



**2017/18 Quality Improvement Plan
Part B: Improvement Targets and Initiatives**

AIM		Measure					Change					
Quality dimension	Issue	Measure/Indicator	Source / Period	Current performance		Target justification	Planned improvement initiatives (Change Ideas)		Process measures	Target for process measure		Comments
				Current performance	Target		Initiatives (Change Ideas)	Methods		Process measures	Target for process measure	
Effective	Coordinating care	% of clinicians using GAS & COPM outcome tools for inpatient and outpatient therapy	Hospital collected data / 2016/17	68.9%	80.0%	Continue to work toward target. The target selection is anchored in the outcome strategy initiative and in conversation with key stakeholders within the organization. This is a multi-year strategy with Holland Bloorview in the second year of the strategy. The current measure focuses on compliance and a goal to move towards outcome measurement in subsequent years.	1) Process Intervention: Facilitate Transitions (continued work from 2016/17)	a. Continue to pilot the use of technology to monitor progress/compliance to therapy program between appointments in outpatient program. Therapy program is developed with outcomes intended using GAS and COPM goals. b. Conduct education and training with staff and participating clients c. Monitor progress d. Evaluate intervention	% taught what you and your child needed to know about how to continue rehab at home % of children reporting the continuation of exercises at home. % therapists talking about activities that might help child during rehab at home	90% taught what you and your child needed to know about how to continue rehab at home (in pilot program) 90% therapists talking about activities that might help child during rehab at home	This work was initiated in 2016/17 and will continue in 2017/18. A research proposal was submitted and approved by our Research Ethics Board the early fall of 2016. The research team is a partnership between the University of Toronto, front line clinicians, operations management, a youth leader and a quality lead. For the second year in a row as part of the QIP development process we conducted a number of focus groups with families, youth and children. One of the primary themes that came through was around effective transitions. This intervention deals specifically with motivating clients to comply to their therapy program in between appointments. The pilot program is the Fit n Flex program, which is within our Neuromotor service. Critical success factors include client engagement to use the technology at home as well as therapist engagement. Family leaders and youth leaders both voiced that effectiveness and joint goal setting is pivotal in the provision of care and demonstrating worth/value.	
							2) Process Improvement Initiative: Implement Integrated Coordinated Care Plan (ICCP) for Outpatient Clients	a. Complete Solution Focused Coaching training (SFC) b. Implement ICCP in phased approach c. Sustain use of ICCP d. Evaluate intervention	% staff trained in SFC % active outpatient clients with ICCP	100% relevant staff trained in SFC 90% active outpatient clients with ICCP	Implementation of the ICCP is supported by the solution focused coaching training, and will be implemented in a phased approach following the SFC training. SFC is a strengths-based, client-centred method of service delivery that supports clients to focus on the positives and build on their existing capacities.	
							3) Process Improvement Initiative: Implement goal setting process in partnership with clients and families	a. Establish process to embed the use of outcome tools (GAS and COPM) into clinician workflow b. Provide staff education on the importance of client and family understanding of goals c. Regular performance reporting d. Monitor and adapt workflow as necessary to meet clinician and family needs	% clinicians using GAS and COPM tools by discipline % families feeling that therapists worked with them to plan child's therapy % kids indicating their care helps them reach their goals	80% clinicians using GAS and COPM tools by discipline 80% families feeling that therapists worked with them to plan child's therapy 75% kids indicating their care helps them reach their goals	This is a component of HBKRH's outcomes strategy, led by our Collaborative Practice team. This is a multi-year strategy, our goal is to shift from a process (compliance) metric to reporting on client achievement of goals. Goal Attainment Scaling (GAS) is a therapeutic tool that refers to the development of a written follow-up guide between the client and the clinician used for monitoring client progress. The Canadian Occupational Performance Measure (COPM) is an evidence-based outcome measure designed to capture a client's self-perception of performance in everyday living, over time. Both tools are strongly validated within the literature, and appropriate for the pediatric population. Implementation of the ICCP will support this process and conversation.	

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							4)Education and Training: Conduct simulation training to enhance uptake of outcome tool.	a. Create scenarios and develop videos b. Disseminate training to staff c. Develop method to conduct training to new staff	# trained videos developed % clinical staff who feel the training will support them in their discussions related to outcome measurement with clients and families	5 trained videos developed 90% clinical staff who feel the training will support them in their discussions related to outcome measurement with clients and families	This initiative is led by a multi-disciplinary team and included the use of standardized patients in the simulation videos. The education is being rolled out to clinical staff in the spring of 2017. The simulation videos are directly linked to the uptake of clinicians using outcome tools, as they become more comfortable with the conversation and setting appropriate and meaningful goals.
	Effective transitions	% of families and clients reporting they felt they were adequately supported in preparing for discharge	Hospital collected data / 2016/17	Collecting baseline	90.0%	Collecting baseline data. The is limited historical data to anchor the target as this question has been combined from two into one question on our discharge follow up phone call survey. A target of 90% is both aggressive and consistent with our other patient experience targets as well as reflect of the volume of work underway in the hospital to support families through the transition to home process. The target includes Top Box responses. Data source is our 72 hour follow up phone call.	1)Process Improvement Initiative: Enhance timely completion of physician discharge summaries. This will be a multi-year strategy to understand, align, develop processes and build sustainable structures for timely discharge planning.	a. Identify gaps and opportunities to enhance timely completion of the physician discharge summary b. Plan and test improvements c. Monitor impact using performance data	Expected in year two of the strategy, capturing data on the % physician discharge summaries sent from hospital to community care provider within 48 hours of discharge	Expected in year two of the strategy, striving for 80% physician discharge summaries sent from hospital to community care provider within 48 hours of discharge	Executive sponsorship will be a joint venture with VP of Medicine and Chief Nursing Executive. Physician engagement will be a critical success factor.
							2)Process Improvement Initiative: Sustain use of discharge planning tools.	a. Sustain use of discharge planning/ preparedness tools b. Collect family feedback c. Modify as necessary	% families feeling they received enough information from hospital staff around what to do if they were worried about their child's condition after leaving the hospital % families feeling prepared to manage their child's condition upon discharge % families feeling ready for discharge % kids who know what to do to get ready to go home	90% families feeling they received enough information from hospital staff around what to do if they were worried about their child's condition after leaving the hospital 90% families feeling prepared to manage their child's condition upon discharge 90% families feeling ready for discharge 75% kids who know what to do to get ready to go home	The hospital has recently introduced a number of tools to facilitate the discharge process for our inpatient clients and families. These tools include a transition passport as well as the Patient Oriented Discharge Summary (PODS). The work this year will be to sustain their use across our inpatient program. Additionally, this year we are introducing family communication whiteboards, which are bedside, rehabilitation focused communication tool that allows clients and families to communicate information such as strengths, goals, care preferences, and family dynamics which will support our clinicians in providing holistic, family-centered care.
Efficient	Safe transitions upon discharge into the community	% of clients/families within the Feeding Service called within three weeks of service provided	Hospital collected data / 2016/17	0.0%	80.0%	Continue to work toward stretch target. Based on family feedback we are continuing the pilot of the inpatient post discharge follow-up phone call in one of our outpatient clinics, the Feeding Service. The phone call was initiated in Q4 of 2016/17, with retroactive calls made to clients seen from the beginning of Q3 onward. We anticipate that moving forward we will be able to achieve the target of 80% called within 3 weeks.	1)Process Improvement Initiative: Continue pilot test the warm handover process in one outpatient clinic, the Feeding Service	a. Monitor client/family feedback b. Initiate improvement initiatives based on client/family feedback c. Sustain improvements in feeding program d. Plan for spread to additional outpatient areas	% families indicating their questions/concerns were addressed % families receiving written instruction to take home % families indicating they understand the recommendations discussed % families indicating they know who to contact with questions	90% families indicating their questions/concerns were addressed 100% families receiving written instruction to take home 90% families indicating they understand the recommendations discussed 90% families indicating they know who to contact with questions	Based on family feedback we are expanding the inpatient follow up phone call to our outpatient area, beginning with a pilot test in the Feeding program. Based on recommendations from our Collaborative Practice team we are targeting clients with no further appointments booked. Although all of our clients/families, who meet the criteria, who have attended the clinic since the beginning October have been called, our goal for 2017/18 will to conduct the phone calls within 3 weeks of services.

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Patient-centred	Person experience	% 'excellent and very good' rating by clients and/or families to the question: Overall how would you rate Holland Bloorview'	NRC Picker / 2016/17	89.1%	90.0%	This value is based on excellent and very good responses only. We will continue with our 2016/17 target of 90% as our current performance was just below this value, although within target range.	1)Measurement and Feedback: Continue to enhance Client Experience Performance Reporting	a. Sustain corporate performance reporting strategy b. Implement visual management strategy	% of families ready for discharge (IP) % families feeling that their child's doctors and nurses worked with them to plan the child's therapy % families with confidence and trust in therapists % families saying child's therapy exercises were explain to the child in a way they understood % consistency between different therapists and staff about care information % families who felt treated with courtesy and respect % families who felt welcomed by therapist	75% of families ready for discharge (IP) 75% families feeling that their child's doctors and nurses worked with them to plan the child's therapy 75% families with confidence and trust in therapists 75% families saying child's therapy exercises were explain to the child in a way they understood 75% consistency between different therapists and staff about care information 75% families who felt treated with courtesy and respect 75% families who felt welcomed by therapist	Over the past fiscal year Holland Bloorview has enhanced our focused on client experience data in our performance reporting process. This year we will be working to sustain our response rate to facilitate robust data analysis.	
								2)Measurement and Feedback: Continue pilot of kids feedback process	a. Pilot kids feedback process for outpatient clients b. Host additional kids feedback sessions for our inpatient clients c. Implement 2 improvement initiatives based on kids feedback d. Develop plan to sustain	% clients feeling safe when visiting Holland Bloorview % clients understanding communication with health care provider % clients satisfied with access to service % clients who know how to continue their rehab therapy at home % clients who feel that their care is helping them reach their goals	95% clients feeling safe when visiting Holland Bloorview 75% clients understanding communication with health care provider 75% clients satisfied with access to service 75% clients who know how to continue their rehab therapy at home 75% clients who feel that their care is helping them reach their goals	We hosted an inaugural kids feedback month for our inpatient clients in the summer of 2016. The feedback questions were developed in partnership with client and family integrated care and quality, safety, performance with the interviews facilitated by an early childhood educator. For the upcoming fiscal year we are committing to piloting a kids feedback process for our outpatient clients.
								1)Measurement and Feedback: Understand our moderate complaints	a. Continue monthly reports to Programs and Services on complaint profiles and resolution actions b. Continue collection of complaint resolution times across all categories	% operations manager complaint resolution outcome	100% operations manager complaint resolution outcome	Our goal is to continue to develop a more fulsome understanding of our moderate complaints data such as the variability in complaints, number per month/quarter and types of complaints. The outcome of the ongoing monthly data analysis will inform future improvement opportunities. Our Client and Family Integrated Care (CFIC) team has a well established process for handling and resolving complaints, led by our Client and Family Relations Facilitator. We have discussed measuring client satisfaction with the complaint process/resolution of the complaint but decided, with family leader input, to continue to focus on the resolution timeframe.
Safe	Medication safety	Medication reconciliation at all points of contact, including inpatient admission, inpatient transfer, inpatient discharge, and all outpatient medical	Hospital collected data / 2016/17	97.5%	100.0%	Theoretical maximum. As a result of family feedback, we will be continuing to focus on medication reconciliation across all transfer points and as such will be reporting on them collectively, as an aggregate. Performance for	1)Process Improvement Initiative: Enhance Outpatient Client/Family Understanding of Medications	a. Post medication '5 Whys' infographic in outpatient clinic areas b. Receive feedback from family leaders c. Continue to support staff in having conversations around medication d. Modify tools as appropriate f. Sustain	% awareness of medication side effects % of families with a medication tool	90% awareness of medication side effects 80% of families with a medication tool	We committed to including one metric that reflects medication reconciliation across all points of contact, including admission, transfer and discharge. This reflects the feedback from our family leaders to have one metric with one target as each transition point is equally important.	

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		clinics				medication reconciliation at admission, transfer and discharge was well over 90% for the past several years, and closer to the theoretical maximum of 100%. Theoretical maximum is where we strive.	2) Process Improvement Initiative: Continue with Implementation of Failure Mode Effects Analysis (FMEA) Recommendations for Leaves of Absence (LOA)	a. Continue to test improvement strategies through the use of PDSA cycles b. Sustain improvements c. Spread where appropriate	# LOA-related incidents	Reduce the number of LOA related incidents	A key component to a successful LOA is a family's knowledge and understanding of their medication information, including administration times, doses, and potential side effects. This FMEA will be looking at the entire LOA process and we will be investigating all LOA related incidents from the past 3 years. We will also tease out medication related incidents to identify improvement opportunities specific to the medication aspects of a LOA.
							3) Process Improvement Initiative: Continue refinements to our medication reconciliation process	a. Continue current auditing process to monitor med rec compliance at admission, transfer and discharge and in all outpatient clinics b. Report compliance through internal performance reporting structure c. Discuss compliance at the Medical Advisory, Pharmacy and Therapeutics, and Patient Safety Committees	% medication reconciliation at admission (inpatients) % medication reconciliation at transfer (inpatients) % medication reconciliation at discharge (inpatients) % medication reconciliation at outpatient clinic visit	100% medication reconciliation at admission (inpatients) 100% medication reconciliation at transfer (inpatients) 100% medication reconciliation at discharge (inpatients) 100% medication reconciliation at outpatient clinic visit	We are regularly assessing our medication reconciliation process and looking for opportunities to improve and streamline it. The focus is in our ambulatory care areas, particularly in our Child Development Program as the majority of those services prescribe medications. This work is integrated into our ambulatory care accreditation team to support compliance with the medication reconciliation required organizational practice (ROP).
							4) Education and Training: Develop Brochure for Managing Medications at Home for our Inpatient Families	a. Create brochure b. Conduct education with clinical staff c. Disseminate brochure d. Monitor 'understanding medication' indicator	% of families rating that health care providers gave an understandable explanation of medicines (%yes)	90% of families rating that health care providers gave an understandable explanation of medicines	The is a key improvement area as identified by our family leaders. In 2016/17 a research study was conducted by a student who investigated how families best receive medication information at discharge. Initial findings suggest that more education is required on how to best manage medication administration at home. The brochure will be reviewed by family leaders prior to dissemination in 2017/18.
		Understanding Medication: % of families rating that health care providers gave an understandable explanation of medicines	Hospital collected data / 2016/17	92.6%	90.0%	We have limited historical data to base the target on and as such the 90% target will be carried over into the next fiscal year. Additionally, we streamlined the response options for this question and as such expect performance data may be influenced. A new target will be established next year based on two full years of data. The data source for this indicator is our 72 hour follow up phone call to inpatient families.	1) See above (medication reconciliation)	See above (medication reconciliation)	See above (medication reconciliation)	See above (medication reconciliation)	See above (medication reconciliation). Additionally, we monitor data for this indicator from both the 72 hour discharge follow up phone call (what is reported on the QIP), as well as our NRC client experience survey for both our inpatient and outpatient populations. We monitor all data sources internally.
Timely	Timely access to care/services	80th percentile - longest wait measured in days Autism Diagnostic Services	Hospital collected data / 2016/17	162	137	Stretch target. Target is in days. The target remains unchanged as the demand for services has increased and capacity has been maximized. Performance continues to hover around 160 days for autism services, therefore 137 days is a stretch target.	1) Measurement and Feedback: Continue to enhance wait time performance reporting	a. Implement weekly, monthly and quarterly corporate performance reporting strategy b. Monitor performance data and compliance to wait time targets	% of medical clinics attended monthly % of staff meeting predefined 'new' appointment targets % of staff meeting predefined weekly, monthly attendances ASD Attendances Cancellation/ No Show Rate	90% of medical clinics attended monthly 90% of staff meeting predefined 'new' appointment targets 90% of staff meeting predefined weekly, monthly attendances ASD Attendances 20% Cancellation/ No Show Rate	Quarterly performance reporting strategy for wait times has been implemented and a monthly strategy is planned. Additionally Decision Support created a business intelligence tool that allows managers to run their wait time data in real time. Presently both Autism and Neuromotor services share the same staffing resources and would be impacted similarly by the same change initiatives. The goal for both services is to improve timely access.

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							<p>2) Process Improvement Initiative: Continue 2015/16 improvement work.</p> <p>a. In the second year of a multi-year strategy, Holland Bloorview will continue to implement recommendations of the re-design work conducted in Appointment Services to address referrals criteria, referral flow (intake to assessment), reduce cancellations, reduce 'no shows' and advance client/family education</p> <p>b. Implement recommendations of the 'ambulatory care' review</p> <p>c. Implement an 'operational model' for overseeing all ambulatory care functions, metrics and strategy</p>	<p>% of medical clinics attended monthly</p> <p>% of staff meeting predefined 'new' appointment targets</p> <p>% of staff meeting predefined weekly, monthly attendances</p> <p>ASD Attendances</p> <p>Cancellation/ No Show Rate</p>	<p>90% of medical clinics attended monthly</p> <p>90% of staff meeting predefined 'new' appointment targets</p> <p>90% of staff meeting predefined weekly, monthly attendances</p> <p>ASD Attendances</p> <p>20% Cancellation/ No Show Rate</p>	<p>The Strategic Goal is to provide timely access to Autism assessment services across Holland Bloorview Kids Rehabilitation Hospital (all sites). Presently both Autism and Neuromotor services share the same staffing resources and would be impacted similarly by the same change initiatives. The goal for both services is to improve timely access.</p>	
							<p>3) Process Improvement Initiative: Communicate with families who are waiting for service</p> <p>a. Disseminate outpatient orientation package for families who are waiting for services</p> <p>b. Enable family access to our connect2care portal while waiting for service</p>	<p>% families waiting for service contacted</p>	<p>% families waiting for service contacted</p>	<p>An outpatient orientation package was created by our client and family integrated care team in partnership with our Family Advisory Council. The package outlines what other services are offered at Holland Bloorview and directs families to other supports that are available in the meantime while they are waiting to access these services. Connect2care is an online tool that allows clients and families to review and manage their Holland Bloorview healthcare information. The team has secured funding from our Centres for Leadership to evaluate the orientation package.</p>	
		Wait times: 80th percentile in length of wait times for clients in Neuromotor. Measured in days.	Hospital collected data / 2016/17	163	137	Stretch target. The target remains unchanged as the demand for service has increased and capacity has been maximized. 137 is a stretch target	<p>1) The Strategic Goal is to improve access to Neuromotor services at Holland Bloorview Kids Rehabilitation Hospital to enable timely access to secondary services.</p>	See change methods under Autism	See process metrics under Autism	See goals under Autism	Presently both Autism and Neuromotor services share the same staffing resources and would be impacted similarly by the same change initiatives. The goal for both services is to improve timely access.