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

Holland Bloorview
Kids Rehabilitation Hospital

Note: 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.

Use of Outcome Tools

Measure	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
% of clinicians using GAS & COPM outcome tools for inpatient and outpatient therapy (%; Pediatric Patients; 2015/16; Hospital collected data)	Collecting baseline	80.00%	68.90%	This is a multi-year strategy and the target of 80% was set as a stretch target with no baseline data. Work will continue into 2017/18 as we continue to strive toward the stretch target. The current measure focuses on compliance and we have a goal to move towards outcome measurement in subsequent years.

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?
Process Intervention: Facilitate Transitions (Fit Bit Study)	Yes	This change initiative is in process. In collaboration with the University of Toronto a joint research proposal was submitted and approved by our research ethics board, to rigorously determine if the use of a self-monitoring tool is an effective way to increase engagement with therapy exercises. The study began in January 2017.
Process Improvement Initiative: Implement goal setting process in partnership with clients and families	Yes	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 have been

		developed as part of the education strategy, and roll out will be in the next few months. The team will continue to monitor use and updates will be included as part of the monthly huddle boards.

Follow Up Phone Call (Outpatients)

Measure	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
% of families within the feeding service called within three weeks after service provided (%; Pediatric Patients; 2015/16; Hospital collected data)	0.00%	80.00%	0.00%	We did not meet our target of connecting with our families in the feeding clinic within 3 weeks of service. However, we began phoning families in January (beginning of Q4) and since then we phoned (100%) of our families seen in the clinic as of the beginning of Q3 who met criteria for the phone call. We phoned families that did not require a follow up appointment based on their last appointment. As we were connecting with families retroactively we were unable to meet the target 3 week time frame. Moving forward in 2017/18 we feel that we will be able to achieve our target timeframe. An additional resource of 0.1 FTE was added to the feeding program to ensure timely completion of the phone calls and the individual has dedicated time to conduct the calls every 2 weeks.

Change Ideas from Last Year's 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?
Process Improvement Initiative: Pilot test the warm handover process in one outpatient clinic, the Feeding Service	Yes	The pilot test of the warm handover, or follow up phone call, is in process on our feeding therapy clinic. The touch point is conducted by an occupational therapist. These phone calls were made to clients in the feeding therapy clinic who were deemed at their last appointment to not require a follow up appointment. A key success factor was engaging both family leaders and clinicians equally in the development of the follow up questions. Advice to others would be to engage front line staff in the clinic selection process for the pilot test. Also, the advice from our collaborative practice team around the documentation requirements to ensure

		compliance with regulatory college standards was critical.

Follow Up Phone Call (Inpatients)

Measure	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
% of inpatient clients who receive a follow up phone call after discharge for safe transition home within 3 business days (%; Pediatric Patients; 2015/16; Hospital collected data)	91.16%	90.00%	92.00%	Our target of 90% was exceeded. We will continue to monitor this metric internally and maintain current level of performance, but will not be including it on our 2017/18 QIP.

Change Ideas from Last Year's 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?
Process Improvement Initiative: Sustain implementation of the 72 hour post discharge follow up phone call to ensure there are 'warm handovers' to minimize gaps across transition points in the system	Yes	Currently, Clinical Resource Leaders receive data summaries and charts from administrative support. The information is then disseminated and discussed during unit business meetings as well as amongst hospital leadership. Over the past two years, data from the survey has informed the Quality Improvement Plan, assisted us in developing a standardized clinical discharge pathway, inspired development of the Transition Passport, and supported and informed early adoption and development of the Patient Orientated Discharge Summary (PODS) and connect2care initiatives. Additionally, as a secondary outcome of the focus groups, there are 11 family and clinician recommendations aimed at improving our discharge process, which are currently under consideration.
Survey revisions	Yes	After two years of having acquired survey data and nursing feedback, we revisited our 72 Hour Post-Discharge Survey questions. Six focus groups offering feedback on the survey were held and participants included management, administrative support, nursing leadership, quality, pharmacy, social work,

		family leaders, and frontline nurses from all three inpatient units. The survey went through a series of revisions, based on feedback. Families and teen clients were then consulted to review the revised survey, and a new Heath Literacy Review was completed. Revisions to the survey include merging redundant questions, removing questions that were inappropriate to measure at 72 hours post-discharge, rewording questions that confused families or were subjective and difficult to measure in order to address tangibly, adding questions based on data trends in order to better understand and address client and family concerns, and adding a question that is a priority indicator from Health Quality Ontario for the annual Quality Improvement Plan. Additionally, nursing directives were added to the survey document to instruct nursing with regard to responding to client health concerns or identified gaps in care, as well as documentation.

Overall Care Experience

Measure	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
"Overall, how would you rate the care and services you received at the hospital?" (inpatient), add the number of respondents who responded "Excellent", "Very good" and "Good" 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)	86.70%	90.00%	89.1%	Current performance is within target range. This was our first full year of using the externally validated and administered NRC Patient Experience survey tool. We elected to focus on very good and excellent responses only; rather than good, very good and excellent. The survey tool is specific to pediatric rehabilitation and benchmarking to other Canadian sites is not possible at this time. We will be continuing to focus on this metric for 2017/18.

Change Ideas from Last Year's 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?
Measurement and Feedback: Enhance Client Experience Performance Reporting	Yes	Our corporate performance reporting structure was evaluated, revised, and reintroduced this year and included a strong focus on client experience metrics. Plans for next year include introducing quality huddle boards that bring further focus and attention to this information.
Education to Clients and Families	Yes	The Outpatient Orientation was fully developed and created in collaboration with the Family Advisory Committee, Family Resource Centre, and Child Development Program. Materials for the orientation (a resource booklet and presentation content) were completed in 2016, and partnerships with Information Systems, Decision Support, Privacy, and Appointment Services were established in order to provide an integrated system that allows for confidential documentation and measurement of attendances at the orientation. The Centres for Leadership has also provided financial support for this project to do research on 'Evaluating the benefits of providing information to families in advance of their health care'. These advances have allowed the Family Resource Centre to offer orientations in January, February and March of 2017, twice per month. Invitations have been continuously sent out through CDP Intake (since January 2017) to families who have been accepted and on the waitlist for the Neuromotor and hospital (main) site Communication, Learning

		and Behaviour clinics. When families attend the session, they will receive the resource booklet (which includes information about the hospital, family tips, clinician tips, appointment tools, and contact information for community and hospital services and supports) and presentation slides. Success factors for developing the orientation include: involving family members at an early stage to design and provide feedback on content, cooperation and partnership from all levels and necessary departments of the hospital, and a core team – one which is diverse and multidisciplinary – to drive the work forward (our team includes family members, management, clinicians, researchers, and family support staff). For other organizations to develop an orientation, it is absolutely necessary to have the family voice present in all areas and processes of the orientation. Specifically, we found it necessary for families to provide the most relevant content within the development stage, make sure that the information is presented and outlined in a way that is understandable and digestible in the production stage and have family members present the orientation at the implementation stage. This ensures that families who will attend the orientations understand that their voices are heard and valued within the organization.
Process Intervention: Gather direct client feedback post-intervention	Yes-Partially	A corporate decision was made to expand the scope of this work and trial the inaugural kid's feedback month on our inpatient units before expanding the scope to outpatients. Kid's feedback month was held in June and July, with great success and plans to conduct a similar process for all of outpatients are underway for next fiscal year. Critical success factors include selection of who administers the survey, as it must not be someone who is directly involved with the child's care, and who is able to build rapport quickly.

Autism Diagnostic Services Wait Times

Measure	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
80th percentile - longest wait measured in days (80th percentile; Pediatric Patients; 2015/16; Hospital collected data)	164.00	137.00	162.00	As expected, Autism wait times did not meet target for Fiscal Year 2016-17 YTD. This is a multi-year strategy and Holland Bloorview is in the 2nd of 3rd 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 around 100 days at the 80th percentile and performance has been sustained over the last fiscal year.

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Measurement and Feedback: Enhance Wait Time Performance Reporting	Yes	Performance reporting for program wait times was refreshed in this fiscal year. Additionally, Decision Support created an electronic reporting tool that operations managers can access at any time with real time data.
Process Improvement Initiative: Continue 2015/16 improvement work.	Yes	We continue to implement our 3 year strategy with two years of deliverables achieved. Lessons for other organizations are 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.
Process Improvement Initiative: Communicate with families who are waiting from service	Yes	An outpatient orientation package was launched in the fall of 2016, see above Overall Care Experience progress report. .
Process Improvement Initiative: Introduction of an Electronic Referral System using the electronic child health network (eCHN) platform	No	Original conversations and planning with eCHN were shifted when an internal restructuring occurred resulting in shifted priorities. The initiative did not move forward. While Holland Bloorview firmly supports the need for an electronic solution, this will be tied into our larger IS/IT strategy and an outlined implementation date is yet to be determined.
Increased Psychology	Yes	The increased capacity for psychology appointments significantly

Appointments (new)		decreased wait times over the past 3 quarters. The improvement in access has allowed our CDP (child development program) psychologists to work collaboratively to address wait times for autism diagnostic and neuromotor/neuromuscular cognitive assessment. The result is improved access for psychology.

Neuromotor Wait Times

Measure	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
80th percentile - longest wait measured in days NMT (80th percentile; Pediatric Patients; 2015/16; Hospital collected data)	179.00	137.00	163.00	Neuromotor wait times did not meet target for year 2016/17; however, we significantly improved our current performance year over year, with a total reduction of 16 days. Demand and capacity continue to be monitored, however long term illness of several resources has impacted performance. Given these reductions in staffing, reducing wait times year over year is a significant achievement. Significant work has been done to develop and implement processes to enhance timely access to service, and will continue into 2017/18, in particular optimizing care pathways for our clients and families.

Change Ideas from Last Year's 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?
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 above Autism Diagnostic Services Wait Times progress report as the change plans were the same. Many of the planned improvement initiatives were completed as planned for example we enhanced the wait time performance reporting across all outpatient clinics, enhancements continue to be made to streamline flow, the outpatient orientation package was developed in partnership with the family advisory council as was recently implemented. The electronic referral platform was not implemented, but remains planned for future implementation.
OT/PT Assessment/Consultation Clinics (new)	Yes	We began offering occupational and physiotherapy assessment/consultation clinics to assist in improving access to service. Social work has also implemented group sessions to improve access.

Complaint Resolution

Measure	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
Complaint Resolution: % of moderate complaints resolved within 21 days (%; Pediatric Patients; 2015/16; Hospital collected data)	89.70%	70.00%	94.7%	We exceeded our target, 124 of the 131 moderate issues were resolved within the target 21 days for the period of April 1, 2016 to February 28, 2017. All 7 of the moderate issues which were not resolved within the 21-day target, were part of a single (complex) complaint file.

Change Ideas from Last Year's 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?
Measurement and Feedback: Understand our moderate complaints	Yes	We will continue monitor our resolution timelines and regular reporting to programs and services leadership. Client and Family Relations (CFR) monthly feedback reports for the whole organization are posted on Viewfinder. The program/department-specific CFR monthly feedback reports are sent to the individual (Senior) Directors.

Understanding Medications

Measure	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
Understanding Medication: % of families rating that health care providers gave an understandable explanation of medicines (%; Pediatric Patients; 2015/16; NRC Picker)	90.10%	90.00%	92.6%	Our current performance exceeded target. Consultations with family, youth and child leaders suggest that this remains a key priority for improvement in 2017/18, with a decision to focus on our inpatient population. We will continue to implement our change plans into 2017/18 and will be exploring different ways of capturing this information and spreading across inpatients and outpatients.

Change Ideas from Last Year's 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?
Process Improvement Initiative: Enhance Outpatient Client/Family Understanding of Medications	Yes-Partially	We implemented an alternate project, the 5 questions to ask about your medications poster, in our outpatient clinics. The poster was also included in our outpatient orientation package. The questions were developed by ISMP (Institute for Safe Medication Practices) Canada to help clients and families start conversations about medications, and improve communication with their care provider. A pamphlet was also incorporated as part of the inpatient transition passport. Advice to other organizations would be to access existing national resources, and customize implementation according to organizational needs.
Process Improvement Intervention: Enhance Inpatient Families Understanding of Medications at Discharge	Yes	This fiscal year we fully implemented PODS (Patient-Oriented Discharge Summary), a Toronto Central Local Health Integration Network (TC LHIN) initiative, across all three inpatient units, which standardizes information provided to families in preparation for discharge. Medication information is included as part of PODS. Critical success factors/key lessons include extensive family engagement and inter-professional staff engagement, plan-do-study- act (PDSA) system of improvement and phased implementation.
Process Improvement Initiative:	Yes	This work is in progress; with full implementation planned for spring 2017.

Failure Mode Effects Analysis (FMEA) for Leaves of Absence (LOA).		A Nursing fellowship project was completed to review best practice guidelines in leave of absence management. 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. Advice to other organizations includes having dedicated resources for process review.

Medication Reconciliation Across the Hospital

Measure	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
Medication reconciliation at all points of contact, including admission, inpatient transfer, inpatient discharge, and all outpatient medical clinics (%; Pediatric Patients; 2015/16; Hospital collected data)	97.00%	100.00%	97.50%	Our performance is within target range, with the target of 100% as the theoretical maximum. Performance has consistently been between 97 and 98 per cent for the past two fiscal years. This metric is looking at medication reconciliation across all transfer points for both inpatient and outpatients clients.

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See "Understanding Medications"	Yes	See understanding medication progress report.
Measurement and Feedback: Continue Med Rec Audits	Yes	Our medication reconciliation audits are conducted weekly by our Manager of Patient Safety.