

## Excellent Care for All

### Quality Improvement Plans (QIP): Progress Report for 2017/18 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 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
2	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital ( Rate per total number of admitted patients; Hospital admitted patients; Most recent 3 month period; Hospital collected data)	4471	96.00	100.00	100.00	For time period Oct-Dec 2017 (30 out of 30 based on audit)

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 Years QIP (QIP 2017/18)	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?
1. Review and Feedback – Medication Reconciliation on Admission: Complete review and feedback on medication reconciliation forms that have been identified as 'incorrect' by team members or through medication reconciliation admission audit process. Why? To continue to drive improvement with quality of Best Possible Medication History and medication reconciliation and respond to staff/ physician concerns. To obtain indicator data for medication reconciliation on admission (see below).	Yes	<p><b>Experience with indicator</b> Low rate of events reported as compared to total number of admissions</p> <p><b>Learnings:</b> Use of electronic RL6 system to track events has made process more efficient</p> <p><b>Impact:</b> Data has informed future projects such as need to enhance physician engagement and update medication reconciliation education package for nursing staff</p> <p><b>Advice:</b> Use electronic systems to report and monitor events to decrease time required to track events</p>

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
3	<p><b>Medication reconciliation at discharge:</b> Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.</p> <p>( Rate per total number of discharged patients; Discharged patients ; Most recent quarter available; Hospital collected data)</p>	4471	CB	CB	100.00	For time period Oct-Dec 2017 (30 out of 30 based on audit)

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<p>2. Audits – Medication Reconciliation on Discharge: Complete random audits on discharge medication reconciliation as a starting point for conducting a systematic analysis on collected data. Why? To understand our current state with discharge medication reconciliation from a quantitative and qualitative perspective. To obtain indicator data for medication reconciliation on discharge (see below).</p>	Yes	<p><b>Experience with indicator</b> A random audit process was developed</p> <p><b>Learnings:</b> Audit is focused on process rather than quality</p> <p><b>Impact:</b> Audit results have informed areas for improvement including mental health and surgery where physician role and engagement needs review</p> <p><b>Advice:</b> Ensure target is realistic – our team focused on a small number of process based audits given resources available</p>
<p>3. Medication Reconciliation – Outpatient Areas: Develop criteria to determine eligibility for outpatient medication reconciliation for each outpatient area identified in the HPHA Medication Reconciliation Policy. Criteria will comply with Accreditation Canada Required Organizational practice for Outpatient Medication Reconciliation Note – Implementation of plan is not in scope of this change idea</p>	Yes	<p><b>Experience with indicator</b> We achieved the desired outcome</p> <p><b>Learnings:</b> We started early and this helped ensure we met our target date of December 31, 2017</p> <p><b>Impact:</b> This outcome has helped us prepare for Accreditation survey in 2018 Fall</p> <p><b>Advice:</b> Start early and keep targets / goals to a manageable size</p>