Quality Improvement Plan Progress Report for 2019/20

Measure/Indicator from 2019/20	Current Performance as stated on QIP 2019/20	Target as stated on QIP 2019/20	Current Performance 2020	Comments
AACU Referrals: average # of referrals per day seen in the Acute Ambulatory Care Unit (AACU) referred by external emergency department (ED) partners. (hospital collected data)	5.0	6.0	6.2 (Q3)	As of Q3, we have seen a 22% improvement over last year's average and we anticipate an even greater increase in Q4, largely due to expanded hours of operation implemented in November 2019.

Change Ideas from Last Year's QIP (QIP 2019/20)	Was this change idea implemented as intended? (Y/N)	Lessons Learned: 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?
1. **Optimize Capacity/Process Improvement.** The AACU team will remain vigilant with education and reminders to our ED partners to maximize AACU capacity, which reduces unnecessary utilization of ED and inpatient services in the healthcare system. We will refine our direct from triage criteria for specific conditions based on feedback from our ED partners. We will continue to explore new opportunities to improve our processes such as greater system integration via the implementation of CareLink.	Y	Despite CareLink implementation being currently on hold, we have seen an increase in activity due in large part to our expansion funding which started in November of 2019. This initiative allows the AACU to operate 24/7, easing health system pressures in nearby Emergency Departments. We are just beginning to learn which referral modes and patient types are more likely to utilize AACU services and how patterns differ after hours vs. weekdays. Communication efforts related to expansion hours appears to have influenced activity during the week possibly due to awareness and greater simplicity (no need to remember hours of operation). Additionally, education and updates to our partners is required on a regular basis, recognizing that Emergency Departments have a high rate of staff turnover. In 2020/2021, we will work to achieve permanent funding, refine and leverage AACU's profile, as well as pursue integration of technology to facilitate referrals and information sharing.

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After Visit Summaries (AVS): % patients provided with After Visit Summaries – Specialized Medicine Clinics on Level 2 & 4. (EMR)	43.2	50.0	44.3 (Q3)	Gains previously achieved appear to have levelled off although monthly data indicates an upward shift as of Q2 (6 or more data points above the median). We are committed to spreading this initiative to Surgical Services once Epic (our clinical information system) is fully implemented.

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1. **Process Redesign.** A multi-disciplinary group (including a patient, physician and IT staff) continues to collaborate to improve the distribution of the AVS. The first phase of the project which is nearing implementation, involved a redesign the AVS in order to ensure it meets the needs of patients and clinicians, as well as optimizes upcoming clinical system updates. The next phase of the project will focus on workflow and the spread of best practices within the hospital. Common barriers to AVS utilization will be addressed such as access to printers, use of colour printers, etc.	Y	Design changes within Epic proved to be more complex than anticipated, but the QI team continues to work on overcoming process barriers. We learned from a high performing clinic that workflow is the key – integrating printing of the AVS within the flow of how patients move through their clinic visit. Spread is challenging as each clinic has adapted their workflow to meet the needs of the population served. Other challenges include technology limitations and the disconnect between what patients want and health care provider preferences. We also noted a decrease in AVS use after an upgrade of our clinical information system due to unanticipated format changes. The project's greatest successes have been the involvement of our patient experience advisors, stakeholder engagement, and the commitment of the QI team.
2. **Education & Awareness.** Efforts will also focus on promoting the benefits of the AVS to both patients and clinicians alike via multiple venues and methods. Highlighting new features such as the ability to pull in educational materials will serve to encourage staff to integrate the AVS into their workflow.	Y	As noted above, stakeholder engagement has been high especially for the pilot areas. We have learned that education and the right product are not always enough. Other process enablers such as standard workflows and colour printers also play an important role.

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Medication Reconciliation – AACU & Surgical Services: # patients with medication reconciliation completed / total # patients identified as benefitting the most from medication reconciliation (%). (hospital collected data)	16.8	65.0	53.7 (Q3)	Despite not meeting the target, significant strides have been achieved with an improvement of more than 200% over baseline. As of Q1 2020/2021 a new clinical area will be included in the hospital-wide measurement of MedRec.

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1. **Process Improvement.** We will continue to collaborate with our IT colleagues as well as the team looking to redesign the after visit summary (AVS) to ensure that we have a user-friendly method of providing patients with a complete medications list. This will be particularly relevant for Surgical Services after they transition from to our clinical information system from a paper record. Concurrently, criteria will be reviewed in both the AACU and Surgical Services to ensure MedRec is completed for patients that would benefit the most. This work will serve as the basis for a more comprehensive framework for spread across other areas/patient populations.	Y	Collaborating with our IM/IT colleagues has been one of the most impactful strategies in achieving significant improvement. We hope to further leverage our clinical information system (Epic) to streamline medication reconciliation processes and the associated data collection. Implementation of Epic in Surgical Services is forthcoming and we anticipate that resulting lessons learned will inform medication reconciliation rollout in other areas.

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MyHealthRecord Activations: # appointments with myHealthRecord (patient portal) active within 30 days of appointments / total appointments (%). (EMR)	23.0	28.0	28.0 (Q3)	There has been a 22% improvement so far this year with a sustained shift (6 or more data points above the median) since Q1. As we forge ahead with our new Women's Virtual strategy, we are becoming increasingly aware that many of its foundational digital tools rely on patients interacting with the portal. Growing patient engagement in this manner is more relevant than ever.

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1. **Process Improvement.** We continue with efforts to improve activation rates by increasing opportunities for patients to sign-up, expanding functionality and making the process seamless. We are currently pilot testing our Welcome Kiosks whereby patients will be able to check-in for appointments, update their personal information and sign up for myHealthRecord via new kiosks strategically placed throughout the hospital.	Y	Similar to the after visit summary (AVS), we have learned that there are technology limitations to designing optimal processes, as well as a certain degree of disconnect from what patients want vs. health care providers' assumptions and comfort levels. Patients want more health information in the portal and they want it in a patient friendly format. We have recently launched a new QI project based on the model developed with the AVS project (see above). The multi-disciplinary QI team (IT, clinicians, administrative staff, patients) will first focus on patient needs and the various reasons why they choose to sign up for myHealthRecord or not. A second stream of work will examine staff workflow and their role as enablers. Interventions will be tested in pilot areas and best practices spread across the organization.
2. **Awareness & Promotion.** Activities to increase awareness among clinicians and patients of the benefits of using myHealthRecord via multiple venues including signage, websites, social media, and participation in Digital Health Week (lobby booth).	Y	We will continue to collaborate with our IM/IT partners to engage patients and encourage them to sign up to myHealthRecord (lobby booth drives, website, and waiting areas) in addition to working with the QI team to identify the optimal sign up strategy.

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Number of Workplace Violence Incidents. # of workplace violence incidents reported by hospital workers as defined by *Occupational Health & Safety Act* per year. (hospital collected data)	10	14	2 (FYTD)	While an increase in reporting of "precursor" events has been noted, under-reporting is thought to remain among certain groups and in particular for incidents involving patients with physiological reasons for their behaviours.

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1. **Education, Training & Awareness**. We will continue to track workplace violence and related training at all staff levels, seeking opportunities to improve the delivery and content. It is acknowledged that education and awareness are continuous activities and thus Occupational Health, Safety and Wellness is developing a comprehensive plan that could include engagement activities such as posters, in-service sessions, attendance at staff meetings and team huddles, features in the hospital newsletter, etc.	Y	The culture of safety has evolved over the past year. A number of conversations continue to happen at a variety of areas across the organization supporting the safe dialogues around workplace safety. The creation of a Wellness Advisory Group has profiled the importance of a safe work environment.
2. **Process Improvement.** Worker safety planning processes updated and implemented last year are subject to continuous refinements and improvements. For example, an annual review of the patient flagging process is scheduled for an upcoming Joint Health & Safety Committee meeting in order to evaluate its effectiveness. Workplace violence incidents are stratified by type, location and category of staff reporting to better understand the current state as well as to identify opportunities for safety improvements.	Y	Process improvements have surfaced the importance of safety for Our People. Further work will be developed as a result of the further management training and on-going training of Our People.

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New Referral Wait Time: Average # of business days from new referral entry to date of appointment entry (Gyne, Pain, Rheum, GIM, PERC, Wound Clinics) (EMR)	12.5	10.0	8.4 (Q3) 14.0 (Q1-Q3)	Due to the snapshot nature of this metric and its variability, setting a target is challenging. Highest (20.3) and lowest (7.8) quarters fiscal year-to-date for 2019.2020 were averaged for a smoothed out Q1-Q3 performance of 14.0.

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1. **Process Redesign.** A multi-disciplinary group (including a patient, physician and IT staff) continues to collaborate to improve the distribution of the AVS. The first phase of the project which is nearing implementation, involved a redesign the AVS in order to ensure it meets the needs of patients and clinicians, as well as optimizes upcoming clinical system updates. The next phase of the project will focus on workflow and the spread of best practices within the hospital. Common barriers to AVS utilization will be addressed such as access to printers, use of colour printers, etc.	Y	We have learned that the intake of new referrals is a complex process involving multiple internal and external partners. Improvement initiatives are linked and influenced by numerous factors including health system gaps, provider preferences, and patient needs. Multiple process redesign initiatives were launched in 2020.2021 and will continue to be refined, including: • Development of triage algorithms, standard work documents, and workload reports • Establishing clinician availability a year in advance • Blitz transcribing/scheduling sessions to address volume surges • Development of inclusion/exclusion referral criteria • Reminder phone calls to reduce cancellations • Use of FastPass in Epic for select clinics In the upcoming year, we will continue to work with partners and physicians to optimize capacity as well as develop standard templates for implementation across the organization. Efforts to understand how we can better support the transition to community-based services will be undertaken as well as an exploration of new models of care.
2. **Audit & Feedback.** Efforts to refine and optimize the monthly KPI report are ongoing. We will continue to leverage the task force to drive local and organizational improvement efforts with a focus on decreasing the # of unscheduled visits.	Y	We are learning from our clinical managers what data they need to facilitate a deeper understanding of their referral activity and thus address local factors. Efforts to refine and optimize the monthly Key Performance Indicator (KPI) report are ongoing with a focus on decreasing the number of unscheduled visits, which would then decrease the volatility of this metric.