Progress Report on the 2023/24 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement and gain insight into how their change ideas might be refined in the future. Ontario Health (OH) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2023/24	Baseline Performance as stated on QIP2023/24	Target as stated on QIP 2023/24	Current Performance 2024	Comments
1	% Referrals Acknowledged within 14 Days	90.0	80.0	93.0 (Q3FYTD)	Continue spread in 2024.25. See below.

Change Ideas from Last Years QIP (QIP 2023/24)	Was this change idea implemented as intended? (Y/N button)	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) **Process Redesign**. WCH will continue to spread its new referral management model that involves digitization, de- centralized management, and standardization. 14 additional clinics, many of which were not part of the centralized model, are slotted for the upcoming year.	Y	To date, 19 clinics have been onboarded representing 68.6% of referral volumes. Adoption of new process is supported by standardization and ensuring appropriate human resources. Referral volumes impact implementation.
2) **Electronic Monitoring**. A referral dashboard has been developed to allow clinical managers greater oversight and to drive local and system-wide improvement. This tool will enable managers to better understand their referral patterns in real time, as well as ensure that referral management practices are consistent.	Y	All onboarded clinics are utilizing the referral dashboard. Integration of monitoring dashboard metrics into standard work for managers supports local referral management practices and provides mechanism for organizational tracking.

Progress Report on the 2023/24 QIP

ID	Measure/Indicator from 2023/24	Baseline Performance as stated on QIP2023/24	Target as stated on QIP 2023/24	Current Performance 2024	Comments
2	AACU Avoidable ED Visits per Day	10.9	11.2	11.0 (Q3FYTD)	Sunset off QIP. See below.

Change Ideas from Last Years QIP (QIP 2023/24)	Was this change idea implemented as intended? (Y/N button)	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**. The AACU team will continue to seek opportunities to optimize capacity through process refinements and integration of various information systems. With the sunsetting of COVID services, some additional space will likely be reclaimed.	Y	Improvement saturation has been reached for this indicator within the AACU. This indicator will be sunsetted from the QIP. The team continues to pursue opportunities that present themselves on an ongoing basis.
2) **Awareness**. The AACU team remains vigilant with education and reminders to our ED partners in order to maximize utilization. We will solicit partner feedback on barriers and challenges so that we can improve our processes. These efforts require constant attention - the players frequently change and there are many demands and stressors for our ED partners and the broader health system.	Y	Continued collaboration with TAHSN partners through membership at committees supports work at a health system level.

Progress Report on the 2023/24 QIP

ID	Measure/Indicator from 2023/24	Baseline Performance as stated on QIP2023/24	Target as stated on QIP 2023/24	Current Performance 2024	Comments
3	% Medication Reconciliation (MedRec)	70.0	75.0	78.0 (Q3FYTD)	Continue spread in 2024.25. See below.

Change Ideas from Last Years QIP (QIP 2023/24)	Was this change idea implemented as intended? (Y/N button)	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) **Process Improvement.** In areas with MedRec implemented, we will continue to collaborate with our IM/IT colleagues to leverage the after visit summary (AVS) for medication reconciliation to provide patients with a complete medications list. We will also work to optimize local workflow in those areas. Our EPR will be leveraged to streamline data collection in order to free up team members so they can devote more time to patient care activities.	Y	Clinical areas with standardization and decreased handoffs have improved rates of medication reconciliation. Data collection leveraging EPR functionality has improved efficiency of reporting medication reconciliation rates.
2) **Spread.** As per our approved MedRec spread plan, we will support focusing on clinical areas and patient populations where medication management is a major component of the encounter. Moving forward, we will leverage an interprofessional leadership model and strive to spread to at least two additional patient populations or clinical areas.	Y	Team collaboration is required to successfully implement medication reconciliation in the ambulatory context to identify appropriate patient populations and establish clinical workflows.

Progress Report on the 2023/24 QIP

ID	Measure/Indicator from 2023/24	Baseline Performance as stated on QIP2023/24	Target as stated on QIP 2023/24	Current Performance 2024	Comments
4	Virtual Care Adoption	40.0	45.0	37.0 (Q3FYTD)	See below.

Change Ideas from Last Years QIP (QIP 2023/24)	Was this change idea implemented as intended? (Y/N button)	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) **Process Improvement.** In collaboration with IM/IT and other internal stakeholders, we will continue to focus on optimizing the workflow for video visits such as ensuring that the right equipment is available, expand our EPR functionality, and address technical challenges. Decision support tools will be developed or refined to assist with identifying patient encounters suitable for virtual care and flagging patients who require in-person care.	Y	Collaboration supported workflow optimization to ensure appropriate equipment and EPR functionality for video visits. Funding models are a driver of adoption. Target adjusted for 2024.25 as accurate baseline unknown in 2023.24.
2) **Electronic Monitoring.** We will expand and refine our Virtual Visit Dashboard to allow for close monitoring at the program level, taking into account that the "right" amount of virtual care varies by patient population. Timely monitoring also allows for support to areas with virtual adoption rates lower than anticipated.	Y	Further work is required to align appropriateness for virtual care with patient preference to understand virtual care adoption by program and support clinical leaders.

Progress Report on the 2023/24 QIP

ID	Measure/Indicator from 2023/24	Baseline Performance as stated on QIP2023/24	Target as stated on QIP 2023/24	Current Performance 2024	Comments
5	Workplace Incivility	28	40	Cumulative 44 (Q3FYTD) 50 (Jan-Dec 2023)	See below.

Change Ideas from Last Years QIP (QIP 2023/24)	Was this change idea implemented as intended? (Y/N button)	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) **Education, Training & Awareness.** It is acknowledged that education and awareness are continuous activities and thus Occupational Health, Safety and Wellness (OHSW) continues with a number of engagement activities such as Code White drills, in-service sessions, attendance at staff meetings, and team huddles, etc. As a result of tracking, expanded examples of what is acceptable/unacceptable behaviour as well as physical controls have been integrated throughout.	Y	Education, training and awareness by Occupational Health, Safety and Wellness support staff in identifying and reporting incivility. Seventeen Code White drills and 12 Code White debriefs have been conducted. To date, 246 staff have participated in de-escalation training.
2) **Process Improvement.** Our enhanced risk assessment process has contributed to greater awareness of safety and violence prevention strategies at the program level. More meaningful conversations are occurring with managers and teams. A number of controls and processes have been put in place including enhancements to our Code White alarm system, regular Code White drills, optimization/reorganization of clinical and patient facing space, and greater situational awareness. We anticipate further improvements to emerge from this process this year.	Y	Thirty departments have participated in workplace violence risk assessments to date. Conversations regarding workplace violence risk assessments support a safety culture and influence reporting.

Progress Report on the 2023/24 QIP

	Measure/Indicator from 2023/24	Baseline Performance as stated on QIP2023/24	Target as stated on QIP 2023/24	Current Performance 2024	Comments
6	Staff Equity Education: % of staff who have complete Anti-Black Racism education	66.0	85.0	84 (Q3FYTD)	See below.

Change Ideas from Last Years QIP (QIP 2023/24)	Was this change idea implemented as intended? (Y/N button)	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) **Electronic Monitoring**. Automated compliance reports for all mandatory e-Learning modules are distributed to supervisors/managers/directors so that they can follow up with staff who have not completed the ABR module. Improvement to the integrity of data from the e-Learning system is ongoing, with a specific focus on reducing the need for manual "clean-up". This work is helping to drive broader changes to other dependent information systems.	Y	Automated compliance reports and optimization of learning management system records supported improvement saturation. Collaboration with local leaders identified appropriate strategies for success for different groups. This indicator has reached improvement saturation and will be sunsetted from the QIP, however the metric will be closely monitored on the Equity Scorecard to ensure sustainability.
2) **Reminders.** Updates and reminders about WCH's Anti-Black Racism commitments will be shared via strategic communication channels, with a specific strategy for managers. See our update online report for more information. Ultimately the goal will be to make the education mandatory by the 2024.	Y	Updates and reminders of WCH's Anti-Black Racism commitments facilitated improvement saturation. This indicator has reached improvement saturation and will be sunsetted from the QIP, however the metric will be closely monitored on the Equity Scorecard to ensure sustainability.