

## Quality Improvement Plans (QIP): Progress Report for the 2017/18 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 2017/18	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	% 'excellent and very good' rating by clients and/or families to the question: Overall how would you rate Holland Bloorview' ( %; Pediatric Patients; 2016/17; NRC Picker)	88.70%	90.00%	87.70%	Current performance is within target range; with a focus on the top2box ('excellent' and 'very good') responses. This value is based on 243 returned surveys. In the next fiscal year we will explore different modes of receiving feedback from our clients and families beyond the client experience survey. We will continue to focus on expanding our kids' feedback process and are committed to exploring ways to obtain real time feedback.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
Measurement and Feedback: Continue to enhance Client Experience Performance Reporting	Yes	Our corporate performance reporting includes a strong focus on client experience measures that assist in understanding the overall care experience. Performance is posted quarterly in each unit, driving a sense of local ownership toward quality improvement.
Measurement and Feedback: Continue pilot of kids feedback process	Yes	As part of the new strategic plan in ensuring we continue to co-create with children, youth and families and alumni, a kids feedback specialist who was a former Holland Bloorview client was hired to seek feedback from children and youth in both in and outpatient programs. Leveraging lived experience the

		<p>kids' feedback specialist created a supportive environment and conducted 60 feedback interviews. The feedback interview structure focuses on safety, communication, access, transitions and care effectiveness. Data analysis is the key work for Q4 2017-18 and will inform the change plans for future QIPs as well as our internal integrated quality management plan that is currently being developed for 2018 through 2020 calendar years. Preliminary analysis suggested a continued organizational focus on care transitions and shared goal setting with clients. Clinician engagement has been critical to the success of this work as they promote the initiative to clients and families. Many have taken an active role in connecting clients directly with the feedback specialist.</p>
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**Outpatient Follow Up Phone Call**

ID	Measure/Indicator from 2017/18	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
2	% of clients/families within the Feeding Service called within three weeks of service provided ( %; Pediatric Patients; 2016/17; Hospital collected data)	Not available	80.00%	100%	The target was met in Q3 and trending for Q4 after several iterations in survey and process development. Completion of the calls expanded beyond one therapist in the clinic to include diverse team members and it is now a shared responsibility across disciplines. The team meets monthly to review which clients will receive the call and determine which clinician is best suited to complete the call. While the process measure has been successful the response rate for survey completion requires further improvement.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
<p>Process Improvement Initiative: Continue pilot testing the warm handover process in one outpatient clinic, the Feeding Service</p>	<p>Yes</p>	<p>Ambulatory Care continues to be an area of focus regarding what client, families and clinicians experience as effective support in implementing recommendations as they transition from Holland Bloorview to home. This year was phase two of the pilot process in the feeding clinic. In phase two, based on family and clinician feedback, the questions in the follow up phone call were significantly revised to initiate more meaningful conversation with families, provide an opportunity to further support the families as well as provide space for them to pose additional questions that arose following their appointments. Also, completion of the call expanded beyond one therapist to a shared responsibility across the team. We found that it was challenging to find an appropriate time to connect with the families. Our process was to call twice and leave voice messages. We will continue to seek better ways to connect with clients post service to ensure continuity of care and an ideal model of service delivery.</p>

## Outcome Measurement

ID	Measure/Indicator from 2017/18	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
3	% of clinicians using GAS & COPM outcome tools for inpatient and outpatient therapy ( %; Pediatric Patients; 2016/17; Hospital collected data)	68.90%	80.00%	72.20%	This work is part of a multi-year strategy and we had made progress based on our previous year's performance. Additionally we have discovered some data element challenges that inflated the denominator, making the overall performance reported lower than actual. As well, variation across disciplines regarding the appropriate usage of this tool has influenced results to date.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
Process Intervention: Facilitate Transitions (continued work from 2016/17)	Yes	This research study, done in collaboration with a clinical team, the University of Toronto, and youth leaders concluded this year. The purpose of this study was to test ways to enhance the Fit n' Flex program in order to inspire physical activity among its youth participants outside of the program sessions. One of the suggestions from families was the creation of a self-monitoring tool to help children and youth keep track of their therapy exercises and participation in other types of physical activities outside of the outpatient program sessions. Given this need the current study was done to test whether two self-monitoring tools (an activity monitor and an activity log) impacted motivation, confidence, and physical activity behaviour in children and youth enrolled Fit n' Flex. This study showed some initial evidence that self-monitoring can promote positive changes in physical activity behaviour among children and youth. Importantly, it gave preliminary evidence to show that activity logs and activity monitors (i.e., FitBit®) are practical and feasible tools for children and youth who participate in a weekly outpatient therapy program to participate in other types of physical activities. The organization is exploring how to expand the use of activity/therapy exercise tracking in other programs.

<p>Process Improvement Initiative: Implement Integrated Coordinated Care Plan (ICCP) for Outpatient Clients</p>	<p>Yes</p>	<p>This is a key area of focus for the organization. The ICCP is a structure, and a supporting tool, to support the conversation with clients and families about what is most important to them. This work is being implemented across our ambulatory care program in parallel with the solution focused coaching training. As of the end of December, 194 staff have successfully completed the training program. The ICCP focuses on what is most important to clients and families to enable the co-creation of meaningful plans of care that are strength based and future oriented, as well as supporting successful transitions across the life course. A number of clinician champions have been identified and are working closely with collaborative practice to advance use. The steering committee will transition to a working group in the coming year.</p>
<p>Process Improvement Initiative: Implement goal setting process in partnership with clients and families</p>	<p>Yes</p>	<p>Our collaborative practice team is successfully implementing our organizational outcome measurement strategy, and work will continue next fiscal year. The use of the tools has been embedded as part of workflow, and education and support is ongoing. Video simulations were created and implemented as part of the education strategy. Chart audits were completed demonstrating significant improvements in regular usage. The team continues to monitor use and updates are included as part of quarterly performance reporting.</p>
<p>Education &amp; Training: Conduct simulation training to enhance uptake of outcome tool.</p>	<p>Yes</p>	<p>Simulation videos were developed following a clinician survey. These results led to the development of simulations to support clinicians in using and talking about outcome measures with clients and families. Five simulation videos were created with parents of clients, youth clients, clinicians, and education specialists as members of the working group. The simulations were based on real clinical situations to generate discussion. The topics addressed were: introducing outcome measures, demonstrating disconnect when goals are not set collaboratively, setting collaborative goals, addressing different perspectives in goal setting, and addressing uncertainty of outcomes. The simulation videos were posted on WikiOutcomes (a wiki for outcome measures information sharing and education on the organization's intranet). Reflective questions, observation questions, and discussion points were created for each simulation to facilitate post-viewing reflection and discussion. Clinical champions were identified, participated in training, and were provided with the facilitator's guidebook (which included the questions and discussion points) so that they could support post-viewing</p>

discussion. The simulations were viewed in large groups (i.e., practice council, program/service). Clinicians were also encouraged to view in smaller groups on WikiOutcomes. The simulations could also be used as a teaching tool with clinical students.

### Supported During Discharge

ID	Measure/Indicator from 2017/18	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
4	% of families and clients reporting they felt they were adequately supported in preparing for discharge ( %; Pediatric Patients; 2016/17; Hospital collected data)	Collecting baseline	90.00%	90.3%	We exceed our target for this metric. This is this first year we included an outcome indicator from the 72 hour follow up inpatient phone call. In previous years it was a process indicator looking at contact rates. We have heard from our clients and families that this important and will therefore continue to be a key area of focus in the next fiscal year.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
Process Improvement Initiative: Enhance timely completion of physician discharge summaries. This will be a multi-year strategy to understand, align, develop processes and build sustainable structures for timely discharge planning.	Yes	We are members of an external committee to learn about how the work has been advanced in other hospitals and how this will be advanced at system and local levels. We continue to learn how this work will be advanced at a system level.
Process Improvement Initiative: Sustain use of discharge planning tools.	Yes	The hospital has recently 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 sustain their use across our inpatient program. 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 2017/18	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
5	% of moderate complaints resolved within 21 days ( %; Pediatric Patients; 2016/17; Hospital collected data)	94.70%	70.00%	91.3%	For the second year in a row we exceeded our target for the resolution of moderate complaints. 97 of 106 moderate issues were resolved within the target of 21 days.
Change Ideas from Last Years QIP (QIP 2017/18)		Was this change idea implemented as intended? (Y/N button)	Lessons Learned		
Measurement and Feedback: Understand our moderate 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 quarterly as part of the performance reporting cycle. As we continue to advance our commitment to clients and families, the next evolution will be to explore if clients and families feel respected, satisfied and supported during the complaint resolution process through an experience survey.		

## Wait Times-Autism Diagnostic Services

ID	Measure/Indicator from 2017/18	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
6	80th percentile - longest wait measured in days Autism Diagnostic Services ( 80th percentile; Pediatric Patients; 2016/17; Hospital collected data)	162	137	180	We are off target year-to-date in 2017/18. However, we are seeing wait times trend downward month over month since September 2017. This is attributable to the filling of staff vacancies, changes in the model of service delivery and improvement to work flow. In 2016/17, there was a 12% increase in referrals which impacted wait times, one of many contributing factors. Fortunately, so far in 2017/18, we are seeing the referral volumes stabilize. From April 1, 2017 to January 15, 2018, 40% of clients have been seen within our target of 137 days. As we move into Q4 we are, for the first time, meeting and exceeding target with 80%of clients seen within target.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
Measurement and Feedback: Continue to enhance wait rime performance reporting	Yes	Managers continue to regularly monitor program wait time and referral information using an electronic reporting tool that can be accessed at any time with real time data. Additionally, this information is shared across hospital leadership as part of the quarterly performance reporting process.
Process Improvement Initiative: Continue 2015/16 improvement work.	Yes	Demand and capacity continue to be monitored on a regular basis and significant work has been done to develop and implement a process to enhance timely access to services. In particular the organization will be looking to create new models of care to best achieve our strategic plan objective of delivering personalized pathways.
Process Improvement Initiative: Communicate with families who are waiting for service	Yes	The outpatient orientation program, launched in the fall of 2016, continues to be offered to families waiting for services in the Neuromotor and ASD programs.



## Wait Times-Neuromotor

ID	Measure/Indicator from 2017/18	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
9	Wait times: 80th percentile in length of wait times for clients in Neuromotor. Measured in days. ( 80th percentile; Pediatric Patients; 2016/17; Hospital collected data)	163	137	152	While wait times for the Neuromotor program did not meet target for 2017/18, we are continuing the trend of year-over-year improvement, with a total reduction of 12 days since last fiscal year. Further, 73.8% of clients referred to the program were seen within the target of 137 days. Notably, we have experienced significant quarter-over-quarter improvement in 2017/18, with Q3 performance at 88 days, our lowest quarter since Q1 2013/14. This improvement is largely attributed to the filling of two key staffing vacancies which allow us to function with a full staffing complement.
Change Ideas from Last Years QIP (QIP 2017/18)		Was this change idea implemented as intended? (Y/N button)		Lessons Learned	
The Strategic Goal is to improve access to Neuromotor services at Holland Bloorview Kids Rehabilitation Hospital to enable timely access to secondary services.		Yes		See ASD Wait Time for further details. Program wait times are closely monitored and reported at various levels of the organization, up to and including senior management and the board of trustees on a quarterly basis.	

## Medication Reconciliation Across the Hospital

ID	Measure/Indicator from 2017/18	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
7	Medication reconciliation at all points of contact, including admission, inpatient transfer, inpatient discharge, and all outpatient medical clinics ( %; Pediatric Patients; 2016/17; Hospital collected data)	97.50%	100.00%	95.50%	The target is 100% as the theoretical maximum and an aspirational goal for Holland Bloorview. Performance has consistently been at 95 per cent or higher for the past three fiscal years. This metric is looking at medication reconciliation across all transfer points for both inpatient and outpatients clients. We will be transitioning this metric from the QIP and continuing to monitor medication reconciliation internally.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
Process Improvement Initiative: Enhance Outpatient Client/Family Understanding of Medications	Yes	The organization launched a campaign encouraging clients and families to ask their providers questions about their medications. The communication tool was initially created by ISMP (Institute for Safe Medication Practices). Additionally, we incorporated a custom question on our outpatient client experience survey that enables us to monitor client/family understanding of medications.
Process Improvement Initiative: Continue with Implementation of Failure Mode Effects Analysis (FMEA) Recommendations for Leaves of Absence (LOA).	Yes	We formalized the process of checking in with families about their understanding of medications before and after LOA. Critical success factors/include extensive family engagement and inter-professional staff engagement.
Process Improvement Initiative: Continue refinements to our medication reconciliation process	Yes	Medication reconciliation audits are conducted on a weekly basis by our manager of patient safety.
Education and Training: Develop Brochure for Managing Medications at Home for our Inpatient Families	Yes	The organization launched a brochure called "Understanding your role in safety: Clients and families" There were three versions created, one for inpatients, one for clients in our outpatient child development program and the third for the participation and

		inclusion program. Each brochure has a detailed section outlining program specific tips on medication safety and how to work with the care team to prevent medication errors.
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**Understanding Medication**

ID	Measure/Indicator from 2017/18	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
8	Understanding Medication: % of families rating that health care providers gave an understandable explanation of medicines ( %; All patients; 2016/17; Hospital collected data)	92.60%	90.00%	96.80%	Our current performance exceeded target. This information is being captured at two different post discharge time points; first during the 72 hour follow up phone call (what is reported on the QIP) and at a second time at around 30 days post discharge as a question on the NRC client experience survey. Data for the two time points is being monitored at the program level.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned
See above (medication reconciliation)	Yes	See medication reconciliation progress report.