

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2018/19 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. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) 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 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	Adopt principles and practices of Senior Friendly Care and Senior Friendly Hospitals (%; All patients; April 2017 to March 2018; In house data collection)	699	CB	70.00	50.00	There are a number of environmental factors related to the aging infrastructure of the building that have prevented significant movement forward on this initiative. SMGH requires capital investment to achieve more dramatic results.

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Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) 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?
Development of a SFH workplan that addresses all domains of the provincial framework.	Yes	A work plan was developed, an environmental scan was completed but as stated, SMGH infrastructure has barriers to allow more measurable achievements

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2	Continue to reduce harm by ensuring that C-difficile rate does not drop below our best (lowest) performance rate over the last 3 years. (Count; All patients; April 2017 to April 2018; Hospital collected data)	699	6.00	6.00	4.00	

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Units with highest potential for incidence (500 & 700 Med and Chest Units) will be monitored, routinely.	Yes	We were able to continue screening, isolation and cleaning practice established in previous year's work to continue to meet target.

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3	Implement the quality standards as released by Health Quality Ontario (%; All patients; April 2017 to March 2018; Hospital collected data)	699	CB	100.00	85.00	

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Implementation of finalized standards.	Yes	The organization is engaging in a clinical transformation project utilizing an electronic record as the enabler. All standards have been incorporated into pathways and order sets. It is important to recognize what needs to be tackled prior to implementation of a HIS in order to ensure change can occur that is not attributed to a system.

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4	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Count; Worker; January - December 2017; Local data collection)	699	39.00	43.00	52.00	

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Continue to market Zero Tolerance of workplace violence and promote and encourage reporting of incidents - "it's not part of the job".	Yes	Zero tolerance and how this applies in the healthcare setting continues to be a focus as well as the importance of reporting near misses. Two new categories added to incident reporting system- harassment/bullying and disrespectful behaviour which can lead to violence if not addressed.

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5	Reduce average length of stay by 5% (Days; All patients; April 2017 to March 2018; Hospital collected data)	699	5.90	5.60	6.90	Numerous influences have prevented us from reaching target. Significant ALC and volume issues have strained our system.

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Gap analysis and associated plan for ALT tool kit compliance.	Yes	Plan was developed however it is proving challenging to move somethings forward based on competing priorities and changing environments.

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6	Reduce harm by ensuring that Patient Falls do not drop below our best (lowest) performance rate, from the last three years. (Count; All patients; April 2017 to March 2018; Hospital collected data)	699	258.00	226.00	212.00	

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Units with highest incidents (700 and 500 Medicine and Chest) will be monitored, routinely.	Yes	While an initial impact of a reduction in falls was observed from transferring best falls practices from a high performing unit within the Hospital to the Medicine Inpatient units, subsequent fluctuations in the number of falls on Inpatient Medicine units would appear to indicate that continued efforts to sustain the improvements will be required.

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7	Reduce harm to staff by decreasing violence incidents causing harm. (Count; Worker; January to December 2017; Local data collection)	699	27.00	24.00	18.00	

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SMGH has a Workplace Violence Prevention Task Team who has developed a workplan with a number initiatives to reduce incidents of workplace violence.	Yes	Escalating behaviours can lead to violence and aggression. Review of all incident reports indicates de-escalation techniques could change outcome. Our behaviour/approach should not fuel escalation in the individual acting out. Increase awareness on the importance of de-escalation and provide employees with ongoing education on managing resistive behaviours and sessions on being able to identify someone that is beginning to escalate.

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8	Reduce staff harm caused by blood and body fluid exposures (BBFs) by ensuring that BBF rates do not drop below our best (lowest) performance rate over the last 3 years. (Count; Worker; April 2017 to April 2018; Hospital collected data)	699	31.00	31.00	35.00	Note Current Performance should have been 32 on 2018/19 QIP (late entry). Many risky, splash-creating activities not wearing PPE due to lower perceived risk; 7 of 8 splashes were preventable.

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Units with the highest incidents (CVOR, MSICU & 500 Medicine will be monitored routinely.	Yes	MSICU has had no incidents, CVOR has reduced incidents by 60% but still continues to have exposure when passing instruments and 500 has increased number of incidences of needle sticks to the non-dominant hand. Improved safety awareness on splashes and insulin pens across the organization. BBF education added to new employee orientation. Reminders must be ongoing and follow up on each BBF and near miss to determine root cause. 52% BBF related to new and young workers. Nursing BBF orientation enhanced. Common theme noted; rushing too much - educating on "it only takes a second to keep yourself safe" and time required away from unit when a BBF occurs.