Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2016/17 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
1	"Would you recommend this hospital (inpatient care) to your friends and family?" add the number of respondents who responded "Yes, definitely" (for NRC Canada) or "Definitely yes" (for HCAHPS) and divide by number of respondents who registered any response to this question (do not include non-respondents). (%; All patients; October 2014 – September 2015; NRC Picker)	606	73.00	82.00	64.00	Current performance based off Q3 YTD 2016/17 data. While RVH did not meet this target, we are mindful that this is representative of Top Box only and continue to monitor both Top Box and Secondary Box. We strive to increase our Top Box measurement however have taken the approach to set incremental targets over the next several years so as to deliver a laser focus on the metrics and change ideas. Amb Onc numbers have not been included since April 1, 2016. Historically these numbers have been high contributing to a higher overall score. As well, new survey has new wording in the questions as well as different scales which has resulted in overall drop of at least 8% provincially and OHA issuing a bulletin in the fall indicating data is unstable provincially

					due to new survey and low "n" size.

Realizing that 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.

Change Ideas from Last Years QIP (QIP 2016/17)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Engage in Plan-Do-Study-Act cycles for continuous quality improvement focused on enhancing the patient experience.	Yes	Important to sustain ongoing continuous improvement activities.
Implement services to meet community needs while exceeding their expectations and use patient feedback to influence optimization of space and capital expenditures.	Yes	PFAC has been engaged in many activities to improve patient experience. Such as eliminating visiting hours, giving input on patient information, participating in Kaizen events for the new Advanced Cardiac Care program, etc.
Leverage technology to enhance access to service, connect patients with the right providers and inform and educate patients.	Yes	Technology continues to evolve. Suggest including care providers in evolution of technology throughout organization. Stereotactic radiotherapy now offered for appropriate patients within cancer center which means care closer to home. Established Urgent Consult Clinic for CYMH across LHIN. Leaders in use of OTN within cancer programs in province.
Collaborate with our health system partners to smooth transitions in care for patients receiving care.	Yes	Excellent relations with LHIN and CCAC, example Home First program.
Enhance the employee experience at RVH to augment the correlate performance of the patient experience indicators.	Yes	Employee action plans are developed to align with patient experience.
Introduce communication education: (Caring, The Human Touch).	Yes	Project commenced in ED.

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2	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI during the reporting period, divided by the number of patient days in the reporting period, multiplied by 1,000. (Rate per 1,000 patient days; All patients; January 2015 – December 2015; Publicly Reported, MOH)	606	0.16	0.22	0.22	Current performance based off Q3 YTD 2016/17. While there was a slight increase over prior year, RVH remains proud of our results and continues to promote safe best practices and standards throughout the health centre that prevent CDI occurrences.

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Sustain current practices that have facilitated success in last two years.	Yes	Monthly review at Senior Leadership table aids in sustainability of all actions.
Utilize capital expenditures to meet community needs.	Yes	Maintain preventative maintenance for all equipment utilizing capital expenditures where capital is required. Provided equipment to do glowgerm audits. Added negative pressure isolation rooms. Renovated Specialized Seniors Unit to encompass modified bathrooms and infection prevention and control measures.
Relentlessly improve hand hygiene rates.	Yes	Reporting of all inpatient and ambulatory hand hygiene results posted throughout the organization including public areas.
Sustain Antibiotic Stewardship programming.	Yes	Ongoing with published research.
Initiate IPAC trigger tool to prevent further C Difficile cases.	Yes	Ongoing.

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3	ED Wait times: 90th percentile ED length of stay for Admitted patients. (Hours; ED patients; January 2015 - December 2015; CCO iPort Access)	606	27.90	25.11	31.80	Current performance based off Q3 YTD 2016/17 data. RVH did not meet the outlined target however is committed to ensuring ED Wait Times are a focus in 2017/18 as evident by the implementation of Emergency Department Intensive review which will review all phases of the ED patient journey including registration, care and discharge and offer efficiency without compromising quality of care.

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Enhance provision of integrated and coordinated care, so a patient can receive the right care from the right provider at the right time.	Yes	In partnership with Health Link there is a Most Vulnerable Patient clinic that treats patients with high complexity and previous frequent ED visits.
Engage in Plan-Do-Study-Act cycles for continuous quality improvement focused on reducing length of stay in the ED for admitted patients.	Yes	Ongoing continuous improvement is required. Lesson learned is that ED wait times are not owned by ED but organizational wide, therefore requiring organizational wide solution.
Collaborate with our health system partners to ensure care required is accessible and timely including diversion of unnecessary ED visits.	Yes	ED has worked with Imaging to ensure accessibility of ultrasounds. As well ED has worked with Laboratory to ensure timely turnaround of lab results. Liaise with walk in clinics and primary care physician offices to understand hours of operation during holiday seasons. Submitted a business case to LHIN to support funding for MRI and CT.

Leverage technology to enhance access to service, connect patients with the right providers and inform and educate patients.	Yes	Improvement to systems to ensure data accuracy, e.g. PIA.

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4	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 (Rate per total number of admitted patients; Hospital admitted patients; most recent quarter available; Hospital collected data)	606	89.00	75.00	69.00	Current performance based off Q3 YTD 2016/17 data. Whereas prior year included Surgical Department only, current year is reflective of organizational roll out. While target was not met in current year, resources have been allocated to ensure priority is placed on meeting target in 2017/18. Pharmacy works closely with our clinicians to ensure medication safety standards are sustained.

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Build upon our success in the last couple of years by sustaining the quantity of medication reconciliations completed and enhance the quality of the medication reconciliation upon admission as it is rolled out throughout the entire organization.	Yes	Ensure capacity available for fulsome roll out.
Continue to prepare for electronic medication reconciliation processes throughout the entire organization.	Yes	Ensure capacity available for fulsome roll out.

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5	Medication reconciliation at discharge: The total number of patients with medications reconciled as a proportion to the total number of patients discharged from the hospital (%; All patients; Most recent quarter available; Hospital collected data)	606	46.00	35.00	22.00	Current performance based off Q3 YTD 2016/17 data. Whereas prior year included Surgical Department only, current year is reflective of organizational roll out. While target was not met in current year, resources have been allocated to ensure priority is placed on meeting target in 2017/18. Pharmacy works closely with our clinicians to ensure medication safety standards are sustained.

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Continue to prepare for electronic medication reconciliation processes throughout the entire organization.	Yes	Ensure capacity available for fulsome roll out.

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6	Percentage of acute hospital inpatients discharged with selected HBAM Inpatient Grouper (HIG) that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission. (%; Discharged patients with selected HIG conditions; July 2014 – June 2015 ; CIHI DAD)	606	17.02	4.00	17.50	Current performance based off July-September 2016 data. Provided by HQO. Patients discharged from RVH with a diagnosis of CHF and readmitted to another facility with the same diagnosis is not within the control of RVH. RVH has a group of sub specialist internal medicine physicians that does not exist in many of our partner hospitals.

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Enhance provision of integrated and coordinated care, so a patient can receive the right care from the right provider at the right time.	Yes	Heart Function Clinic staffed by Cardiologist with specialization in heart failure.
Collaborate with our health system partners to smooth transitions in care for patients receiving care.	Yes	Working with LHIN partners to ensure consistency of care.
Leverage technology to enhance access to service, connect patients with the right providers and inform and educate patients.	Yes	Lesson learned - as Advanced Cardiac Care comes to RVH we will utilize telemedicine technology which could extend to patients with CHF. Implemented new state of the art electrodiagnostic equipment in our outpatient area inclusive of echo which can be viewed remotely.
Engage in Plan-Do-Study-Act cycles for continuous quality improvement	Yes	Ongoing continuous improvement required.

focused on reducing unnecessary hospital readmission.

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7	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data (Rate per 100 inpatient days; All inpatients; July 2015 – September 2015; WTIS, CCO, BCS, MOHLTC)	606	19.40	19.40	18.57	Current performance based off July - September 2016 data. Provided by HQO. RVH has seen a slight decline in ALC rate and continues to ensure it is a top priority. Target for 2017-18 aligns with HSAA.

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Enhance provision of integrated and coordinated care, so a patient can receive the right care from the right provider at the right time.	Yes	Nurse led outreach teams with NPs associated with specific nursing homes to assess patients who may be at risk for transfer and admission to hospital.
Collaborate with our health system partners to smooth transitions in care for patients receiving care.	Yes	Collaborate with CCAC and LHIN through the Home First program to prioritize placement of long term care patients.
Leverage technology to enhance access to service, connect patients with the right providers and inform and educate patients.	No	No specific technology utilized but plans for 2017/18 will include the implementation of an appropriateness of stay tool.