

2019/20 Quality Improvement Plan
Improvement Targets and Initiatives
Scarborough Health Network - SHN (Birchmount, Centenary, and General hospitals)



Quality Dimension	Objective	Improvement Indicator	Current Performance	Target
Efficient	Inpatients are cared for in appropriate clinical spaces	Number of inpatients receiving care in unconventional spaces	Collecting baseline	

Change Idea #1

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Optimize all physical capacity in ED for care of patients	Admitted patients moved from ED to inpatient units Number of patients receiving care in unconventional spaces	Optimize use of ambulatory care area for patient care despite mode of arrival e.g. EMS Explore OTN e-consult support with long term care facilities to divert ED admission Surge protocols initiated to move admitted patients from ED to inpatient units	Virtual care project partnership with long term care facility will be established for future model development by end of Q3 All patients arriving via EMS will be assessed to receive care in ambulatory care areas (e.g., RAZ or ACA) by end of Q2	Surge protocols for admitted patients will be addressed under the QIP indicator Time to Inpatient Bed

Change Idea #2

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Establish a methodology for reliable data collection, reporting and thematic analysis	Data sources and methodology for data collection and review are established	Explore data sources, methodologies and review processes currently in place Perform an environmental scan to determine stakeholders	Review current sources of data and analysis of data gathered to date by end of Q1 Establish a mechanism and timing for flow of data by end of Q2 Create a report that enables review of data and thematic analysis by end of Q2 Determine stakeholders and develop process for sharing information from data analysis by end of Q3	Requires support and dedicated decision support resource

Collaborative Partnerships:
 1. OTN 2. LTC Facilities

2019/20 Quality Improvement Plan

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Scarborough Health Network - SHN (Birchmount, General and Centenary Hospitals)

Quality Dimension	Objective	Improvement Indicator	Current Performance	Target
Timely	Reduce wait times in the ED	90 th percentile emergency department length of stay for admitted patients (Time of admit order to inpatient bed)	22.9hours	21.7

Change Idea #1

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Understand baseline performance and establish improvement priorities by program	Create shared understanding of current performance and opportunities	<p>Review of available current state information, format, and historic performance</p> <p>Cascade flow goals to programs to create program ownership and alignment with corporate flow strategy</p> <p>Introduce new metric: unfilled bed</p>	<p>Establish baseline performance and targets by end of Q1</p> <p>Develop corporate and program specific reports by end of Q1</p> <p>Establish cadence and standard approach to reviewing performance data through corporate flow committee to programs by end of Q2</p> <p>Programs to develop improvement targets and initiatives to reduce ED admitted LOS for their patients by end of Q3</p>	

Change Idea #2

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Divert non acute medicine admissions	Decrease # of patient cases with Alternate Level of Care (ALC) orders within 48 hours of admission or conservable days within 72 hours of admission	<p>Refresh standard work for complex daily discharge huddles between social work, Home and Community Care, and GEM nurse in ED</p> <p>Review referral triggers and process for access to medicine ambulatory clinics for follow-up post ED visit</p>	<p>Daily ED huddles will occur 70% of the time (impact of weekend gap) with at least 2 participants at all hospitals by end of Q1</p> <p>10% increase in post ED referrals to medicine ambulatory clinics across all hospitals by end of Q2</p>	

Change Idea #3

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Implement standard process and work to support bed management operations across all hospitals	Bed management operations follow a standardized process	<p>Embed standard work in daily operations</p> <p>Provide clear, actionable communication</p> <p>Ensure transparency of performance and effectiveness</p> <p>Streamline and align processes across all hospitals</p> <p>Move to a 'no vacant bed' practice when patients are waiting in the ED</p>	<p>Obtain stakeholder input and consultation on current state, effectiveness, program needs, etc. by end of Q1</p> <p>Implement and test standard work and scripting to guide communication at bed meetings by end of Q1</p> <p>Confirm required participants in bed meeting based on volume/activity criteria by end of Q1</p> <p>Embed a standard review and validation of previous day's predicted activity at onset of bed meeting to measure accuracy of reported information by end of Q2</p> <p>Create standard reports to communicate status, operations and corporate status and confirm frequency and distribution by end of Q2</p> <p>Create and implement an effective method to ensure all vacant beds are reported and assigned within 60 minutes 24/7 by end of Q4</p>	

Change Idea #4

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Enhance timely patient flow and placement across all hospitals	Establish leadership standard work to support timely patient flow and placement	Create alignment of leadership to support bed management and ensure effective and timely mobilization of resources in response to surge	<p>Obtain stakeholder input and consultation on current state, effectiveness, program needs, etc. by end of Q1</p> <p>Develop escalation/bed levels to guide expected standard work by end of Q2</p> <p>Integrate bed stage level in corporate bed reports and communication by end of Q3</p>	

Collaborative Partnerships: Home & Community Care Partners

2019/20 Quality Improvement Plan

Improvement Targets and Initiatives

Scarborough Health Network - SHN (Birchmount, General and Centenary Hospitals)

Quality Dimension	Objective	Improvement Indicator	Current Performance	Target
Patient Centred	Improve patient satisfaction	% Patient Satisfaction: 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? (surgical inpatients)	73% Medicine & Surgery combined	80.7%

Change Idea #1

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Communication Theme Point of Contact: Access/Entry Treatment Discharge/Transfer Enhance communication with patients and families to help navigate hospital processes, address patient expectations and improve patient experience	Complete development of 'Your Surgical Journey' booklet	Develop a surgical patient handbook, building on the Patient and Family Guide, for implementation across all hospitals	Patient Handbook is standardized across all hospitals by end of Q2 Implement Patient Handbook across surgical program by end of Q3 Translate Patient Handbook into common languages at SHN by end of Q4	
	Standardize information provided in Pre-Admit clinic	Review and refine existing patient education materials and staff education points for Pre-Admit clinic across all hospitals to achieve standardized content	Pre-Admit clinic patient education material developed by end of Q2 Implement Pre-Admit patient education material across surgical program by end of Q3 Translate education material into common languages at SHN by end of Q4	

	<p>Complete development of comprehensive discharge education materials for patients and families in the specialty areas of orthopaedics, urology, and ophthalmology</p>	<p>Develop discharge education materials aligned to order set initiative for the 3 specialty areas</p>	<p>Discharge education material for the 3 specialty areas developed by end of Q2</p> <p>Implement discharge education material across surgical program by end of Q4</p> <p>Translate discharge education material into common languages at SHN by end of Q4</p>	
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Improvement Targets and Initiatives

Scarborough Health Network - SHN (Birchmount, General and Centenary Hospitals)

Quality Dimension	Objective	Improvement Indicator	Current Performance	Target
Patient Centred	Improve patient satisfaction	% Patient Satisfaction: 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? (medicine inpatients)	73% Medicine & Surgery combined	80.7%

Change Idea #1

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Communication Theme Point of Contact: Discharge/Transfer Spread COPD education teaching and material to COPD patients upon discharge	COPD teaching completion and education materials shared	Staff training on COPD education materials COPD materials will be stocked on the unit	80% of COPD patients will receive COPD teaching and education materials upon discharge by end of Q2	

Change Idea #2

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Communication Theme Point of Contact: Access/Entry Spread and sustain distribution of Patient and Family Guidebook to patients	Patient and Family Guidebook distributed	Healthcare team to engage in discussion with patients and families to share the Patient and Family Guidebook	80% of admitted patients will receive a Patient and Family Guidebook by end of Q1	

Collaborative Partnerships:

1. Lung Association (indirectly)

2019/20 Quality Improvement Plan

Improvement Targets and Initiatives

Scarborough Health Network - SHN (Birchmount, General and Centenary Hospitals)

Quality Dimension	Objective	Improvement Indicator	Current Performance	Target
Safe	Number of workplace violence incidents	Number of workplace violence incidents reported by hospital workers within a 12-month period	161 incidents	Collecting baseline

Change Idea #1

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Establish a hospital/police services liaison committee	<p>Liaison committee established and includes representation from all three police services</p> <p>Enhanced community partnerships with the police divisions</p>	<p>Pull together key leaders from the hospital and the three Police Divisions to establish liaison committee</p> <p>Establish mandate and schedule for committee</p> <p>Creation of a work plan to support high risk and challenging situations in the emergency departments and mental health units</p>	<p>Liaison committee established and meeting by end of Q1</p> <p>Creation of a work plan by end of Q1</p>	

Change Idea #2

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Standardization of Code White Debrief Process	Number of Code White debriefs conducted after a violent or potential violent situations	<p>Harmonization of the Code White policy</p> <p>Establishment of a Code White debrief process</p>	<p>Code White policy harmonized by end of Q1</p> <p>Create a standardized Code White Debrief Tool & training plan by end of Q1</p> <p>Debrief conducted on all Code Whites beginning of Q3</p>	

Change Idea #3

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Develop a process for assessing patients for acting out/violent behaviours and a methodology for identifying risk to the care team and others	Number of patients identified as at risk for acting out or violent behaviours	Implementation of a patient risk assessment tool Select and trial a patient flagging identification system on pilot units	Patient risk assessment trialed on pilot unit(s) by end of Q1 Visual identification system trialed on pilot units by end of Q1	

Collaborative Partnerships:

1. Toronto Police Services

2019/20 Quality Improvement Plan

Improvement Targets and Initiatives

Scarborough Health Network - SHN (Birchmount, General and Centenary Hospitals)

Quality Dimension	Objective	Improvement Indicator	Current Performance	Target
Safe	Reduce harm (moderate or higher) caused to patients (includes admitted and day surgery patients)	Rate of patient incidents with moderate harm or higher per 1000 patient days and day surgeries	0.64%	0.61%

Change Idea #1

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Design and implement a strategy to become a High Reliability Organization (HRO)	Completed HRO strategy and action plan	Engage Quality of Care Committee as Strategic Direction Task Force	Implementation plan and tactics developed by end of Q1	Year 1 of 5-year plan is focused on building foundations towards achieving HRO

Change Idea #2

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Build a culture of safety based on HRO best practices that supports prevention versus reaction to incidents	Implement a standardized process for data review and thematic analysis of patient safety incidents at the program and unit level	Initial pilot within one program to include introduction of program and unit level safety scorecard	<p>Establish methodology for data collection, report content and format by end of Q1</p> <p>Support implementation of safety scorecard within one program through establishing safety as a standing agenda item within program meetings by end of Q2</p> <p>Implement purposeful patient safety rounds conducted by leadership by end of Q3</p> <p>Develop a spread plan to include all clinical programs that includes development of meaningful and impactful set of quality metrics by end of Q4</p>	Requires support from decision support team and readiness at program level

2019/20 Quality Improvement Plan

Improvement Targets and Initiatives

Scarborough Health Network - SHN (Birchmount, General and Centenary Hospitals)

Quality Dimension	Objective	Improvement Indicator	Current Performance	Target
Effective	Early identification of patients with palliative care needs	Documented assessment of palliative care needs for identified patients	Collecting baseline	

Change Idea #1

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Establish a methodology for reliable data collection, reporting and thematic analysis	Data sources and methodology for data collection and review are established	<p>Explore data sources, methodologies and review processes currently in place</p> <p>Perform an environmental scan to determine stakeholders</p>	<p>Review current sources of data and analysis of data gathered to date by end of Q1</p> <p>Establish a mechanism and timing for flow of data by end of Q2</p> <p>Create a report that enables review of data and thematic analysis by end of Q2</p> <p>Determine stakeholders and develop process for sharing information from data analysis by end of Q3</p>	Requires support and dedicated decision support resource

Change Idea #2

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
<p>Communication Theme Point of Contact: Access/Entry</p> <p>Implement a standardized identification and assessment tool/framework to determine palliative care needs</p>	Implementation of tool/framework across medicine units at one hospital and training of identified members of the health care team	<p>Initial pilot on one unit at General hospital before full roll out</p> <p>Provide health care team education on the identification and assessment tool/ framework</p>	<p>Review of evidence based tools/frameworks, including consultation with cross sector partners to support alignment by end of Q1</p> <p>Select and implement preferred tool by end of Q2</p>	Collaborative partners to be included

Collaborative Partnerships:

1. GAIN teams at SHN, SPLC and Carefirst
2. Scarborough Centre for Healthy Communities
3. CE LHIN Home and Community Care
4. CE LHIN Regional Palliative Care Network

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Improvement Targets and Initiatives

Scarborough Health Network - SHN (Birchmount, General and Centenary Hospitals)

Quality Dimension	Objective	Improvement Indicator	Current Performance	Target
Safe	Enhance medication safety for patients	% Medication reconciliation at discharge	77%	90%

Change Idea #1

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
<p>Communication Theme Point of Contact: Access/Entry Discharge/Transfer</p> <p>Complete an RIE to review the processes in place across all hospitals within the surgical program</p>	<p>Completion of a Rapid Improvement Event (RIE) including members of the interprofessional team involved in the admission and discharge medication reconciliation processes</p>	<p>Interprofessional Team to review:</p> <ol style="list-style-type: none"> collection of Best Possible Medication History (BPMH) in pre-admission clinics or via phone routine patient education provided prior to booking procedure admission medication reconciliation process discharge medication reconciliation process 	<p>Identify opportunities for improvement and standardization during the admission process and implement changes by end of Q2</p> <p>Identify opportunities for improvement and standardize during the discharge process by end of Q4</p>	

Change Idea #2

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
<p>Communication Theme Point of Contact: Discharge/Transfer</p> <p>Refresh medication reconciliation communication and education for physicians, staff, and patients within the surgical program</p>	<p>Completion and rollout of identified communication and education methods</p>	<p>Multidisciplinary approach:</p> <ol style="list-style-type: none"> one of the monthly education focuses for nurses will include Medication Reconciliation complete education to surgeons include routine patient education in surgical packages 	<p>Completion of education refresh at monthly nurse training by end of Q2</p> <p>Provide education refresh to surgeons by end of Q2</p> <p>Ongoing patient education across all hospitals within surgical program</p>	

Change Idea #3

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
<p>Communication Theme Point of Contact: Discharge/Transfer</p> <p>Provide a scorecard to surgeons with the admission and discharge medication reconciliation completion rates by unit</p>	<p>Percent of inpatients with medication reconciliation admission and discharge rates meeting target</p>	<p>Continue to work with unit clerks to enter admission and discharge audits for all surgical inpatients within Meditech online tool</p> <p>Work with IT to provide surgeon completion data by unit to chiefs</p>	<p>90% of in-patients across all hospitals to have audit completed by end of Q2</p> <p>Data provided to surgical program meetings by end of Q2</p>	<p>Requires IT support for report to be available by specific unit for surgical program</p>

2019/20 Quality Improvement Plan

Improvement Targets and Initiatives

Scarborough Health Network - SHN (Birchmount, General and Centenary Hospitals)

Quality Dimension	Objective	Improvement Indicator	Current Performance	Target
Effective	Reduce 30-day readmission rate for mental health	Readmission within 30 days for mental health and addiction	7.9%	7.5%

Change Idea #1

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
Retrospective readmission trend analysis	Completion of chart audits from Birchmount and Centenary to understand and document reason for readmission	<p>Chart audit/reviews on 10-15 charts from all hospitals on readmitted patients to:</p> <ol style="list-style-type: none"> determine factors contributing to readmission; and to develop associated strategies to address root cause or gaps in service delivery 	Review and analysis complete by end of Q1	

Change Idea #2

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
<p>Communication Theme Point of Contact: Discharge/Transfer</p> <p>Improve availability of information and resources for patients upon discharge from all MH units</p>	Ensure every patient discharged from all hospitals receives standardized information and education package	<p>Update and standardize the resources and information provided for patients being discharged from all MH units</p> <p>Ensure early engagement, collaboration, input and participation from MH patient/family advisory committee</p>	<p>Track compliance in distribution of resource packages by end of Q1</p> <p>Establish process to ensure that information is provided by a member of the health care team by end of Q2</p>	

Change Idea #3

Change Idea	Process Measures	Methods	Goal for Change Idea	Comments
<p>Communication Theme Point of Contact: Discharge/Transfer</p> <p>Implement post discharge follow up phone calls for all patients discharged from MH units</p>	<p>Ensure every patient discharged from a MH unit receives a post discharge follow up phone call within 5 days of discharge</p>	<p>Develop and implement standard work for post discharge follow up calls</p>	<p>Create scripts for follow up discharge phone calls by end of Q1</p> <p>Establish standard work for discharge phone call and initiate program by end of Q2</p> <p>Explore technology and other means to enable documentation and record keeping for discharge phone calls by end of Q3</p> <p>A post discharge follow up phone call will be placed (up to 3 attempts) for 100% of discharged mental health patients by end of Q4</p>	<p>Documentation for this change idea is more challenging to standardize given the different platforms of the health records</p> <p>Ensure program aligns to and is supported by Strategic Direction Plan to expand post discharge phone call program</p>

Collaborative Partnerships:

1. CMHA
2. Rapid Access Addiction Medicine clinic
3. Pinewood
4. Community Mental Health teams within SHN