

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
4	Patient engagement ( Number; Patient and Family partners; April 1, 2017 - March 31, 2018; Hospital collected data)	4471	CB	CB		

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>Increase patient and family engagement across the Huron Perth Healthcare Alliance (HPHA) by establishing a Patient Partnership Council (PPC).</p> <ol style="list-style-type: none"> <li>1. Establish the HPHA Patient &amp; Family Partnership Council (PPC) to enhance the patient and family voice in healthcare processes and to be a resource for hospital staff and leaders.</li> </ol>	Y	<p><b>Experience with indicator:</b></p> <ul style="list-style-type: none"> <li>• The Patient &amp; Family Experience Steering Committee was established in March 2014 to develop the HPHA Patient, Family &amp; Staff Experience Framework that was approved by the Board of Governors in March 2015</li> <li>• The Steering Committee facilitated the implementation of the Framework strategies</li> <li>• The Steering Committee transitioned to the Patient Partnership Council with a new Terms of Reference to ensure sustainability of the strategies for patient and staff engagement and improving patients, family and staff experience</li> </ul> <p><b>Learnings:</b></p> <ul style="list-style-type: none"> <li>• Recruitment of the required number of patient partners (8) was slower than anticipated</li> <li>• Staff and leader interest in participating in council was very positive</li> <li>• Physician interest is there evident although actual membership has been a challenge to recruit &amp; meeting times may be adjusted to accommodate</li> <li>• Developing &amp; explaining patient partner role on council contributed to a successful transition</li> </ul> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>• Better understanding of value of Patient Partnership Council</li> <li>• Positive feedback from patient partners on level</li> </ul>

2. Define the role of the patient partner

3. Increase opportunities for engagement in the PPC & other healthcare process improvements across the HPHA

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of discussion

- Departments present projects/initiatives to Council for patient partner and staff input

**Advice:**

- Continue to improve patient partner preparation for roles on committees/councils

**Experience with Indicator:**

- Role definition developed with current HPHA patient partners
- Opportunities for patient partners outlined to encourage greater interest in hospital initiatives/projects

**Learnings:**

- Patient partner and volunteer participation enabled appropriate language that ensured role would be understood by general public and staff
- Volunteer involvement helped volunteers understand difference between a volunteer role and patient partner and identify opportunities of potential interest.

**Impact:**

- Positive endorsement by Council members
- Enhanced recruitment of patient partners as a result of clearly defined roles

**Advice:**

- Patient partner involvement essential
- Include a variety of staff who bring different perspectives on value of patient partner involvement

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**Experience with Indicator:**

- Education for all staff (physicians, volunteers and staff) on the HPHA Patient, Family & Staff Framework was planned for medical staff meetings, care teams and department staff meetings
- Goal was to reinforce the Framework strategies & encourage engagement at all levels across the Alliance
- Education included introducing the corporate policy on patient engagement and an outline of Framework strategies
- Monthly staff orientation includes an introduction to Framework strategies and patient partner engagement. Patient partners are scheduled to participate in the 15 minute orientation session when available.
- Physician and staff orientation includes the education material

**Learnings:**

- Competing corporate priorities delayed the education which was initiated in February 2018

4. Enhance patient partner recruitment efforts to increase the number of patient partners across the HPHA, through the execution of the marketing plan and/or onboarding process.

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and will be completed by March 30, 2018.

- Education occurred during transition to Patient Partnership Council
- Concise 10 minute education presentation was positively received by physicians and leaders
- Include a short success story of engagement
- Patient partners require preparation and script for role in staff orientation
- Education and increasing awareness of the Framework strategies are continuous

**Impact:**

- Awareness and commitment to patient & staff engagement and understanding patient & staff experience increased through education & orientation

**Advice:**

- Keep concepts simple and message consistent
- Share success stories of engagement frequently for greater appreciation of the value of engagement

**Experience with Indicator:**

- A marketing plan was developed and implemented
- Posters and pamphlets across all in-patient & out-patient departments and waiting rooms
- The HPHA web site has information on patient partners and how to enquire
- The patient experience survey on HPHA web site asks individual if they are interested in being a patient partner.
- Media releases on patient partner involvement and stories in media
- When leaders rounding on patients they identify potential patients and or family members for the role and hand out patient partner information cards
- The electronic surveys on pilot units ask patients if they are interested in being a patient partner
- The onboarding process was revised with the Coordinator of Volunteer services to have separate intake stream for volunteers and patient partners
- Opportunities for patient partner involvement identified during recruitment process and for current patient partners

**Learnings:**

- Marketing strategies did not draw as much interest as anticipated for individuals to be patient partners.
- During the onboarding process, candidates are introduced to volunteer and patient partner opportunities and some candidates chose the

volunteer opportunity.

- The target measure of “30% increase in number of committees/project teams with a patient partner as a member” did not lend itself for an accurate outcome measure of increased patient partner engagement. The number of committees has decreased across the Alliance. Correspondingly, there has been an increase in opportunities for engagement that were not committee related e.g. For greater engagement, questions and ideas are shared via email with the entire patient partner group and a large number respond with feedback; when a department process improvement initiative begins, a physician or staff member will request a patient partner be involved; existing patient partners have been involved with Senior Friendly Hospital initiatives, bedside transfer of accountability, patient informed discharge instructions for out-patient clinics, and equipment acquisition.
- The target for measure “Increase number of patient partners available to be members across the HPHA by 50%” was not written to reflect recruitment successes e.g. we did not account for turn-over of patient partners. New patient partners were recruited while others ‘retired’.. We have successfully increased patient partner membership on the Patient Partnership Council from 3 to 8.

**Impact:**

- A culture shift is evident where patient partners are now sought out.
- The marketing strategy increased awareness of staff to the organization’s commitment to engage patient partners in continuous quality improvement which is equally important.

**Advise:**

- Ensure target measures are achievable and account for changing infrastructure.