

Quality Improvement Plan

Progress Report (for 2020/21 QIP)

Performance Monitoring & Quality Committee

2020/21 QIP Progress Report | Table of Contents



The following pages contain a progress report for each of the improvement initiatives we launched as our 2019/20 QIP. Progress reports address achievement of targets, and highlight achievements and challenges.

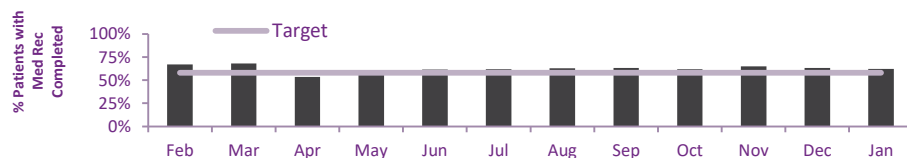
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2020/21 QIP Progress Report | Med. Reconciliation on Discharge

Increase the proportion of patients receiving medication reconciliation on discharge

Med. Rec. on Discharge - % patients with medication reconciliation plan upon discharge



Baseline

50 %

Target

> 58.0 %

YTD (Apr-Mar)

61.5 %



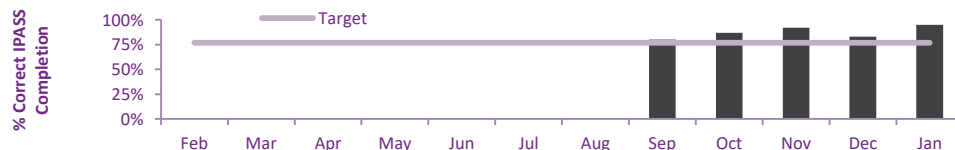
The Medication Reconciliation on Discharge (Med Rec) QIP was successful in implementing the two core change ideas proposed: establishing an accountability framework for med rec on discharge, and engaging clinical programs to establish weighted targets based on each individual program's goals. The focus this past Fiscal Year (FY) was expanding the scope of Med Rec to include the Complex Continuing Care and Maternal Newborn and Child programs, which both had modest targets to work towards in their first year as part of this QIP. A lot of this work was completed in preparation for MGH's Accreditation survey, however once this was completed there was a shift in focus to work related to COVID-19 across the organization. This specifically affected the Med Rec QIP in establishing a Med Rec committee and exploring integration with the Patient Oriented Discharge Summary (PODS) working group.

Looking ahead to the 2021/2022 FY, the goal will be to sustain the improvements made last year and improve the reporting of Med Rec stats across the organization.

2020/21 QIP Progress Report | Transfer of Care

Improve quality of information transfer at patient transition points

Transfer of Care - % correct completion of IPASS at shift handover



Baseline	Target	YTD (Sep-Mar)
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70 %

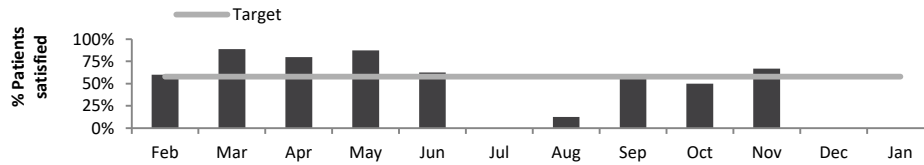
77 %

87.0 %



The Transfer of Care/Transfer of Accountability (TOA) QIP was successful in implementing the two core change ideas proposed: 1) rolling out a standardized communication process (called IPASS) across inpatient units for use at shift change, and 2) developing forms which incorporate IPASS principles for unit-to-unit transfers. When clinical priorities shifted at the onset of the COVID-19 pandemic, all QIP work slowed to enable leadership and front-line staff to focus on the more urgent issue at hand. Near the start of Q3, the TOA project team introduced and encouraged unit leaders to complete audits on IPASS use at shift change, which provided the data displayed above, starting in September 2020. The one change idea that was not able to be implemented was the development of a standardized physician handover. The primary reason for this was the delay of the Cerner upgrade to February 2021; as such, this change idea will carry on to the 2021/2022 QIP cycle.

Patient Experience - % patients satisfied with discharge information with a focus on Respiratory Patients



Baseline	Target	YTD (Jan-Dec)
56 %	> 58 %	61.0 %



Change ideas were partially implemented due to the COVID 19 pandemic. The automated post discharge phone calls have started and warm follow up calls for flagged questions were completed for a few months. Weekly info-graphics continue to be shared with staff and unit leadership, highlighting the number of calls completed and the percentage of patients understanding their discharge information. Staff training on health literacy and simulations took place early in the year and Patient Orientated Discharge Summary (PODS) documents were created for chronic obstructive pulmonary disease (COPD) and community-acquired pneumonia (CAP). Work that still needs to be completed includes developing a sustainable process for completing the warm follow up calls, ensuring all staff including nursing resource team (NRT) have completed staff training on health literacy and teach back. This also includes in the moment coaching and refreshing the ideal discharge process to include PODS.

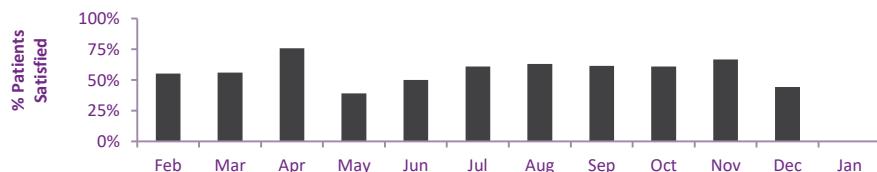
Because of the pandemic, a COVID 19 PODS was developed and implemented hospital wide and an iLearn course was developed to educate all staff on the PODS process and teach back. A COVID PODS was also developed for Paediatrics. This work was not part of the initial change ideas.

2020/21 QIP Progress Report | ETHP Collaborative

Improve Patient Engagement in their Care

Partners: Providence, WoodGreen, VHA, SRCHC, SETFHT and Bridgepoint FHT

ETHP Collaborative QIP (Developmental) - % persons satisfied with their involvement planning of care and treatment.



Baseline	Target	YTD (Apr-Mar)
TBD	TBD	60.55



Note: Development of baseline and targets part of work plan.

Key accomplishments this year included:

- Engagement of staff and patients/caregivers across East Toronto Health Partner (ETHP) organizations to identify gaps and areas of opportunity (early 2020)
- Development and launch of EHP eLearning Module for Person and Family-Centred Care (fall 2020)
- MGH: introduction of documentation in Powerchart to track Patient Oriented Discharge Summary conversations with patients & families – Person and Family Centred Care process indicator (Jan 2021)
- Ongoing dialogue across EHP and with Registered Nurses Association of Ontario around improving Person and Family-Centred Care and related data collection

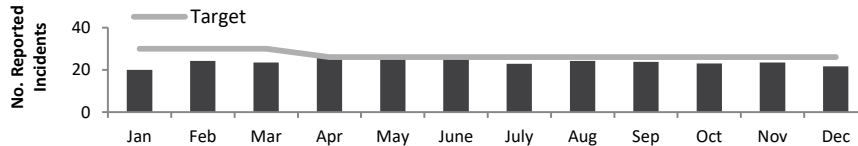
Barriers:

- Limited onsite involvement of family and caregivers due to pandemic visitor restrictions
- Frontline staff focus on COVID resulting in reduced opportunity for Champion engagement and implementation of change ideas

2020/21 QIP Progress Report | Workplace Violence Prevention

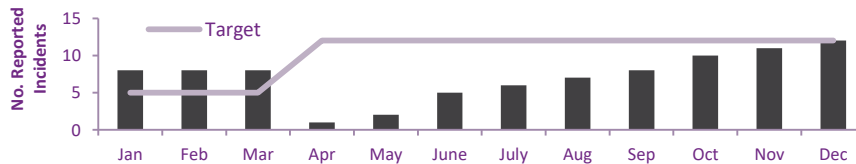
Reduction in workplace violence incidents

Workplace Violence Prevention (1) - Number of reported workplace violence incidents (Jan - Dec)



Baseline	Target	YTD (Jan-Dec)	
232	> 312	260	<div style="width: 100%; height: 15px; background-color: red;"></div>

Workplace Violence Prevention (2) - # reported workplace violence incidents resulting in staff lost time (Jan - Dec)



Baseline	Target	Total (Jan-Dec)	
13	< 13	12	<div style="width: 100%; height: 15px; background-color: green;"></div>

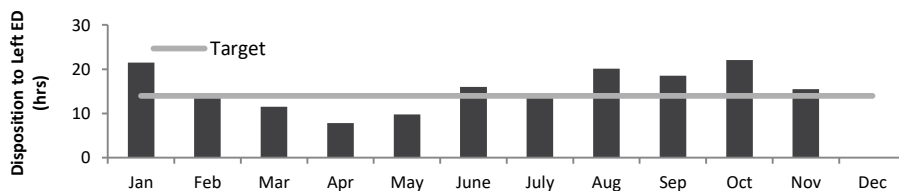
Due to the number of challenges encountered over the previous year (COVID-19 pandemic, Code Grey and Surge) the change ideas were delayed in their implementation. However, we were able to achieve our target of fewer than 13 incidents resulting in lost time. We did not achieve the target for total number of incidents reported. This may have been impacted during the COVID-19 pandemic as we had a lower patient volumes during the first wave of COVID-19 and we were required to restrict visitors as part of our COVID Response.

A key accomplishment that was achieved over the last year and ready for implementation was the creation and approval of a poster campaign to support our Zero Tolerance Strategy.

2020/21 QIP Progress Report | ED LOS (Time for Inpatient Bed)

Reduce the time interval between the Disposition to Patient Left ED for admission to an inpatient bed or operating room

ED Length of Stay - Number of hours (90th Percentile) patients wait for inpatient bed.



Baseline	Target	YTD (Dec-Nov)
16.8	<14.0	16.8



Key accomplishments this year included:

- Launched of a Rapid Point of Care COVID-19 Testing to expedite the transition patients to the appropriate inpatient bed in accordance with Infection Prevention and Control recommendations.
- Built internal capacity by creating a 28-bed COVID-19 inpatient treatment unit.

Barriers:

- Organizational bed capacity reduction due to isolation requirements for patients related to the COVID-19 pandemic.