2020/21 Quality Improvement Plan
"Improvement Targets and Initiatives"

IOSPITAL FOR CHILDREN

The Hospital For Sick Children 555 University Avenue, Toronto , ON, M5G1X8

		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	**Timely**	**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.**	**MANDATORY**	**Hours / All patients**	**CIHI NACRS, CCO / Oct 2019– Dec 2019**	**837***	**8.2**	**7.00**	**Target is set at 7.0 which represents as 15 percent decrease from our 2019 Q3 performance. 2017/18 was an outlier year performance driven by good surge planning in the context of delayed Flu Season**		**1)Implement Seasonal Surge Strategy**	**Surge plans collated into shared template, reported to Hospital Patient Access & Flow Committee Physical surge capacity & readiness reported to Hospital Patient Access & Flow Committee**	**% of units with a seasonal surge plan in place Additional surge beds are operational and ready for use (10 beds on 5D & Ortho Clinic for ED overflow)**	**Inpatient units and the ED will have unit-level seasonal surge plans completed by September 2020 in preparation for the winter. Ambulatory Clinics will**	
											2)Optimize flexible staffing and scheduling strategies	Seasonal Staffing Model expansion data collected by HR/Clinical Unit level targets for Nursing Resource Group, (NRG) hours per schedule	Increase the number of nurses in the Seasonal Staffing Model Maintain robust NRG across inpatient, critical care and ED	Increase number of nurses in Seasonal Staffing Model by September 2020	
											3)Align nursing recruitment strategies across portfolios	Adjust intake times to match anticipated surge volumes Coordinate intakes in critical care areas and ED for internal transfers to align with nursing recruitment plans in general areas Deep dive into nursing workforce planning	Intakes are organized for June, August, October & February	Recruitment strategy is aligned and transparent "Feeder" units are made aware of	
											4)Monitor Standardized Transfer process	Add number of transfer from ED & inpatient units to community hospitals to Access & Flow Scorecard	Measured and reviewed monthly	Baseline number of transfer is maintained or exceeded	
Theme II: Service Excellence	**Patient-centred**	Percent top box responses for Inpatient Guardian Communication Dimension (Guardian)	C	% / Family	HCAHPS Child Hospital Survey / January to December 2020 / January 2020 to December 2020	837*	64.6	66.00	Target of 66% is based on the consensus of QIP committee that the sample size is relatively low and the interventions will remain based in awareness building of resources and concepts related		1)1. Implement a multi-dimensional strategy to support staff in having safety conversations with families to ensure they	Data collected through existing patient experience survey. Track the number of incidents where a safety conversation has not occurred within 24 hours of a patient's admission (through EPIC).	Percent positive responses to HCAPHS regarding the question asking if a provider talked to them about how to report a mistake they observe. This question is one of the six questions in communication dimension and currently in Percent of new admissions with a	By December 2020, 20% of patients/families surveyed indicate that providers	While all supporting materials (video byte, educational materials
											2)2. Develop and implement a compassionate care and communication strategy which includes the following education series	Reports generated by the iLearn learning management system (LMS)	Percent of staff who successfully completed Module 1	By December 2020, 25% of all staff will complete Module 1	Module 1 is ready. Rollout was planned for early Spring and has been delayed.
											3)3. Integrate messaging encouraging patients/families to ask questions about test results in the Family Guide Book	Data collected through existing patient experience survey	Percent positive responses to HCAPHS regarding the question asking if a provider provided enough information about test results. This question is one of the six questions in the communication dimension	By December 2020, 66% of patients/families indicate that providers provided	
Theme III: Safe and Effective Care	**Effective**	Compliance to Connected Care Bundle Numerator: Patients/families who received 100% of the bundle* components Denominator: Total number of patients discharged home	C	% / Family	In house data collection / January 2020-December 2020	837*	0	50.00	Target: 50% of patients discharged home through Connected Care with medical technology and home care nursing receive		1)Centralize operational data and reporting to support delivery of bundle components	Connected Care will centralize and integrate all operational data being collected in excel sheets, SharePoint sites, etc. into a single real-time File Maker Database	Measure: Implemented File Maker Database (production environment)	Target: April 1st, 2020	Key Collaborators: Information Management Team * Bundle
											2)Improve quality of cross-sector data sharing	· Implement standardized data sharing workflows between TCLHIN, Holland Bloorview & Connected Care · Implement Connected Care cross-sector transition rounds	Measure: % of weeks where data sharing occurs in a timely manner (as per standard workflow Measure: % of months were cross-sector transition rounds occur	Target: 70 % for both measures	Key Collaborators: TCLHIN Holland Bloorview TCCs
	Safe	**Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.**	**MANDATORY**	**Count / Worker**	**Local data collection / Jan - Dec 2019**	**837***	**170**	**178.00**	**Proposed 2020 Target- 178 Target represents a 5% increase as we feel that the new initiatives may increase reporting and awareness over the next year as they roll out but the tools may hopefully decrease events. (Preventing and managing**		**1)Implementation of universal patient screener focusing on behavior**	**Completing chart reviews**	**% of behavioral health screening tools completed = Number of behavioral health screening tools completed / number of new patient admissions**	**90 % of patients will be screened for behavioral health risks within 24 hours of admission to an inpatient unit**	**This is a two year strategy with a target of 50% in year one followed by 90% in year two**
											2)Track implementation of the Mental Health Care Plan for higher risk in-patients	Completing chart Reviews	% of Mental Health Care Plans developed = number of Mental Health Care Plans developed / the number of children classified as high behavior risk	90 % of behavior plans developed for inpatients	This is a two year strategy with a target of 50% in year one followed by 90%
											3)Training on Code White and Behavioral Screening	Measuring staff attendance	% of people trained	65% of inpatient RNs are trained on high risk units	High risk units are 5C, 7A, ED, 7B/C/D, DI and Pre-op / PACU
		Rate of Potentially Preventable Hospital Acquired Conditions per 1000 patient days	C	Count / All inpatients	Hospital collected data / January 2020-December 2020	837*	0.95	0.86	Target plan to align with further 10% reduction from CY 2019 performance (CY2019 final 0.95)		1)Implementation of the daily chlorhexidine bathing bundle element in two clinical units for decreasing Central line associated	Collected as part of practice observations using audit and feedback methodology	Total daily chlorhexidine baths completed	At least 90% of eligible patients with central lines on unit 4D will have a daily	Exclusion criteria for various factors such as patient age may affect this metric.
											2)Implementation of e-learning module for aseptic non-touch technique (ANTT) practices for CLABSI	iLearn (e-learning system) metrics and unit level staff data	Percent of staff completed ANTT e-learning module	80% of each area staff will have completed by the end of 2020	Exact denominator of each unit may be influenced by staff on leave
											3)Pre-Op Bath Audit Change Implementation for Surgical Site Infections, (SSI) in the OR	Using updated Pre-Op bath Audit Tool, rather than a designated auditor, a Pre-Op RN or the Flow Coordinator will conduct the audit in conjunction with the patient workup/assessment Information will be collected as part of practice observations, the audit tool	Total daily audits completed overall Total daily audits completed for each SSI procedure we track Patient and family feedback Staff feedback	The updated audit tool will now indicate if the preop bath was completed for one	Previous tool edited to show information regarding if the preop bath was