Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2019/2020 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 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020	Comments
1	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Count; Worker; January - December 2018; Local data collection)	837	145.00	167.00	170.00	

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Change Ideas from Last Years QIP (QIP 2019/20)	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?
Implement a universal behavioural assessment screening tool	Yes	Created a screening tool through bench marking with other facilities, reviewing the literature and collaboration with Clinical staff, Occupational Health and Safety, Patient and Family Advisory Piloted the screening tool on one unit for a month Currently collecting data and assessing the pilot. This data will inform screener modifications and the

		next pilot before hospital wide implementation later this year.
Implement enhanced care plans for high risk patients	Yes	Created process for enhancing the care plan for higher risk patients as identified in the screening tool. The screener and access to the care planning was designed in the electronic patient medical chart and is now live Care planning tools developed with key internal stakeholders and literature review
Further support and advance a culture of reporting through the implementation of a robust communication campaign	Yes	A word mark was created called Preventing Workplace Violence to use on all the programs that are working towards reducing workplace violence. A redesign of the Preventing Workplace Violence webpage was created and eight internal communications were developed to highlight many of the programs that are preventing or reducing workplace violence. This campaign has helped to drive awareness of reporting. There were 171 hits on the new Violence Prevention website. 25 meetings/huddles were attended discussing workplace violence The creation of posters were deferred to next year as the focus this year was the website.

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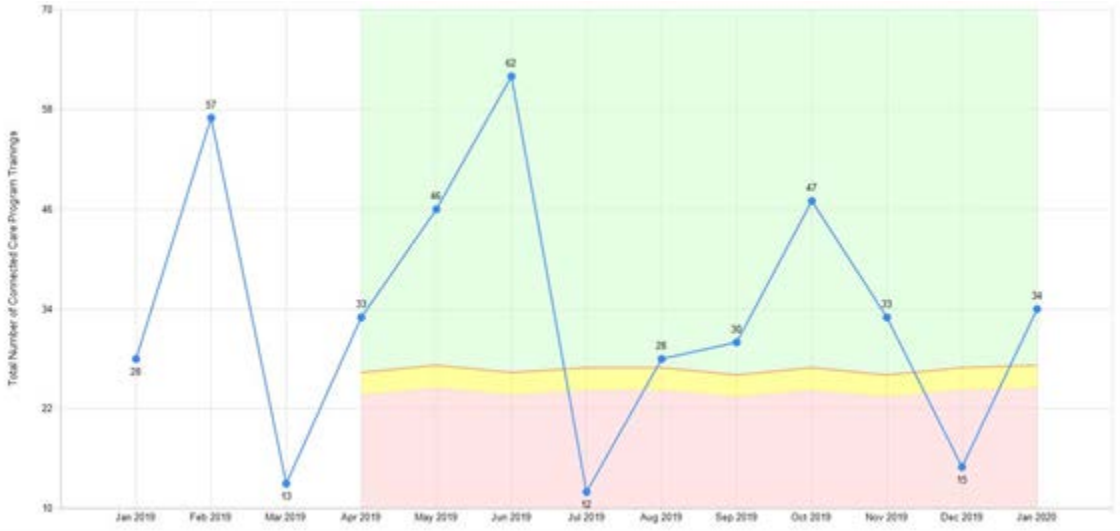
2	Overall number of specialized training modules complete by home care and community-based clinicians via the SickKids' Connected Care Program (Number; Home Care and Community-based Clinicians; January to December 2019; Hospital collected data)	837	214.00	320.00	404.00	



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Develop and implement new Connected Care training home and community care modules	Yes	Successfully implemented a Pulmonary Clearance module in 2019 which was offered four times throughout the year Attendance in each session ranged from 20-24 CHCP
Increase total number of available training days	Yes	Exceeded targeted goal in response to high demand from CHCP Original plan to deliver 24 modules in 2019 To address the high wait list numbers in Q1, additional Tracheostomy and Enteral Feeding Tubes modules were added in Q2 and two additional registration spots were made available in each module throughout the year

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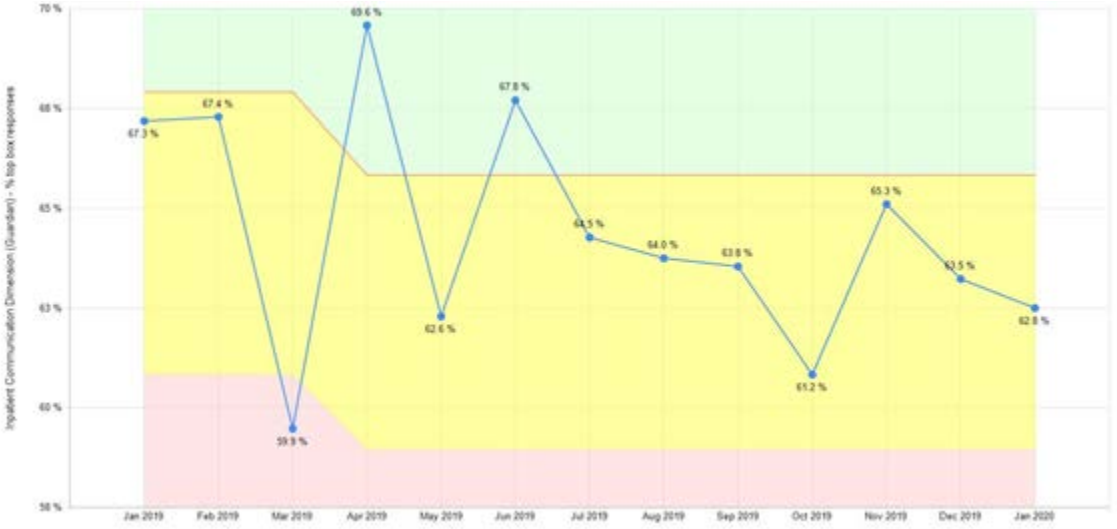
3	Percent top box responses for Inpatient Guardian Communication Dimension (%; Family; January to December 2019; HCAHPS Child Hospital Survey)	837	63.00	66.00	65.00	



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Engage Family Advisors in the development of campaign messages aimed at increased comfort with reporting mistakes.	Yes	Family advisors participated in developing messaging and video bytes used to raise awareness among patients, families and staff about the importance of conversations about reporting mistakes. Lesson learned: while raising awareness is important and the messaging has been well received, behavioural change will require assigning accountability for this conversation to a specific clinical team member and ensuring that this is integrated into a current process. A step will be added to the nursing admission process for this purpose with signoff in the EMR.

Implement strategies which increase access to test results through promotion of access to myChart electronic patient portal and tools integrated into Family Orientation package regarding key questions to ask about tests.	Yes	MyChart is being heavily promoted and anecdotally, families appreciate the access to test results. Learning: Further work is required to ensure that clinicians are explaining test results to families in a way that they understand.
Implement a robust, multi-dimensional communication strategy which includes 1. dissemination of Family Advisor video clips regarding communication 2. Standardized family orientation package and 3. Dissemination of the Patient rights and responsibilities	Yes	Videobytes focusing on communication disseminated widely and incorporated in nursing orientation and other training. Patient and Family Rights and Responsibilities focusing on the importance of communication and disseminated widely to staff and families. Family guidebook piloted and now being rolled out across all inpatient areas. Learning: Improvements to this KPI require a long-term multi-dimensional strategy focusing on building skill and knowledge among staff.

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4	Rate of Potentially Preventable Hospital Acquired Conditions per 1000 Patient Days (Rate per 1,000 patient days; All inpatients; January to December 2019; Hospital collected data)	837	1.02	0.90	0.95	

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Implement a standardized central line procedures cart as dedicated surface in all inpatient units	No	Usability testing was completed to assess standard dimensions and cart requirements. This analysis was finalized at the end of 2019 and will be implemented in 2020. Despite this, majority of areas do have a dedicated surface, however, this will be optimized as part of our plans for 2020.
Advance the application of Leadership Methods to enhance culture of safety	Yes	Leader rounding - Executive sponsor leadership rounding bi-weekly to clinical areas Rounding allows the operational and practice leadership teams to reinforce key aspects for strategic focus and hear opportunities for improvement directly from front line staff. The use of 5:1 feedback methodology has been integrated into the audit and feedback model used for central line associated blood stream (CLABSI) infection

		practice observations. This approach has advanced a culture of learning for improvement and also reinforced the principle of “200% accountability” which aims to empower all staff to speak up for safety in the organization. Through a human-centered design pilot test, groups trialed the use of an enhanced coaching model incorporating key phrases and principles from leadership methods and error prevention strategies. Following this intervention, an increase in identification of errors was found. Though it was small sample, results reinforce our learning elsewhere which suggests cultural improvement strategies can have a great impact.
Advance the multi-modal communication and engagement strategies for central line associated blood stream infections	Yes	Similar to the above, weekly CLABSI Corner newsletters are sent from the chief nurse executive to operational leaders. This includes key CLABSI metrics, progress reports and shared learning opportunities. The goal is to advance situational awareness and drive accountability within the operational leadership teams. Average open rate has been approximately 50%. Near real-time data visualization, shows practice observation data in an accessible, user-friendly way. This data allows teams to see where common opportunities are and reinforces the value of engaging point-of-care staff in developing solutions to complex problems.
Advance and improve audit strategy for standard skin antisepsis in the operating room	Yes	This is currently in process. An audit tool for skin antisepsis has been created and audits have been performed on a surgeon to surgeon basis. 20 audits completed per month (this has changed due to COVID decreasing OR volumes and the resulting need for decreased OR traffic). There are plans to expand the audits out to include OR RNs as auditors Other auditing solutions are under investigation (ie. Using existing In-Light cameras or OR cameras to audit allowing for retrospective feedback)
PreOperative bath	Yes	This is currently a process for which an audit tool has been created and regular audits are taking place in PreOp/PreOp Holding. Goal has been 20 audits per month. Currently piloting a trial of having PreOp RNs who complete the patient workup to also perform the audit in order to decrease number of contacts a patient has (this initiative has been pushed forward as a result of COVID)
Appropriate antibiotic redosing	Yes	Antibiotic re-doing given by Anesthesia is currently recorded in Epic but doesn’t populate the SickKids SSI dashboard for tracking and follow up. This

element will be added to the SSI dashboard in order to flag the % of cases that received redosing out of total number requiring the redose

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5	The time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room. (Hours; All patients; October 2018 – December 2018; CIHI NACRS, CCO)	837	7.15	5.43	8.20	

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Advance seasonal surge strategy	Yes	Ongoing work for 2020- see work plan
Optimize the flexible staffing and scheduling strategy	Yes	Ongoing work for 2020- see work plan
Develop a standardized guideline for transfers to community hospitals	Yes	Leveraged internal collaborative meetings to draft, approve and disseminate guideline successfully.

Optimize utilization of the Clinical Decision Unit (CDU)	Yes	(Eliminated NPs and CC role). Data shows decrease from 67.7% use of CDU beds in FY 2018-19 to 43.0% use of CDU beds in 2019-20. Increase in Admitted patients from CDU from 6.6% to 7.4%.