

2020/21 Quality Improvement Plan Improvement Targets and Initiatives

AIM		Measure					Change					
Issue	Quality dimension	Measure / Indicator	Unit / Population	Current Performance - Q3 data	Target	Target Justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Theme I: Timely and Efficient Transitions	Timely	Referral Wait Times Gynaecology, Pain, Rheumatology, General Internal Medicine, Phototherapy, Education and Research centre (PERC), Wound, Respiriology, Osteoporosis and Nephrology Clinics	# of business days from referral receipt to appointment booking / total scheduled referrals	14.0	10.0	Establish Relative Improvement Goal. Due to the static nature of this metric and its variability, setting a target is challenging. Highest (20.3) and lowest (7.8) quarters for 2019.20 were averaged to estimate a smoothed out baseline of 14.0. Maintaining a target of 10 represents a 29% improvement.	Pain (TAPMI): CAMH, Sinai Health System, St. Michael's Hospital, UHN Gynaecology: Sinai Health System	<p>1) Process Redesign. Referral processing redesign efforts continue to evolve with an aim to achieve optimal workflow and efficiency. In particular, we will leverage technology to align with our Women's Virtual strategy, gain efficiencies and thus create more capacity. Examples include the implementation of automated e-fax notifications of appointments/updates to primary care providers and the implementation of automated reminder phone call software that is integrated with our clinical information system.</p> <p>2) Audit & Feedback. Efforts to refine and optimize the monthly Key Performance Indicator (KPI) report are ongoing. We continue to leverage the Quality Operations Committee to drive local and organizational improvement efforts with a focus on decreasing the number of unscheduled visits, which would then decrease the volatility of this metric.</p>	Quality Operations Committee monitors the progress of these efforts as well as the leadership team for each of the clinical areas using an online KPI report facilitated by Decision Support. Regular updates are provided to Senior Leadership including tracking on the quarterly Quality Scorecard.	Referral wait times for each of the individual clinical areas; implementation of e-fax; selection of automated appointment reminder vendor	10.0 business days or less by March 2021; e-fax implementation by Jun 2020; automated reminder vendor secured by Nov 2020	Aligns with Access Centre initiative. As per spread plan, three new clinics to be added as of Q1: Resp, Osteo & Nephro.
	Effective	% Patients Receiving After Visit Summaries (AVS) - Specialized Medicine Clinics Level 3 & 4	# patients who received an AVS / total patients seen	44.3%	50%	Establish Relative Improvement Goal. Gains previously achieved appear to have levelled off. Design changes within Epic proved to be more complex than anticipated but the QI team continues to work to overcome process barriers. Maintaining the target at 50% represents a 13% improvement. In addition, there is a commitment to spread to Surgical Services once Epic is fully implemented.	Epic	<p>1) Process Redesign. The next phase for this multi-disciplinary QI project team (clinicians, IT, patients) is to focus on workflow and process barriers such as access to printers, use of colour, integration of learners, etc. The aim is to spread identified best practices across clinical areas. In parallel, the team will continue to monitor previous AVS design changes through staff and patient feedback.</p> <p>2) Spread & Awareness. As per spread plan, the AVS will be spread to Surgery once Epic (our clinical information system) is fully implemented. In parallel, efforts aimed at promoting the benefits of the AVS to both patients and clinicians will highlight new features such as the ability to pull in educational materials.</p>	The improvement team is led by the hospital's Chief Nursing & Professional Practice Executive and provides regular updates to the Collaborative Practice Advisory Committee using area-specific AVS utilization reports as required. In addition, regular updates are provided to the Senior Leadership Team including tracking on the quarterly Quality Scorecard.	% patients receiving AVS specific to an area or provider; # of process changes tested in pilot areas	Targeted clinics or providers will achieve an AVS utilization of 50% by March 2021; at least 2 process PDSA cycles will be completed in pilot areas by Sep 2020	

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Theme I: Timely and Efficient Transitions - continued	Efficient	AACU - Avoidable ED Visits per Day	Count / average per day	6.2	6.8	Establish Relative Improvement Goal. Despite increasing the number of days the AACU is open, there has been a 22% improvement over last year's average. A target of 6.8 represents a 10% improvement and takes into account the reducing margin of improvement.	UHN, St. Michael's Hospital, Sinai Health System	1) Optimize Capacity. We will continue to seek permanent funding for AACU expanded hours (24/7) in order to help address care gaps in community and reduce "hallway medicine". The AACU team will continue to look for opportunities to optimize capacity through refinement of our processes and greater integration of information systems.	The leadership team for the AACU track the progress of these efforts and report regularly to the Senior Leadership Team. Regular updates are also provided via tracking on the quarterly Quality Scorecard.	# of ED referrals received daily stratified by source and weekend vs. weekday (to understand needs and activity patterns)	6 referrals or > per day	Aligns with our strategic goal of revolutionizing health systems.
								1) Awareness. The AACU team will remain vigilant with education and reminders to our ED partners in order to maximize AACU utilization. We will solicit partner feedback on barriers and challenges so that we can improve our processes.				
Theme II: Service Excellence	Patient-centred	MyHealthRecord Activations	% patients with myHR active within 30 days of appointment (all patients)	28%	32%	Match Previous Rate of Improvement. There has been a 22% improvement so far this year. A target of 32% would represent a 20% improvement over Q3. A QI team with a patient experience lens has been formed with an aim to improve the utility of MyHealthRecord as well as the number of activations.	Epic	1) Process Improvement. A new QI project was launched building upon 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.	myHealthRecord activation rates are monitored at multiple venues within our IM/IT team and at the Senior Leadership Level including tracking on the quarterly Quality Scorecard.	# of myHealthRecord activations by area; # of changes tested in pilot areas	20% increase in pilot areas; at least 3 PDSA cycles completed in pilot areas by Oct 2020	Aligns with strategic goal of revolutionizing care and care experience.
								3) Awareness & Promotion. Activities to increase awareness of the benefits of using myHealthRecord among clinicians and patients will be delivered via multiple venues - signage, websites, social media, and participation in Digital Health Week (lobby booth). We will also leverage Women's Virtual initiatives to promote activation of myHealthRecord.				

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Theme III: Safe and Effective Care	Effective	Medication Reconciliation	% / eligible patients in Surgical Services, AACU & 1 new clinic	53.7%	65%	Establish Relative Improvement Goal. Despite not meeting the target, significant strides have been achieved with a >200% improvement over baseline. As of Q1 a new area will be added (1 new clinic TBC). A target of 65% would represent an improvement of 21%.	NA	<p>1) Process Improvement. We will continue to collaborate with our IM/IT colleagues to leverage the after visit summary (AVS) for medication reconciliation, and in particular for providing patients with a complete medications list. This will be especially relevant in Surgical Services after they transition from a paper MedRec record to our electronic clinical information system (Epic). Epic will also be leveraged to streamline data collection in order to free up Pharmacy team members so they can devote more time to patient care activities.</p> <p>2) Spread. As per our spread plan, MedRec will be fully implemented in one new clinical area (TBC) that will serve as a pilot area to refine a framework for spread across other areas and/or populations.</p>	Progress will be monitored by both the Pharmacy leadership team and clinical areas where MedRec is implemented. Senior Leadership will be provided with regular updates including performance tracking on the quarterly Quality Scorecard.	% patients meeting criteria who receive a complete medications list (stratified by area and method); automation of MedRec data collection processes	65% by March 2020; partial automation of data collection by Dec 2020	
	Safe	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	Count / Worker	2	10	Establish Relative Improvement Goal. Increased reporting is associated with a positive safety culture. Based on a growing understanding of workplace violence in the ambulatory setting, OHSW has established an annual goal of 10. 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.	Public Services Health & Safety Association	<p>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.</p> <p>2) Leadership Training & Development. New management and physician leadership training will be developed and implemented beginning in Q1 with a focus on Respect in the Workplace – Understanding Bullying and Harassment. This on-line learning will facilitate building management expertise in understanding their responsibility for a safe work environment. Following completion of the online modules, in class sessions will be conducted to apply the learning in a practical way.</p>	Mandatory training is tracked by area Managers/Directors and at an organizational level to ensure that staff are encouraged and supported to participate. The Senior Leadership team is updated regularly with respect to training compliance and/or any issues arising.	% compliance with mandatory workplace violence training; # of awareness activities completed	Maintain 80% or better by March 2020; at least 2 WPV awareness activities completed by December 2020	FTE=705.41
								Progress to be tracked by Occupational Health Safety & Wellness with regular reports to Senior Leadership Council as well as via the Quality Scorecard.	% of management and physician leaders enrolled in program; % completed program	Incremental increases per Quarter: Q1 25%, Q2 50%, Q3 75%; by Q4 we are aiming for a 25% completion rate		