

2015/16 Quality Improvement Plan for Ontario Hospitals

"Improvement Targets and Initiatives"

Holland Bloorview Kids Rehab Hospital 150 Kilgour Road

AIM		Measure							Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Access	Reduce wait times for Clients accessing Autism Diagnostic Services	80th percentile - longest wait measured in days	80th percentile / Pediatric Patients	Hospital collected data / Fiscal Quarter 2014/15	939*	183	137	While the target has been set below last fiscal year's target of 151 days (the organization has yet to achieve), our engagement process with families, stakeholders, and structured committees re-identified a strong need for the organization to advance access for our clients and families. This will be a multi-year strategy.	1)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	1. Project milestones 2. Cancellation and no show data from decision support 3. Feedback from clients/families	1. 20% reduction in number of cancellations by providers 2. 30% reduction in the number of cancellations by families 3. Client satisfaction surveys 4. 80th percentile wait in days - Year one 151 days, Year two 137 days	1. Achievement of cancellations/no shows measures by Q1 fiscal year 2016/17	This will be a multi-year strategy linked with other several initiatives in the area.
									2)1. Implement recommendations of the 'ambulatory care' review 2. Implement an 'operational model' for overseeing all ambulatory care functions, metrics and strategy	1. Milestones set out from project oversight (manual and electronic) 2. Review of cancellation data by 'resource'	1. % of milestone activity achieved in predetermined timeframe 2. 20% reduction in cancellations by resource 3. Increase in the number of available appointments 4. 80th percentile wait	Q2 Fiscal Year 2016/17 Q1 Fiscal Year 2016/17 Q3 Fiscal Year 2015/16 Q4 Fiscal Year 2015/16 meeting 151 days as target for 80th percentile	80th percentile wait will be linked to our cancellations, ambulatory care review process and referral flow process
									3)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	1. Auditing process, performance reporting quarterly and process improvement committee reporting 2. Percentage of workarounds (manual pull)	1. % of unfilled appointment slots (not due to family cancellations) 2. 80th percentile wait - target 151 days (year 1) 3. % of workarounds of appointment services staff	1. Q2 Fiscal Year 2015/16 2. Q3/Q4 Fiscal Year 2015/16	

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	Reduce wait times for Clients accessing Neuromotor Medical Assessment Services	80th percentile - longest wait measured in days	80th percentile / Pediatric Patients	Hospital collected data / Fiscal Year 2014/15	939*	155	137	The target has been an organizational anchored in our past performance, clinical appropriateness and capacity ability.	1)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.	See change methods under Autism	80th percentile- wait in days	Q4 Fiscal Year 2015/16	As demand for the services has not increased to the same extent as it has within Autism services, the achievement of target is anticipated sooner.
Effectiveness	Improve organizational financial health	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	OHRS, MOH / Q3 FY 2014/15 (cumulative from April 1, 2014 to December 31, 2014)	939*	0.4	0.5	This continues to be the target of the organization. Our strategic goal is to meet target in a fiscally challenging year across the health system.	1)1. Quarterly Performance Reporting 2. Monthly Variance Review	1. Electronic review	% completed reports	Q1 Fiscal Year 2015/16	

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Integrated	<p>Ensure safe transitions upon discharge into the community</p>	<p>% of clients who receive a follow up phone call after discharge for safe transition home within 3 business days</p>	<p>% / Pediatric Patients</p>	<p>Hospital collected data / Fiscal Year 2014/15</p>	<p>939*</p>	<p>83.1</p>	<p>80</p>	<p>This is a new process initiated in 2014/15 with development, piloting and preliminary evaluation having occurred in Q1 and Q2 of fiscal year 2014/15. We have solely one data point, and as we continue to refine the process the target is appropriate. The goal is to advance next fiscal year.</p>	<p>1)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</p>	<p>1. Manual collection of data and collated centrally 2. Ongoing evaluation of the discharge tool 3. Client satisfaction results</p>	<p>1. % of families contacted within 3 business days 2. Completion of identified milestones for tool evaluation</p>	<p>1. Q1 Fiscal Year 2015/16 2. Q3 Fiscal Year 2015/16 3. Q3 Fiscal Year 2015/16</p>	<p>This process measure will be advanced over the next several years to outcome satisfaction measures of discharge for clients/families at the 3 day discharge. Anticipated is ongoing refinement of the tool and further refinement of process.</p>
	<p>Improve Family Leaders experience of 'authentically partnering' with Holland Bloorview</p>	<p>% of Family Leaders who would rate their experience as an authentic partnership.</p>	<p>% / Family</p>	<p>In-house survey / Fiscal Year 2014/15</p>	<p>939*</p>	<p>89.3</p>	<p>90</p>	<p>We continue to explore this measure as a way of measuring authenticity of partnership within our Family Leaders. The target has remained the same from last year as further work is required to expect change in scoring.</p>	<p>1)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</p>	<p>1. Focus groups, data analysis for stability and exploration of each dimension 2. Draft tool for piloting</p>	<p>1. % of project plan milestones implemented</p>	<p>1. This will require approximately 18 to 24 months to develop, test and implement. Anticipated is tool development by Q2 Fiscal Year 2016/17 and evaluation Q4 Fiscal Year 2016/17.</p>	<p>The previous in house tool will continue to be used until such time the new tool is developed and implemented. This provides the organization with identified themes for quality improvement initiatives with the Family Leadership and Client and Family Centred Care.</p>

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Patient-centred	Improve patient satisfaction	% of excellent only responses from clients/families who would 'overall rate Holland Bloorview'	% / Pediatric Patients	In-house survey / Fiscal Year 2014/15	939*	68.7	75	We have sustained performance over the past 3 years, the organizational goal is to focus on the survey generated/identified improvement initiatives to advance the 'excellent' rating.	1)The Strategic Goal is to ensure the voices of our clients are heard 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)	1. Review of current methodology within paediatric settings to improve response rates. 2. Inclusion of survey's in all packages identified with a 'dot' for identification on reply and capture the response rate. 3. Review narrative responses to identify if any comments on discharge 3.	% of families responding 'excellent' to overall care at Holland Bloorview	Q3 Fiscal Year 2015/16	
	Improve Patient Satisfaction through Complaint Resolution	% of straight forward complaints resolved within 7 business days	% / Pediatric Patients	Hospital collected data / Fiscal Year 2014/15	939*	100	80	The indicator and target evolved this year, with resolution of straight forward complaints from 10 business days to 7 business days. As well the target advanced from 70% resolved to 80% resolved in the time frame. While there appears to have been a reduction in progress - the advancement of the indicator and reviewing historical data would suggest this continues to be a appropriate target for a relatively new indicator.	1)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	1. manual data collection/collation/analysis 2. electronic dispersing of reports to operations leads	% of complaints resolved within 7 business days	Q2 Fiscal Year 2015/16	

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Safety	Increase proportion of patients receiving medication reconciliation upon admission	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	Hospital collected data / most recent quarter available	939*	97.1	100	The target continues to be the theoretical maximum and performance has remained above 97% for the past 3 quarters. No change ideas have been attached as performance is close to the theoretical maximum.	1)No Change ideas - sustain performance	No Change ideas - sustain performance	No Change ideas - sustain performance	No Change ideas - sustain performance	We continue to monitor and sustain performance. No new change ideas are presented at this time.
	Increase proportion of patients receiving medication reconciliation upon discharge	% complete Medication Reconciliation on patient discharges	% / Pediatric Patients	Hospital collected data / Fiscal Year 2014/15	939*	88.2	90	Same rationale as the medication reconciliation at transfers.	1)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	Same methods as in the medication reconciliation at 'transfer'	Same process measures as in the medication reconciliation at 'transfer'	Same Goals for change ideas as in the medication reconciliation at 'transfer'	The change ideas will be the same as in the medication reconciliation at 'transfer'.

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Reduce hospital acquired infection rates	% of 'eligible staff and volunteers' receiving influenza vaccine annually	% / Health providers in the entire facility	Hospital collected data / Fiscal Year 2014/15	939*	94	95	The organization is reaching the theoretical maximum and far exceeds industry standard for vaccination rates. Improvement is approaching the ceiling.	1)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.	Data will be collected manually and reported weekly	% of completed vaccination forms % of eligible staff and volunteers receiving vaccination % of 'off shift' staff receiving vaccination	Q2 Fiscal Year 2015/16	
Reduce incidence of new pressure ulcers	% of inpatients with newly acquired pressure ulcers in the last three months (stage 2 or higher) while at Holland Bloorview.	% / Pediatric Patients	Hospital collected data / Fiscal Year 2014/15	939*	1.42	1	Our historical data demonstrates our ability to move the target forward to less than 1.0% for all inpatients acquiring pressure ulcers.	1)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	1. Manual audits of data and information 2. Feedback from nursing on core competency education 3. Evaluation of tool sensitivity/specificity	1. % of inpatients with newly acquired pressure ulcers in the last 3 months - meeting target 2. % compliance on usage of the Braden scale	1. Quarterly feedback to nursing 2. Q4 Fiscal Year 2015/16 3. Quarterly reporting throughout the fiscal year	

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Avoid Patient falls	% of inpatients with a completed Falls Risk Assessment who go onto sustain an accidental fall	% / Pediatric Patients	Hospital collected data / Fiscal Year 2014/15	939*	3	10	This is a new indicator introduced last year as a progression from process to outcome measure. Original data collected in 2012/13 and 2013/14 identified that many of our 'identified high risk' children continued to fall. Target for last fiscal year was set at 40%. We have identified that our performance for three quarters has ranged from 3% to 6% in the first year of introducing our falls prevention change ideas. While our performance exceeds our suggested target this fiscal year, we have only 3 data points with our newly implemented strategy, and a 30% reduction in target was strongly felt to be appropriate as we continue to measure outcome.	1)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)	1. Progress will be tracked through random audits of clients and wrist band administration through safety 2. Ensure 'safety' and 'falls prevention' are placed on the professional advisory committee agenda monthly 3. Explore tool selection for falls identification, aligned with Outcome Measure Strategy to ensure the original screening tool is capturing all high risk clients	1. % of clients assessed on admission using the 'high risk' assessment tool 2. % of clients identified as 'high risk' using bands 3. % of clients whose status changes over time 4. % of inpatients with a completed Falls Risk Assessment who go on to sustain an accidental fall	1. Q4 Fiscal Year 2015/16 2. Q1 Fiscal Year 2015/16 3. Q4 Fiscal Year 2015/16	
Improve medication knowledge for clients when discharged from hospital	% 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	In-house survey / Fiscal Year 2014/15	939*	CB	80	This is a new measure for the organization in bridging medication reconciliation across all aspects of the organization, to the level of clients/families understanding medication management when discharged home.	1)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	1. Using survey methodology at Holland Bloorview to distribute, collect, and analyze results	% of clients/families reporting they agree or strongly agree they understood explanations of their medications	Q4 Fiscal Year 2015/16	

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<p>Increase proportion of patients receiving medication reconciliation on outpatient clinic visit assessments</p>	<p>% complete medication reconciliation on outpatient clinic visit assessments</p>	<p>% / Pediatric Patients</p>	<p>Hospital collected data / Fiscal Year 2014/15</p>	<p>939*</p>	<p>97.3</p>	<p>100</p>	<p>We continue to strive for the theoretical maximum with performance remaining above 97% for the past 3 quarters of Fiscal Year 2014/15</p>	<p>1)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.</p>	<p>Manual Collection</p>	<p>100% of all nursing staff receiving education on medication reconciliation as part of 'core competency'</p>	<p>Annual</p>	
<p>Increase proportion of patients receiving medication reconciliation upon transfer</p>	<p>% complete medication reconciliation on patient transfers</p>	<p>% / Pediatric Patients</p>	<p>Hospital collected data / Fiscal Year 2014/15</p>	<p>939*</p>	<p>X</p>	<p>90</p>	<p>We continue to evolve our safe medication practices through medication reconciliation. Our numbers are small upon transfers out of the organization due to required secondary treatment. This is the second year the organization has publically reported the measure and there continues to be improvement work focused on transfer points.</p>	<p>1)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.</p>	<p>1. Electronic collection and analysis of data</p>	<p>1. Implementation of visual management and huddles monthly with clinical leads 2. Discussion of events across professional health disciplines including medicine committees</p>	<p>1. Q2 Fiscal Year 2015/16 2. Q2 Fiscal Year 2015/16</p>	

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<p>Reduce errors associated with care through identification</p>	<p>% of staff compliant with 2 client identifiers for all care</p>	<p>% / Pediatric Patients</p>	<p>Hospital collected data / Fiscal Year 2014/15</p>	<p>939*</p>	<p>91.2</p>	<p>95</p>	<p>While the indicator is quite new, and performance has hovered between 89% and 92%, there is strong organizational desire to advance the target to further shift the culture of safety.</p>	<p>1)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</p>	<p>1. Manual data collection, analysis and reporting</p>	<p>1. % compliance of audits 2. % of incidents attached to wrong client, wrong therapy 3. % of Practice Council agenda attached to safety and client identifiers</p>	<p>Q1 Fiscal Year 2015/16 Q1 Fiscal Year 2015/16 Q3 Fiscal Year 2015/16</p>	