

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
5	Readmission within 30 days for mental health and addiction (%; ED patients; April 1, 2016 - January 31, 2017; CIHI NACRS) MH Target 16.3% Substance Use Target 22.4 %	4471	MH readmission at Stratford General Hospital (SGH) Site- 17.7 % in Q3 Substance Use readmission at SGH in Q3 is 21 %	<ul style="list-style-type: none"> 100% of the charts of patients who present to the SGH Emergency Department, with mental health and addiction challenges will be reviewed on a weekly basis. Determination (Yes/No) if the Protocol developed to refer patients to the Huron Perth Helpline and Crisis Response Team (HPHCRT) was followed for every patient who presented to the SGH Emergency Department with mental health and addiction challenges by December 31, 2017 Determination of the categories for why HPHCRT was not contacted by the SGH Emergency Department for patients who present with mental health and addiction challenges by June 30, 2017. 	<p>100% of the charts of patients who present to the SGH Emergency department in the previous quarter were reviewed</p> <p>We have been able to determine, (Yes/No) if the protocol was followed for every patient, (whose data is available on the SWLHIN portal and HPHA Operations drive), who presented to the SGH Emergency department</p> <p>Patient-specific reasons for why HPHCRT was not contacted by the SGH ED were identified. Additional chart reviews were required to appropriately gather sufficient sample numbers to determine categories for reasons why protocol was not followed. Categories established December 30, 2017 and include</p> <ol style="list-style-type: none"> Patient declined services of HPHCRT Patient left ED against medical advice Community supports attended Physician did not refer <ol style="list-style-type: none"> Established plan of care in place Requesting Psychiatry to see ED physician managed ED 	<p>Weekly review of charts, for patients who present to the SGH Emergency department, was not possible. Data that is required is available on the SWLHIN Performance Measure portal and within the HPHA Operations drive on a quarterly basis.</p> <p>Categories for why HPHCRT was not contacted by the SGH Emergency department were not established by June 30, 2017. Insufficient data was available to the QIP team to complete this process measure.</p>

				<ul style="list-style-type: none"> 100% documentation of reasons why Protocol for patients who present with mental health and addiction challenges was not followed by December 31, 2017. 	<p>presentation</p> <p>IV. Redirected for direct admission to</p> <ul style="list-style-type: none"> i. mental health unit ii. acute care unit <p>e) Patient registered as mental health and status changed requiring medical intervention</p> <p>We have been able to determine (Yes/No) if there is documentation of the reasons why protocol was not followed for every patient who presented to the SGH Emergency department (whose data is available on the SWLHIN portal and HPHA Operations drive),</p>
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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?
<p>To institute a protocol between the Stratford General Hospital (SGH) Emergency Department and the Huron Perth Helpline and Crisis Response Team (HPHCRT) to ensure a comprehensive assessment and response is completed for patients that present with mental health needs or substance misuse.</p>	<p>Yes</p>	<p>Experience with indicator Community hospitals within the Huron Perth sub-region have subsequently made contact with our organization to discuss opportunities to work with the Huron Perth Healthcare Alliance 2018/2019 to build upon our QIP and to support them with their QIP regarding 30 day readmission rates for mental health and substance use challenges. This is an opportunity to build capacity within the Huron Perth sub region and support patients' access to care.</p> <p>Learnings: We learned the importance of dedicating additional time to complete training/work with the clinical staff. Patient acuity often made it difficult for the QIP team to meet with the individual clinicians in the emergency department and in the crisis program to review the QIP and the Protocol</p>

that was developed. We further noted the importance of engaging physician leaders from within the ED and Mental Health department to support the QIP.

Impact:

Our QIP involved clinicians from the Mental Health department and the Emergency Department and reinforced the importance of the ED and Mental Health crisis teams working together to support excellence in patient care.

In Q1, 42 patients with Mental Health and Addiction challenges presented within 30 days of discharge from SGH ER. In Q2 24 individuals with Mental Health and Addiction challenges presented within 30 days of discharge from SGH ER. Engaging clinicians from the HPHCRT to establish a coordinated care plan to support patient care needs has reduced the number of patients returning to the emergency department within 30 days of discharge from the SGH emergency department.

Overall 93.33 % of patients with mental health and/or substance abuse challenges who presented to SGH ED within 30 days were seen by the HPHCRT. This is an increase from the 79.8% of patients who were seen in Q2.

HPHCRT was contacted 96.66 % of the time in Q2, up from 86.6 % in Q1 for individuals with Mental Health Challenges

HPHCRT was contacted 90% of the time in Q2 up from 62% in Q1 for individuals with addiction challenges

Advice:

We would recommend that the QIP Team have discussion with their Data Analyst to determine realistic time frames to obtain the required data. Our intent to review data on a weekly basis was not possible given that data is not available through the LHIN portal until the following quarter.