Quality Improvement Plan (QIP): Progress Report for 2019/20 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 2019/2020	Current Performance as stated on QIP19/20	Target as stated on QIP 19/20 (CY)	Current Performance	Comments
1	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 months period	A: 60	Q:14 (13-15) A: 57 (54-60)	46	West Park outperformed the target and completed all three change ideas. We are proud of the success of our work in this area.

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Year's QIP (QIP 2019/20)	Was this change idea implemented as intended? (Y/N)	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?
1) Adoption & implementation of workplace violence prevention electronic learning module for mandatory, annual certification for all staff	Y	E-learning is a quick and cost-effective method to deliver the educational material. An effective Learning Management System (LMS) is in development to facilitate mandatory certification for all staff. Staff are not clear on the difference between incivility, harassment and workplace violence. Further work is needed in this area.
2) Identify the Centre's strengths and opportunities for improvement for psychological health and safety in the workplace.	Y	Assist staff to understand the factors that contribute to psychological health along the continuum from civility to a workplace free of harassment, bullying and violence. Staff need to reflect and hold themselves accountable, learn/practice skills to have difficult conversations.
3) Place workplace violence	Y	Positive message that West Park supports staff to work in a psychological

prevention signs across the centre		and physically safe environment, and that this applies to patients and visitors.
4) Expansion of artificial intelligence/SpxtrmAI project to wider variety of challenging behaviours to improve prediction	Y	This project has ended. Learning from this initiative will be applied to future projects.

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Ontario Telemedicine Network (OTN) Consult Activity

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2	Improve access to care by increasing number of Ontario Telemedicine (OTN) consults	A: 105	A: 115	A: 114	On-going improvement and on track to exceed the annual target (as of February 18, 2020). Steady increase in clinical utilization of OTN service with each quarter. All change ideas completed.

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Change Ideas from Last Year's QIP (QIP 2019/20)	Was this change idea implemented as intended? (Y/N)	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?
1) Streamline the process of creating OTN accounts for staff and physicians at the Centre	Y	Ease of creating accounts and ongoing set up ease/support is key to user adoption.
2) Enhance access to OTN throughout the Centre	Y	OTN creates access for marginalized populations and home bound patients. Use of OTN internally was enhanced to include additional physician specialties and members of the interprofessional team.
3) Improve OTN IT support	Y	Ease of use and timely support enhances user adoption
4) In collaboration with physicians, identify 2-3 clinical services within the Centre to focus applicability and usage.	Y	Three clinical services where applicability and usage that were identified were: Respiratory Services, Geriatric Services and Clinics.

West Park HEALTHCARE CENTRE — get your life back

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ID	Measure/Indicator from 2019/2020	Current Performance as stated on QIP19/20	Target as stated on QIP 19/20	Current Performance	Comments
3	Overall positive rating of quality of care/service in Complex Continuing Care (CCC)	77%	79%	68%	Ongoing work is required in this area due to the changing complexities within the population and to support their associated expectations with a person and family centred care lens. Communication and care planning are the key areas of focus based on the recent results.

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Change Ideas from Last Year's QIP (QIP 2019/20)	Was this change idea implemented as intended? (Y/N)	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?
1) Improve the understanding of patient/family perceptions regarding care.	Y	The root cause of the dissatisfaction has been identified in collaboration with patient family advisors and the CCC Patient Experience committee.
2) Develop care for the caregiver program.	Y	A care giver survey was developed in collaboration with caregivers to identify the needs of the caregiver and corresponding strategies to address the needs were identified. Sessions have been planned and partnerships are developing with community agencies for referral to and/or delivery of support groups on site.
3) Interprofessional care planning from patient perspective.	Y	Key areas of focus include collaborative goal setting and care planning with the patient, family and caregivers (as defined by the patient) on a Q6 month basis.
4) Improve communication and engagement with patients and/or families regarding responses to call bells.	Y	Call bell data was analyzed. Call bell response time is within target. Strategies to enhance communication regarding plan of care and when returning and how to access support has been implemented.

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4	Patient Experience in Rehab – did you receive enough information when you left hospital?	61%	63%	57%	Overall, results were positive except in one rehab service which also had a low response rate for this specific question regarding discharge information. However, there are opportunities to improve and targeted focus groups will be conducted to gain better understanding with action planning.

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1) Increase availability and accessibility to education information before and after discharge	Y	Implementing a discharge follow up call for rehabilitation patients discharged from inpatient units to provide education and support. The call will also identify a greater understanding of patient discharge dissatisfiers and potential strategies to implement to improve the patient experience upon discharge.
2) Strengthening link between patient and primary care provider	Y	Primary Care focus group implemented to better understand consultation support and needs.
3) Standardization through discharge checklist.	N	Investigating adoption toolkit for Patient Oriented Discharge Summary(PODS).

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5	Early identification: documented assessment of needs for palliative care patients.	Developmental year	N/A	N/A	The 2019-20 fiscal year was the first year for this indicator hence, it was considered a developmental year where the focus was on understanding current processes and validated tool adoption. All change ideas were completed.

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1) Reassess definition of palliative care as it pertains to the Centre.	Y	The definition of palliative care has been defined utilizing best practice definitions and tailored to the specialized populations serviced by West Park.
2) Adopt validated tool for early identification of individuals in need of palliative care and assessment needs.	Y	A validated tool has been identified.
3) Continue and spread end of life pilot project.	Y	The end of life pilot project has been evaluated and results have been shared. The plan is to replicate and spread the project. The implementation plan will be completed in Q4 as the spread of the project is somewhat contingent on resources reallocation.

4) Strengthen understanding amongst staff and patients of needs and benefits of early advance care planning	Y	Educational sessions have been provided to staff and physicians regarding early advance care planning. Information regarding advance care planning is being provided to patient and families (where appropriate) by the interprofessional team.

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6	Number of patients post COPD exacerbation admitted to Rapid Access Rehab program within 30 days of discharge.	Collecting baseline	Collecting baseline	N/A	It has been challenging to support the program without dedicated funding for roles to coordinate the care for this population. The Centre continues to work with its partners in acute and the community care to develop a pathway with dedicated staff to support the transition of these patients along the pathway.

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1) Enhanced support in community for COPD patients post-acute care discharge.	N	See above comments.