00	10.00	4.85	This measure was introduced in 2014/15 and advanced from a process measure of completing an assessment tool to identify high risk, to outcome in seeing how many high risk children went on to fall. The advanced measure is in its second year of introduction. Preliminary data in fiscal year 14/15 had a target of 40% and historical data review identified 10% as the target. We have ranged in performance from 3.2% to 5.6%. In the upcoming 2016/17 QIP this metric will be removed and will be monitored on our internal performance scorecards, including at the level of the Board of Trustees.

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Change Ideas from Last Year's QIP (QIP 2015/16)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
The Strategic Goal is to reduce avoidable falls of complex paediatric clients through 'risk assessments' and 'identification' strategies 1. Refinement of the visual management 'wrist bands' to identify high risk clients to all inpatient professional health disciplines 2. Leverage the Professional Advisory Committee to assess the interdisciplinary role for falls prevention 3. Review of the current falls assessment tool for sensitivity and specificity (aligned with professional practice outcome measure strategy)	Yes	All completed - ongoing involvement with professional practice councils has been helpful in advancing understanding falls within a paediatric setting.

Pressure Ulcer Rate

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
10	% of inpatients with newly acquired pressure ulcers in the last three months (stage 2 or higher) while at Holland Bloorview. (%; Pediatric Patients; Fiscal Year 2014/15; Hospital collected data)	1.42	1.00	0.00	No hospital acquired pressure ulcers were experienced in 2015/16. This metric is being removed from 2016/17 QIP.

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Change Ideas from Last Year's QIP (QIP 2015/16)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
The Strategic Goal is to reduce the number of clients with acquired pressure ulcers at Holland Bloorview by implementing best practices on wound prevention/management. 1. Inclusion in 'core competency' of nursing annual re-certification 2. Annual education campaign to increase awareness of wound prevalence 3. Auditing of 'Braden Scale' usage for measuring risk of ulcers	Yes	

Two Client Identifiers

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
11	% of staff compliant with 2 client identifiers for all care (%; Pediatric Patients; Fiscal Year 2014/15; Hospital collected data)	91.20	95.00	95.10	Our target was achieved. This is a key organizational safety priority as well as an Accreditation Canada priority. This metric is being removed from the 2016/17 as the work will be to ensure the 95% performance is sustained, therefore no active improvement work will be associated. Additionally, facial recognition is now an acceptable identifier under Accreditation Canada's guidelines.

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The Strategic Goal is to ensure that Holland Bloorview staff incorporate 2 client identifiers prior to the commencement of care/therapy to reduce errors in care. 1. Annual campaign of 'Ask Me, Match Me' in an ambulatory care setting 2. Ongoing education through risk rounds, business meetings and safety meetings surrounding the importance of the initiative 3. Targeted strategy with Professional Advisory Committee and Collaborative Practice Leads to link safety into practice 4. Monthly audits of staff for evidence of integration in practice 5. Leverage the Family Advisory Committee, Youth Advisory Committee and Children's Advisory Council to co-partner with the initiative to support compliance	Yes	All change plans were implemented and the performance continues to thrive with the professional practice councils being aware of the importance of two client identifiers.

Complaint Resolution

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
12	% of straight forward complaints resolved within 7 business days (%; Pediatric Patients; Fiscal Year 2014/15; Hospital collected data)	100.00	80.00	100.00	We achieved 100% compliance with our goal to resolve all straight forward complaints within 7 business days. For the 2016/17 QIP cycle we will be advancing this metric to focus on the resolution of moderate complaints.

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Change Ideas from Last Year's QIP (QIP 2015/16)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
The Strategic Goal is to ensure our families complaints are listened to and the process of resolution commencement and resolution is timely. 1. Develop categorization of complaints with a 'predefined' conceptual framework 2. Monthly reports to Programs and Services on complaint profiles and resolution actions 3. Collection of complaint resolution times across all categories	Yes	Monthly performance reporting to Programs and Services leadership was very effective and well received. Ongoing understanding of the nature, type, quality of complaints has enabled the development of scripts, earlier consultation and simulations to assist in resolution of client concerns. With the structure, process and people the organization will be advancing to addressing moderate complaints.

Total Margin

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
13	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year. (%; N/a; Q3 FY 2014/15 (cumulative from April 1, 2014 to December 31, 2014); OHRS, MOH)	0.40	0.50	3.10	We will not be including this metric on our 2016/17 as we have continually achieved our target and as it is no longer a priority metric for Health Quality Ontario.

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Change Ideas from Last Year's QIP (QIP 2015/16)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
1. Quarterly Performance Reporting 2. Monthly Variance Review	Yes	All change strategies have been successfully implemented with ongoing monthly variance reports review, business microanalysis, business optimization and quarterly performance reporting conducted.

Autism Diagnostic Services Wait Times

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
14	80th percentile - longest wait measured in days (80th percentile; Pediatric Patients; Fiscal Quarter 2014/15; Hospital collected data)	183.00	137.00	164.00	As expected, Autism wait times did not meet target for Q3 Fiscal Year 2015-16, nor did they meet target on a consolidated basis for the full year. Ongoing factors continue to be demand exceeding capacity. Psychopharmacology, a subset of the Autism services (not measured on the QIP) continues to exceed target with wait times below 80 days at the 80th percentile and sustained performance for 8 months. Resources are being shifted from the psychopharmacology clinic to address diagnostic autism demand. Enhanced physician resources are anticipated over the next 6 months that will assist in reducing wait in accessing services, as will the ambulatory care strategy currently under development.

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Change Ideas from Last Year's QIP (QIP 2015/16)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
The Strategic Goal is to provide timely access to Autism assessment services across Holland Bloorview Kids Rehabilitation Hospital (all sites). 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	Yes	We continue to implement our 3 year strategy with the first year deliverables achieved. Lessons for other organizations is to understand that changes in access require a staged approach, are connected with other services (e.g. registration) and a full 'journey of the child' is required to understand the interdependencies.
1. Implement recommendations of the 'ambulatory care' review 2. Implement an 'operational model' for overseeing all ambulatory care functions, metrics and strategy	Yes	
1. Implementation of a visual management system of performance to monitor demand/capacity 2. Implement a new referral process for community practitioners to streamline access to services with minimal administrative waits	Yes	Implemented and part of the larger Data Governance Strategy to align data quality, data systems, decision support and performance management.

Neuromotor Wait Times

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
15	80th percentile - longest wait measured in days (80th percentile; Pediatric Patients; Fiscal Year 2014/15; Hospital collected data)	155.00	137.00	179.00	Neuromotor wait times did not meet target for Q3 Fiscal Year 2015/16 and have continued to rise over the past 3 quarters. As this model of service delivery requires regular touchpoints with clients to ensure they are progressing in their care, the balance between scheduling new and ongoing clients continues to present challenges. New physician funding in 2016 will allow a rebalancing of resources with physicians who were shifted to meet autism demands to be redirected back to neuromotor services. As demand for neuromotor assessment remains stable, once the backlog in the waitlist is addressed, demand and capacity for the service should be matched. Wait times continue to be addressed in conjunction with autism services as the resources are shared.

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The Strategic Goals is to improve access to neuromotor services at Holland Bloorview Kids Rehabilitation Hospital to enable timely access to secondary services. 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.	Yes	All change plans have been implemented as part of the larger ambulatory care strategy.

Medication Reconciliation on Inpatient Admission

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
16	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital (%; All patients; most recent quarter available; Hospital collected data)	97.10	100.00	99.10	The target is the theoretical maximum with actual performance being very close to the maximum. In Q2, the organization achieved 100% medication reconciliation on admission.

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No Change ideas - sustain performance	Yes	Performance is being sustained.