Ross Memorial Hospital

Quality Improvement Plan (QIP): Annual Progress Report for 2017/18 QIP

The Progress Report is a tool that will help Ross Memorial Hospital make linkages between change ideas and improvements, and gain insight into how our change ideas might be refined in the future. It also serves as a transparent report aimed to inform the public of our progress. Each indicator from the 2017/18 QIP is listed in this report with detailed "lessons learned" outlined for each change idea that was identified. Below is an overall snapshot of our QIP progress over the 2017/18 year.

Indicator/Measure	Baseline	Target	Current Performance	Status
Reduce readmission rates for Chronic Obstructive Pulmonary Disease (COPD).	27.42%	23.31%	15.1%	
Improve Patient Experience: Did you receive enough information when you left the Hospital?	45.7%	56.6%	45.8%	
Strengthen Physician partnerships.	57.6%	70%	Not Available	
Strengthen Staff engagement.	61.55%	68%	Not Available	
Improve Overall Patient Experience (inpatient care).	59.4%	70%	56.5%	
Improve Overall Patient Experience (emergency care).	52.7%	60%	48.6%	
Increase proportion of patient receiving Medication Reconciliation on admission.	82.3%	85%	82%	
Increase the proportion of patients receiving Medication Reconciliation on discharge.	57.6%	67.6%	79%	
Reduce Wait Times in the Emergency Department (Non-admitted, low-acuity).	4.4 hrs	3.8 hrs	4.7 hrs	

Status Legend:

- Improved performance and met target.
- Room for improvement –performance has improved but did not meet target.
- Room for improvement – did not meet target and performance has declined.

Ross Memorial Hospital

Quality Improvement Plan (QIP): Annual Progress Report for 2017/18 QIP

Indicator/Measure: Reduce readmission rates for Chronic Obstructive Pulmonary Disease (COPD).

(Rate; COPD QBP Cohort; April - December 2016; In house data collection)

Performance as stated on QIP 2017/18	Target	Current Performance 2018	Status
27.42%	23.31%	15.1% (FYTD)	

Change ideas from 2016/17 QIP	Was this change idea implemented?	Lessons learned:
Investigate the possibility of establishing a COPD Clinic.	✓	Patient care has been improved with implementation of the new COPD Clinic in October. This clinic supports patients in the community as outpatients thus preventing their need for inpatient hospital admissions. By February 2018 the Clinic will add another day each month. 20 patients to date have been through the Clinic.
Improve information provided on discharge to patients who are diagnosed with COPD.	✓	Patients are seen in the Hospital by a Registered Respiratory Technologist (RRT) who begin education and screen patients for referral to the COPD Clinic. Patients are seen in the Clinic by the Registered Respiratory Technologist (RRT) and the Respirologist. Their care is reviewed and they leave with an action plan which is a self-care plan for them to follow to manage their symptoms.
Improve utilization of the COPD digital QBP order set.	✓	To encourage compliance, there are on-going audits of percentage of patients placed on the digital QBP Order Set for COPD. We continue to acknowledge physician champions. The trigger to alert Respiratory exists in the COPD order set. The order is faxed to Respiratory and therefore alerts them to the patient which they start to follow.

Ross Memorial Hospital

Quality Improvement Plan (QIP): Annual Progress Report for 2017/18 QIP

Indicator/Measure: Improve Patient Experience - Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

(%; Survey respondents; April - June 2016 (Q1 FY 2016/17); CIHI CPES)

Performance as stated on QIP 2017/18	Target	Current Performance 2018	Status
45.7%	56.6%	45.8%	

Change ideas from 2016/17 QIP	Was this change idea implemented?	Lessons learned:
Improve communication between patients and providers on discharge.		The SMART discharge was implemented on the Surgical, Medical and Obstetrics acute units and the two Continuing Care and Rehabilitation Units (CCP1 and CCP2). The spread will continue in April 2018 to all other areas of the Hospital. Recent compliance as of January 2018 is greater than 82%. Engagement of primary and secondary stakeholders is vital for success as we were able to go beyond the original boundaries of the project when the Information Technology (IT) Department was engaged. In this project an RPN was seconded to help lead the change. When frontline staff are given the opportunity to spearhead a hospital wide practice change there is notable improved buy-in from frontline staff. Students from the Bachelor of Nursing program were also utilized which provided insight to innovative approaches from our future nurses.

Ross Memorial Hospital

Quality Improvement Plan (QIP): Annual Progress Report for 2017/18 QIP

Indicator/Measure: Strengthen Physician Partnerships: "I have meaningful input into changes where I care for my patients" and "I have adequate opportunities to improve patient care, quality and safety".

(%; Physicians; 2015; In-house survey)

Performance as stated on QIP 2017/18	Target	Current Performance 2018	Status
57.6% (January 2015)	70%	Not Available	

The baseline measure stated on the QIP 2017/18 was taken from the 2015 Worklife Pulse Survey. The Worklife Pulse Survey was again disseminated in June 2017. Many actions have taken place since June 2017 to address staff engagement which would not be reflected in the current performance measure for 2018. It is planned to re-survey physicians in 2018 to track progress in this indicator.
Ross Memorial Hospital continues to recognize the importance of provider satisfaction in the 'Quadruple Aim' of health care. As such, there will be an on-going focus on improving provider and staff experience. The 2017/18 Hospital Goals and Objectives were revised in July 2017 to reflect this focus and the Strategic Plan has also been refined to communicate the importance of being an exceptional place to work for our staff and providers.

Change ideas from 2016/17 QIP	Was this change idea implemented?	Lessons learned:
Improve hospital-physician relationship.	✓	Clinical department focus groups were held with the Quality Management Program leadership. Physicians were asked what quality and safety information could be provided to improve satisfaction with their practice at Ross Memorial Hospital. Department-specific quality dashboards, targeted to physicians are planned to be developed. Quarterly "Breakfast with the Chief Executive Officer and Chief of Staff" informal meetings were held to improve the communication between administration and physicians. This practice was found to be very successful and will continue going forward.
Invest in professional development opportunities for our physicians.	✓	Physician leaders and selected members of the Management Team participated in a 2-day course titled "Managing People Effectively" hosted by Physician Leadership Institute (PLI).

Ross Memorial Hospital

Quality Improvement Plan (QIP): Annual Progress Report for 2017/18 QIP

Indicator/Measure: Strengthen staff engagement. "Overall, how would you rate your organization as a place to work?" and; "How frequently do you look forward to going to work?"

(%; Hospital staff; 2015; In-house survey)

Performance as stated on QIP 2017/18	Target	Current Performance 2018	Status
61.55% (January 2015)	68%	Not Available	

The baseline measure stated on the QIP 2017/18 was taken from the 2015 Worklife Pulse Survey. The Worklife Pulse Survey was again disseminated in June 2017. Many actions have taken place since June 2017 to address staff engagement which would not be reflected in the current performance measure for 2018. It is planned to re-survey staff in 2018 to track progress in this indicator.
Ross Memorial Hospital continues to recognize the importance of provider satisfaction in the 'Quadruple Aim' of health care. As such, there will be an on-going focus on improving provider and staff experience. The 2017/18 Hospital Goals and Objectives were revised in July 2017 to reflect this focus and the Strategic Plan has also been refined to communicate the importance of being an exceptional place to work for our staff and providers.

Change ideas from 2016/17 QIP	Was this change idea implemented?	Lessons learned:
Improve hospital-employee relationship.		This year we expanded our Quality Framework to include the care provider/staff well-being (Quadruple Aim). The first step was to gain insight into our staff satisfaction and experience. Staff and physicians were engaged using a campaign – "Don't be a Secret Agent, Be a Change Agent!" – to have their voices heard by completing the Work Life Pulse Survey. The results of the survey were analyzed and communicated broadly. In response to the survey findings, our goals were revised to include 'Achieving a Healthy Workplace.' A healthy workplace promotes the engagement, health and well-being of staff which in turn improves staff morale, performance and outcomes for patients, their families and our community. Staff discussions and quality improvement action plans have been developed by each department to address the survey results, and this will continue to be a priority in the 2018/19 QIP. One of the areas for improvement identified was in rewards and recognition for staff. The surgical and obstetric units have implemented "Sunshine Boards" where patients and colleagues could write thank-you notes. The Continuing Care/Rehabilitation Unit also implemented a board with comment cards from patients. Plans are underway to spread these initiatives across the Hospital.
Improve mechanisms for staff to provide feedback.		The Quality, Safety & Risk Council (QSRC) was initiated in March 2017 and is composed of front-line staff from clinical and non-clinical areas, a patient experience partner and management representatives. One of the first initiatives of the QSRC was to develop a formal mechanism for

		staff to provide feedback and managers to respond to this feedback. The policy & procedure for submitting and tracking front-line change ideas was approved and implemented in September 2017. Using the same electronic portal for submitting and tracking patient safety incidents, we are now able to submit and track staff change ideas. This mechanism was used for development of the 2017/18 QIP.
Increase staffing levels on a unit-by-unit basis.		A benchmarking assessment occurred on a unit-by-unit basis and staffing levels were adjusted as necessary. Team leaders were re-instated on the medical, surgical and continuing care units.

Ross Memorial Hospital

Quality Improvement Plan (QIP): Annual Progress Report for 2017/18 QIP

Indicator/Measure: Improve Patient Experience: "Would you recommend this hospital to your friends and family?" (Inpatient care).

(%; Survey respondents; April - June 2016 (Q1 FY 2016/17); CIHI CPES)

Performance as stated on QIP 2017/18	Target	Current Performance 2018	Status
59.4%	70%	56.5%	

Change ideas from 2016/17 QIP	Was this change idea implemented?	Lessons learned:
Improve patient experience with regards to food.	✓	The RMH Nutrition Team has made practice changes for diet technicians and dieticians to facilitate better tracking of patients who are seen for an initial diet consult and to increase the proportion of patients seen within 24 hours. A 28% increase has been achieved to date. A working group has also been struck to address issues in the internal process related to ordering meals for patients. In January 2018, Ross Memorial Hospital was accepted to participate in a research project funded by the Ontario Ministry of Agriculture, Food, and Rural Affairs (OMAFRA) looking at assessing the quality of food in Ontario hospitals. The project will look to understand the current experience of patients and how it relates to food intake, and for the first time, will provide the opportunity to benchmark the patient perception of food quality. This will be achieved by establishing a standardized questionnaire for capturing patient food experience.
Implement plan to increase exposure of patient experience data from NRC Health Patient Experience surveys.	✓	Front-line dashboards have been implemented on Medicine, Surgery, Emergency and Operating Room (OR) units. Managers were surveyed, received training and are now receiving regular patient experience reports. Physician focus groups also indicated a need to develop physician-targeted dashboards including NRC Patient Experience questions related to physician practice.
Implement more just-in-time survey tools to address issues in a more timely fashion.	✓	The Quality, Safety & Risk Council did an environmental scan of in-house real-time surveying techniques. A plan is being developed to standardize key questions and methods across the Hospital. A pilot project was implemented on the Surgical Unit utilizing Patient Experience Partner (PEP) Rounding to obtain real-time feedback. This pilot has been very successful, allowing for more communication with patients about their experience, improved opportunity to celebrate successes and individual team members and address any concerns in a timely manner. This project will be evaluated and spread throughout the Hospital.

Ross Memorial Hospital

Quality Improvement Plan (QIP): Annual Progress Report for 2017/18 QIP

Indicator/Measure: Improve Patient Experience: "Would you recommend this emergency department to your friends and family?"

(%; Survey respondents; April - June 2016 (Q1 FY 2016/17); EDPEC)

Performance as stated on QIP 2017/18	Target	Current Performance 2018	Status
52.7%	60%	48.6%	

Change ideas from 2016/17 QIP	Was this change idea implemented?	Lessons learned:
Implement more just-in-time survey tools to address issues in a more timely fashion.	✓	The Quality, Safety & Risk Council spearheaded a review of the current real-time surveying techniques used throughout the Hospital. In an effort to standardize the Hospital's approach to real-time surveying, barriers and constraints from each department were considered. Additional method analysis such as survey kiosks is underway which would allow patients to provide unbiased real-time feedback while minimizing the human resources necessary to collect feedback.
Implement plan to increase exposure of patient experience data from NRCC Picker Surveys.	✓	A Quality Dashboard was developed for the Emergency Department that is specifically targeted to front-line nurses and physicians. It is updated monthly with Patient Engagement, Patient Experience, Patient Safety statistics as well as Pay for Results (P4R) performance ranking and sick/overtime spending for the department.
Promote patient-and-family centered care environment in the Emergency Department	✓	A gap analysis was performed using the recommendations found in Lakeridge Health's August 2016 "Final Report of the Patient Experience Panel." Recommendations that were unmet were addressed such as: revising the patient compliments and concerns policy, improving our social media presence by implementing an RMH Facebook Page, and reviewing the physical environment to ensure it is patient and family centered.

Ross Memorial Hospital

Quality Improvement Plan (QIP): Annual Progress Report for 2017/18 QIP

Indicator/Measure: Increase the proportion of patients receiving Medication Reconciliation on admission.

(Rate per total number of admitted patients; Hospital admitted patients; most recent quarter available; Hospital collected data)

Performance as stated on QIP 2017/18	Target	Current Performance 2018	Status
82.3%	85%	82%	

The current performance stated on the QIP 2017/18 only included admissions during pharmacy hours. In 2017/18 we expanded Medication Reconciliation (MedRec) on admission statistics to include all admissions, regardless of the time the patient was admitted. We have improved substantially over the year on the metric although it may not appear that way with the baseline performance measure for 2017/18.

Change ideas from 2016/17 QIP	Was this change idea implemented?	Lessons learned:
Improve data collection to enable RMH to track overall proportion of patients receiving Medication Reconciliation (MedRec) on Admission to Hospital.	✓	Early in 2017/18 it was recognized that the MedRec statistics being reported only included patient admissions that occurred during pharmacy hours. As such, RMH expanded admission MedRec to include all patients admitted. The addition of pharmacy technician hours has led to improvement in this indicator.
Focus on sustainability of prior Medication Reconciliation projects.	✓	Additional resources obtained to increase the Pharmacy Technician hours to perform pre-admission BPMH in the Emergency Department and post admission on Medical and Surgical inpatient units. This has improved our ability to achieve Medication Reconciliation within 24 hours of admission substantially.
Improve process for Medication Reconciliation for direct admissions to palliative, Intensive Care Unit (ICU), rehabilitation and integrated stroke unit.	✗	Gaps in data collection exist for Obstetrics, Palliative, ICU, Rehabilitation, Integrated Stroke Unit and Mental Health. Confirmation of practice is required.

Ross Memorial Hospital

Quality Improvement Plan (QIP): Annual Progress Report for 2017/18 QIP

Indicator/Measure: Increase the proportion of patients receiving Medication Reconciliation on discharge.

(Rate per total number of discharged patients; Discharged patients ; Most recent quarter available; Hospital collected data)

Performance as stated on QIP 2017/18	Target	Current Performance 2017	Status
57.6%	67.6%	79%	

Change ideas from 2016/17 QIP	Was this change idea implemented?	Lessons learned:
Improve tracking process for Medication Reconciliation (MedRec) on discharge.		Without a Clinical Information System, manual chart audits remain as the only process for tracking MedRec on Discharge.
Improve MedRec on transfer.		Process for transfer MedRec has started, however, further refining of roles and responsibilities of the workflow is required. There is discrepancy among interdisciplinary staff regarding who is responsible for MedRec (team sending patient or team receiving patient). Further development of the policy and procedure will occur to ensure roles and responsibilities are clear.
Provide comprehensive discharge medication information to primary care physician.		Some information is provided such as a current list of hospital medications; further process improvements are required.

Ross Memorial Hospital

Quality Improvement Plan (QIP): Annual Progress Report for 2017/18 QIP

Indicator/Measure: Reduce Wait Times in the Emergency Department (ED).

(90th percentile ED Length of Stay (hours); CTAS 4-5 patients; January - December 2016; CCO iPort Access)

Performance as stated on QIP 2017/18	Target	Current Performance 2018	Status
4.4 hrs	3.8 hrs	4.7 hrs	

Change ideas from 2016/17 QIP	Was this change idea implemented?	Lessons learned:
Determine optimal staffing mix and schedules to address ED wait times.		Staffing levels were reviewed; the hours of the Offload nurse were adjusted to align with ED volumes. In addition, the Chief of the ED has initiated a new schedule beginning January 2018, which includes an extra physician shift for 6 hours daily.
Investigate alternate workflow for providing care to CTAS 4 and 5 patients.		During July 2017 a rapid assessment zone was trialed for four weeks. The purpose of this was to move the multiple touch patients from the rapid assessment fast track (RAFT) to ensure the RAFT remained a fast track. During the four-week trial we successfully reduced our target numbers; however due to space and staffing within the unit we were unable to continue. We did re-educate staff on the flow of the RAFT to enhance patient experience. Two additional items have been instituted to reduce the ED wait time: development of a policy to ensure the optimization of lab values when assessing Mental Health patients and the availability of Unit Clerks on the weekend.