Most Responsible Physician Quality Improvement Program (MRP QIP)

Implementation Supports Reference Guide

January 2012

Ontario

Ministry of Health and Long-Term Care

Copies of this report can be obtained from

Service Ontario, INFOline: 1-866-532-3161

(Toll-free in Ontario only)

TTY 1-800-387-5559. In Toronto, TTY 416-327-4282

Table of Contents

Most Responsible Physician Quality Improvement Program (MRP QIP)

Implementation Supports Reference Guide

A Note from the Chair of the Most Responsible Physician Care Program Expert Panel

As the Chair of MRP Care Program Expert Panel (see Appendix for Expert Panel membership), I am proud to be working with such an outstanding group that is committed to ensuring better MRP care delivery and am delighted at the excellent participation from MRPs across Ontario. Through your effort and participation, we are making a difference in improving the care delivery processes for countless patients that receive hospital care each year. We are thrilled with the QIPs that we received from MRP groups and can see that Quality Improvement Planning has resulted in the identification of impactful initiatives across the province.

This document is intended to provide physician groups with the guidance to successfully deploy the QIPs that were developed by MRP groups. The Expert Panel believes that the contents of this document will not only be a beneficial starting point for implementation, but will also enable physicians to connect with their peers across the province.

Section 1 of the document is a compilation of quality improvement implementation supports that are aligned with the initiatives that MRP groups are pursuing in their QIPs. These supports include content that is available on various quality-focused websites (e.g. Safer Healthcare Now, Society of Hospital Medicine), publicly-available documents (e.g. OHA Guidebook for Patient Safety), and site visits that the Expert Panel conducted in the fall of 2009.

Section 2 of the document presents the list of initiative topics that each MRP group has outlined in its QIP. The name of the hospital and the physician group lead is provided for each initiative to encourage peer-to-peer learning.

The MRP QIP Implementation Supports Reference Guide is a first step towards supporting hospitals and physicians in their quality improvement journey. The MRP Care Program Expert Panel, in collaboration with the University of Toronto Centre for Patient Safety and other partners, will continue to develop and deliver other supports for MRP groups in the coming months.

Acknowledgements:

- We would like to thank the hospitals and physician groups that granted us permission to share their documents with the broader community
- We would also like to thank the members of the MRP Care Program Expert Panel that volunteered their time to review the contents of this document

Disclaimer on content:
Physicians should use this content as a starting point in implementation. Please note that not all content will be relevant and appropriate for all groups and hospitals

Please forward any questions, concerns or suggestions for improvement to MRPCare@Ontario.ca

Kind Regards,

Dr. Bob Bell
Chair of MRP Care Program Expert Panel

For guidance and support relating to broader hospital QIPs under the Excellent Care for All Act (ECFAA), please refer to the Quality Improvement Plan Guidance Document for 2012/13 published by the Ministry of Health and Long-Term Care (Link). The ECFAA guidance materials encourage hospitals to align QIP strategies with their respective MRP programs to ensure clinicians are engaged in quality improvement across the health care system, and highlight change ideas and additional resources that hospitals may wish to reference while developing and implementing their QIP.

MRP QIP Implementation Supports and Summary

1.0 Supports for MRP Program Governance

In 2009, the MRP Expert Panel performed an on-the-ground review of 20 inpatient programs across Ontario. Although the structure of each program varied drastically from hospital to hospital, all successful programs exhibited strong governance and structures. Regardless of the model employed, we have found that successful MRP inpatient programs have 5 common attributes:

- Defined Scope: The program has a compelling vision and defined scope; focuses concurrently on utilization and quality; and provides value across the organization
- Strong Leadership: The program is led by individuals who set clear vision and targets; have a passion for inpatient care; are demanding yet committed to the development of the team; and demonstrate insight in program delivery
- Effective Organization: The program is represented by hospital and program leadership; employs incentives that align with hospital and program objectives; and use robust systems, processes and technology to deliver efficient and effective care of a high quality
- Performance Culture: The culture encourages continuous learning and improvement and has a strong performance ethic with rewards linked to performance
- Committed Team: Providers that are part of the program are motivated and attracted to the value proposition offered by the program; and have skills that align with their role expectations

The quality improvement (QI) supports listed in this section are intended to provide some guidance and direction to MRP groups that are in the process of starting up or formalizing their program structure. The supports primarily consist of governance policies (e.g. Physician-On-Call Policy, Hospitalist Scope of Services, etc.) that some of the successful MRP programs leverage in their design.

Name of Tool-	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
Physician On Call Policy	The policy outlines the various procedures and rules that each participating physician must follow to ensure an effective on call program.	Lakeridge Health Corporation	n/a	Site visit	2-page document describing physician on-call policy	Physician On Call Policy.pdf
Lead Hospitalist Position Description	The Lead Hospitalist Position Description document describes the Lead Hospitalist's primary function, clinical roles and responsibilities and administrative roles and responsibilities. The document also describes the necessary skills and requirements that the candidate must have before becoming the Lead Hospitalist. Time commitment and total remuneration are also included.	Orillia Soldiers' Memorial Hospital	n/a	Site visit	2-page document describing lead hospitalist roles and responsibili-ties	Lead Hospitalist Position Description.p

Name of Tool-	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
Hospitalist Contract	The Hospitalist Contract document is an example of a contract between a physician and a hospital that describes the services that the physician will provide as a Hospitalist. The contract includes the responsibilities of the physician, the responsibilities of the hospital, the duration of the contract, etc.	Orillia Soldiers' Memorial Hospital	n/a	Site visit	2-page document of hospitalist contact	Hospitalist Contract.pdf
Hospitalist Scope of Service	The Hospitalist Scope of Service document describes the Hospitalist Services at a specific hospital and defines the principles, the role of the Hospitalist, the reporting structure, a definition for a Hospitalist patient and 3 different options for the structure of the program.	Orillia Soldiers' Memorial Hospital	n/a	Site visit	7-page document describing provision of acute services	Hospitalist Scope of Service.pdf
Indicator Dashboard for Patient Safety and Quality of Care	A one page report was developed which describes 61 key quality indicators for a 13-month period, organized by the following dimensions: Safe, Timely, Effective, Efficient, Equitable and Patient-centred care. The report highlights issues in a number of areas and allows senior leadership to easily identify trends for each indicator.	Hospital for Sick Children	Amanda Hurdowar, Quality Analyst; Polly Stevens, Director of Quality and Risk Management	"A Guidebook to Patient Safety Leading Practices: 2010" – OHA, page 12-13	1page Excel spreadsheet	
Monday Morning Safety Huddle	The Monday Morning Huddle (MMH) is a 10-15 minute meeting attended by VPs and directors , where 11 quality indicators (e.g.. hand hygiene compliance, hospital acquired infection, patient falls, etc.) are discussed. The MMH allows for "real time" monitoring of trends and proactive management.	Windsor Regional Hospital	Karen McCullough, VP Acute Care Services/ Chief Nursing Executive; Corry O'Neil, Director of Organizational Effectiveness	"A Guidebook to Patient Safety Leading Practices: 2010" – OHA, page 15	10-15 minute meeting to discuss 11 quality indicators	

2.0 Daily Management

Using standardized approaches to daily management processes may help improve accountability for patient care plans (e.g. bullet rounds and team meetings) and patient safety and quality (e.g. hand hygiene and medication reconciliation).

Bullet rounds (Section 2.1.1) are a forum for Nursing, Allied Health, and members of the MRP Group to review the plan of care for patients on Medical and Surgical (Med/Surg) Units. The discussions facilitate communication of important information to the entire care team. By developing a process for bullet rounds, the team is able to achieve better communication and positively impact the patient experience by decreasing unnecessary delay in investigation & treatment and reducing length of stay. Bullet rounds may allow for earlier discharges, lower costs resulting from shorter lengths of stay, and may free up capacity for other patients. The following provides a sample of literature on bullet rounds:

- "Patterns of Communication at Interdisciplinary Patient Care Meetings: Implications for the Use of Information Technology." Vanessa Vogwill. Click here for link.

Hand hygiene protocols (Section 2.1.2) are important to protect both patients and health care providers from the spread of infections. Although hand hygiene is only one component in the battle of cross infection, increasing hand hygiene alone can reduce the risk of patients acquiring infections. The following list provides a sample of literature on hand hygiene protocols:

- "Implementing Effective Hand Hygiene Programs in Healthcare." Dr. Allison McGreer. Click here for link.
- "Effect of an Evidence-Based Hand Washing Policy on Hand Washing Rates and False-Positive Coagulase Negative Staphylococcus Blood and Cerebrospinal Fluid Culture Rates in a Level III NICU." Paul J Sharek, et al. Click here for link.
- "Outcomes of an infection prevention project focusing on hand hygiene and isolation practices." Aragon D, Sole ML, Brown S. Click here for link.

Medication reconciliation (Section 2.1.3) is a process by which patients and health care providers ensure accurate and complete medication information is transferred across the continuum of care (including admission and discharge from hospital). The goal of the medication reconciliation process is to prevent adverse drug reactions. The following list provides a sample of literature on medication reconciliation.

- "Clinical Outcomes of a Home-Based Medication Reconciliation Program After Discharge from a Skilled Nursing Facility." Thomas Delate, Ph.D.; Elizabeth A. Chester, PharmD; Troy W. Stubbings, PharmD; Carol A. Barnes, MS. Click here for link.
- "Clinical Outcomes of a Home-Based Medication Reconciliation Program: Results." Drs. Delate, Chester and Stubbings, et al. Click here for link.
- "Critical Elements of Transitions of Care Work: Medication Reconciliation and Management." David Puttney, Pharm D. Click here for link.

2.1 Bullet Rounds and Team Meetings

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
Patient safety leadership WalkRounds ™	Senior leaders wishing to demonstrate their commitment to safety and learn about the safety issues in their own organization can do so by making regular rounds for the sole purpose of discussing safety with the staff.	Institute for Healthcare ImprovementCambridge, Massachusetts, USA	n/a	IHI	Briefing	
Morbidity and mortality rounds	In keeping with the current emphasis on quality improvement and patient safety, a Canadian division of general internal medicine began holding weekly morbidity and mortality rounds (M&MRs) with postgraduate trainees.	Sunnybrook Health Sciences Centre	Dr Edward Etchells, Sunnybrook Health Sciences Centre	Centre for Patient Safety	Study explaining how M&MR were used	
Advancing the Board's Patient Safety Competency	UHN developed a program called "Snapshots of Safety", where the Patient Safety Officer highlights a current issue to facilitate discussion during monthly meetings. The discussion is scheduled at the beginning of meetings to engage members, and a time limit of 10 minutes ensures a concise discussion.	University Health Network	Emily Musing, Patient Safety Officer; Dr. Charles Chan, VP Medical Affairs and Quality	"A Guidebook to Patient Safety Leading Practices: 2010" – OHA, page 10	Status meeting description	

2.2 Hand Hygiene Compliance

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
Hand Hygiene Compliance Campaign	Creating improvement strategies which focus on availability of alcohol based hand rub, increasing the number of audits and creating mandatory educational session for all health care providers.	Timmins & District Hospital	Jennifer Plant, Organizational Quality and Patient Safety Leader	"A Guidebook to Patient Safety Leading Practices: 2010" – OHA, page 40-41	2-page case study outlining campaign and results	

2.3 Medication Reconciliation

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
Best Possible Medication History	The Best Possible Medication History program is for all patients admitted to a Hospital through the emergency room (ER). The BPMH is a complete list of all medications both prescribed and over the counter, which is confirmed by the patient if possible, and at least one other source.	Ross Memorial Hospital	Kim McGuire; Susan MacDonald	"A Guidebook to Patient Safety Leading Practices: 2010" – OHA, pages 32-33	1-page case study on importance of med rec at admissions	
Admission orders for medications prior to admissions	The template aims to capture a patient's medication history prior to being admitted. It is kept separate from new medications initiated at admission.	Emory Crawford Long Hospital	n/a	Society of Hospital Medicine	1-page template indicating medications being taken prior to admissions	
Trigger tool for measuring adverse drug events	The Trigger Tool for Measuring Adverse Drug Events (ADE) provides instructions for conducting a retrospective review of patient records using triggers to identify possible ADEs. This tool includes a list of known ADE triggers and instructions for measuring the number and degree of harmful medication events. The tool provides instructions and forms for collecting the data you need to measure ADEs per 1,000 Doses and Percent of Admissions with an ADE.	n/a	n/a	IHI	Briefing	
MedRec at admissions	Medication reconciliation (Med Rec) at admission is the process of obtaining the best-possible medication history (BPMH), and using this list to provide correct medications to patients at the time of hospital admission.	Sunnybrook Health Sciences Centre	Dr Edward Etchells, Sunnybrook Health Sciences Centre	Centre for Patient Safety	Description of case	
Medication Reconciliation resources from Safer Healthcare Now!	Safer Healthcare Now! has compiled a list of Medication Reconciliation Canadian resources that include "Getting Started" guidelines, videos that outline Med Rec procedures at various Canadian hospitals including presentations and posters.	Multiple	Safer Healthcare Now!	Safer Healthcare Now!	Repository of Med Rec resources	

2.4 Incident Reporting and Investigation

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
Checklist for Disclosure of Incident Resulting in Significant Harm (for Care Providers and Quality Safety Facilitator)	The Toronto East General Hospitaldrafted a checklist for providers and the Quality Safety Facilitator that highlights the appropriate steps that should be followed when handling an incident resulting in significant harm.	Toronto East General Hospital	n/a	Site visit	Checklist	 Checklist for Disclosure Guide for C  Checklist for Disclosure Guide for C
Conducting an Incident Investigation / Review	This policy/procedure helps ensure that incidents are investigated in a timely manner, so that root causes for actual and potential events are identified and system improvements are implemented. Incident reporting provides a mechanism for reporting events that compromise safety and patient care.	Toronto East General Hospital	n/a	Site Visit	Policy and procedure document	 Conducting an Incident Investigatior
Critical Incident Reporting Diagram	Illustrates the reporting process and required steps to take if a critical incident occurs at the hospital. Also provides the definition of a critical incident.	Toronto East General Hospital	n/a	Site visit	Reporting diagram	 Critical Incident Reporting Diagram.pc
Reporting an Incident Including Critical Incidents	The purpose of this policy/procedure is to ensure that hospital staff properly identify and report incidents in a timely manner.	Toronto East General Hospital	n/a	Site visit	Policy and procedure document	 Reporting an Incident including criti

3.0 Patient Flow

Many hospitals and MRP groups are focusing their QI efforts on the patient journey not only within the hospital but also beyond its walls. Some of the key themes of the MRP QIPs include more effective discharge planning, increased follow-up communication with patients, improved communications with primary care providers, and improved linkages with other community supports – all of which have an impact on improving the patient's continuity of care and enhancing the experience of the patient and the family.

Patient flow within the hospital (Section 2.2.1) is an important area of focus for MRP groups, as it helps to facilitate patient handover from one provider to the next. This is especially important for patients who receive MRP care from multiple physicians during their stay at the hospital. Communication tools (e.g. handover notes) and guidelines for transfers of care are examples of initiatives that aim to improve the patient experience within the hospital.

More effective discharge planning (Section 2.2.2) is another lever for improving patient flow. Physicians often do not communicate the discharge plan until too late in the patient's hospital stay, forcing the care team to scramble in order to get the necessary arrangements made. Time is lost if the discharge destination is a subsequent care facility such as a long-term care home or rehabilitation hospital, since these programs have eligibility requirements and the application process takes time. With very little notice of impending discharge, families are not able to arrange transportation in a timely manner and referrals to CCAC are often made late in the process, thereby creating bottlenecks. Effective discharge planning can help reduce the above issues.

Patients being cared for by different physicians in the hospital and in the community require enhanced communication (Section 2.2.3) to ensure quality care is provided across the continuum. Specifically, transition from a hospital-based MRP to a community-based Primary Care Physician (PCP) is generally a non-standardized process that is often managed poorly. By enhancing the information flow from the hospital to the community patients are less likely to experience adverse events post discharge and will be less likely to be readmitted to the hospital.

Dr. Coleman's Care Transitions Program (http://www.caretransitions.org/) describes the key success factors to ensuring high quality transitional care. These factors include fostering greater engagement of patients and family caregivers, elevating the status of family caregivers as essential members of the care team, implementing performance measurement, defining accountability during transitions, building professional competency in care coordination, exploring technological solutions to improving cross setting communication, and aligning financial incentives to promote cross setting collaboration.

The following list provides a sample of literature on transitions in care and discharge protocols:

- "Comprehensive Discharge Planning for the Hospitalized Elderly: A Randomized Clinical Trial." Mary Naylor, et al. Click here for link.
- "Discharge planning from hospital to home for elderly patients: a meta analysis. Preyde M., et al. Click here for link.
- "Comprehensive discharge planning and home follow-up of hospitalized elders." Naylor, M., et al. Click here for link.
- "Transitions of Care for Frail Elders: A Research Review." Meador, R., et al. Click here for link.

3.1 Patient Flow in the Hospital

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
EDUQuick: Nursing Handover	A nurse must fill in a standardized form called a Nursing Handover Sheet when passing a patient over to the care of another nurse. The document outlines the various information the subsequent nurse should know before looking after the patient.	Mount Sinai Hospital	Salena Mohammed; Janet Narcisco,	"A Guidebook to Patient Safety Leading Practices: 2010" – OHA, pages 20-21	2-page case study describing standard handover form	
The Patient Navigator	The Patient Navigator was created to support the coordination between patient care and discharge planning. The tool is a bedside whiteboard which allows care providers, clients and their families to visually track the progress of their treatment. It is updated by healthcare professionals and is used to track the next episode of care, from admission to discharge.	Hotel-Dieu Grace Hospital	Jacqueline Andrew, Director, Quality and Professional Practice	"A Guidebook to Patient Safety Leading Practices: 2010" – OHA, page 59	1-page case study	
Hospitalist Handover Note	Physicians complete a reporting template that highlights the various information that must be passed on to the subsequent Hospitalist. The template includes the patient's admission symptoms, their course in hospital, any active health care issues, pertinent labs/tests, a plan of action, etc.	Guelph General Hospital	n/a	Site visit	2-page handover template	
The disclosure toolkit	The Disclosure Toolkit is organized by key principles for developing an organizational culture that supports respect, communications, and communication after an adverse event. It provides selected tools, literature, and other resources to help health care organizations establish an environment that supports open and effective communication with patients and families.	n/a	n/a	IHI	Briefing	

3.2 Improved Discharge Protocols

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
Discharge Summary	Once a patient is ready for discharge, the MRP/Hospitalist fills in the Discharge Summary and faxes it to the family physician. Information includes admit date, family physician name, main reason for admission,preadmit comorbidities and secondary diagnoses, conditions arising in the hospital, other issues and final comments.	Guelph General Hospital	n/a	Site visit	1-page discharge summary template	 Discharge Summary.pdf
Project RED (Re-engineered Discharge)	Dr. Brian Jack developed a standardized process for discharging patients to decrease hospital utilization (ED visits and readmissions). Project RED is founded on 11 discrete, mutually reinforcing components. Included in this presentation are documents and tools that the patient is to use to maintain their health after discharge.	Boston University Medical Center	Brian Jack, Boston University School of Medicine	Readmissions Summit	Multi-tiered discharge process	 Project RED (Re-Engineered Disch
Suggestions for Hospitals (Re: Readmissions)	To improve readmission rates, the American Hospital Association suggests 3 major initiates: 1) examine your hospital's current rate of readmissions; 2) improve communications to those caring for the patient after discharge; and 3) adopt interventions that may reduce readmissions. The AHA recommends numerous actionable steps to achieve these initiatives. The steps are highlighted in the source provided.	n/a	n/a	Readmissions Summit (via American Hospital Association)	1-slide outlining suggestions to decrease readmissions	 Suggestions for Hospitals - Slide 7.pdf
Rush Enhanced Discharge Planning Program	The Rush Enhanced Discharge Planning Program was developed as short-term telephonic care coordination between a social worker and older adult at risk for adverse events after an inpatient hospitalization. The four steps of the program are included in the presentation such as referral, pre-assessment, telephonic assessment and intervention.	Rush University Medical Center	Robyn Golden	Readmissions Summit	42-slide overview of discharge planning program	 Rush Enhanced Discharge Planning Pr
Project BOOST	Project BOOST (Better Outcomes for Older adults through Safe Transitions) is an initiative created to implement translational care best practices through the following elements: team communication, content of the discharge summary, patient education through teach back,	Rush University Medical Center	Robyn Golden	Readmissions Summit	42-slide overview of discharge planning program	 Rush Enhanced Discharge Planning Pr

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
	medication safety and polypharmacy, symptom management and discharge and follow-up care.					
Ideal Discharge for the Elderly Patient	The Society of Hospital Medicine HQPS Committee drafted a checklist of both mandatory and optional steps that should be followed when discharging an elderly patient.	n/a	n/a	Society of Hospital Medicine	3-page checklist for elderly patients	 Ideal Discharge for the Elderly Patient - H
Heart Failure-Specific Discharge Planning Checklist	The Society of Hospital Medicine HQPS Committee drafted a checklist of both mandatory and optional information that must be shared during three processes: 1) discharge summary; 2) patient instructions; and 3) communication to follow-up clinician on day of discharge.	n/a	n/a	Society of Hospital Medicine	4-page checklist for heart failure patients	 Heart Failure-Specific Discharge Planning Ch
Discharge Patient Education Tool	The Discharge Patient Education Tool is a form that the patient must fill out with the help of a nurse or physician. The form will help the patient understand their current health prognosis, the treatments and tests they received during their stay, future medications they must take and life style changes required.	n/a	n/a	Society of Hospital Medicine	3-page patient education template	 Discharge Patient Education Tool.pdf
Discharge Knowledge Assessment Tool	The Discharge Knowledge Assessment Tool is a quiz that the nurse should give to the patient to test their knowledge of their admittance. The facilitator should read the questions out to the patient and should write down exactly what the patient says. There is a scoring scheme outlined in the tool.	n/a	n/a	Society of Hospital Medicine	4-page template	 Discharge Knowledge Assessment Tool.pdf
Discharge medication prescription form	The template aims to help patients manage their medication(s) upon discharge. It also contains information regarding which medications they are meant to stop taking from a list of previously prescribed medications.	Emory Crawford Long Hospital	n/a	Society of Hospital Medicine	2-page template to be filled out by prescriber	 Discharge Medicaiton Prescription Form.pdf

3.3 Transitions in Care

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
Post-Discharge Phone Call Program - Improving Transition Care	Patients are called 24-48 hours after a hospital visit to ensure they understand and follow their discharge instructions, get medication counselling if needed, and have their follow up appointments scheduled.	The Toronto East General Hospital	Doreen Ouellette, Joanne Fulton	"A Guidebook to Patient Safety Leading Practices: 2010" – OHA, pages 6-8	2-page case study describing post-discharge call program	
External Hospital Request for Transfer / Repatriation / Referral	This sheet is used by the receiving physicians when requested to accept patients for repatriation, transfer, or referral. The sending physician will comminute with the accepting physician and once the transfer is agreed upon, the accepting physician collects information regarding the patients pertinent information on this form.	Guelph General Hospital	n/a	Site visit	1-page transfer template	
How-to Guide: Improving Transitions from the Hospital to Post-Acute Care Settings to Reduce Avoidable Rehospitaliza-tions	This resource guides IHI's efforts to provide targeted technical assistance in select high-priority areas to address systemic barriers to reducing avoidable rehospitalizations. • Section One highlights four key changes to create an ideal transition home and specifies changes that can be tested. Key references and links to resources are included. • Section Two outlines a practical step-by-step sequence of activities to assist staff in testing and adapting many of the proposed changes described in Section One. • Section Three includes a bibliography, annotated list of resources, and worksheets. • Section Four includes case studies of two hospitals that implemented many of the key changes highlighted in this guide.	n/a	n/a	IHI	n/a	

4.0 Admission

There are a variety of challenges that arise from the existing admission protocols for patients admitted through the ED, which include:

- Legibility of information in doctors' notes and orders
- Missing essential information (such as documentation of the Most Responsible Physician)
- Doctor's orders may not be timely nor consistently written at admission
- General lack of standardization for the patient plan of care
- Lack of early notification to Allied Health regarding GM patients requiring referral (no ability to front-load orders of services upon admission)
- Special requirements of Nursing or Allied Health teams require a specific written order (such as an activity order) prior to any care being provided to the patient which could delay the start of therapy

Breakdown in the communication process for Nursing &Allied Health staff affects the patient's length of stay, as assessments, investigations and treatments are delayed. In addition, a lack of communication about patient needs may result in inappropriate or inadequate referrals. Both of these issues limit throughput in the hospital and increase case costs.

By facilitating more standardized and clear communication between and among physicians and Nursing and Allied Health professionals, we can expect quality & timeliness of care as well as patient satisfaction to improve.

The following list provides a sample of literature on admission guidelines and standardized order sets:

- "Before-after study of a standardized hospital order set for the management of septic shock." Micek ST, et al. Click here for link.
- "Hospital-wide impact of a standardized order set for the management of bacteremic severe sepsis." Thiel, SW, et al. Click here for link.
- "Impact of Standardized Admission Order Set Use On Drug Costs, Provider Communication, and Venous Thromboelism Incidence." Michael H. Baumann, et al. Click here for link.
- "Order Sets in Healthcare: An Evidence-based Analysis." University Health Network. Click here for link.
- "Improved Clinical Outcomes With Utilization of a Community-Acquired Pneumonia Guideline." Nathan C. Dean, et al. Click here for link.
- "Medical admission order sets to improve deep vein thrombosis phrophylaxis rates and other outcomes." Chris O'Connor MD, et al. Click here for link.
- "The Impact of Standardized Order Sets on Quality and Financial Outcomes." David J. Ballard MD, et al. Click here for link.
- "Standardized admission order set improves perceived quality of pediatric inpatient care." ArpiBekmezian MD, et al. Click here for link.
- "Impact of a standardized heart failure order set on mortality, readmission, and quality and costs of care." Click here for link.
- "Providing Consistent Care with Standardized Admission Orders." Robert M. Wiprud MD. Click here for link.

The remainder of this section provides QI supports for implementing admission guidelines and policies (Section 2.3.1) and standardized order sets (Section 2.3.2).

4.1 Admission Guidelines and Policies

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
Notification of Admission	Once a patient is admitted to a hospital, the Hospitalist or MRP fills in the "Notification of Admission" and immediately sends the form to the patient's family physician.	Guelph General Hospital	n/a	Site visit	1-page admission form	 Notification of Admission.pdf
Patient Referral Selection Guidelines for Admission from ED	These guidelines have been developed to improve quality of care by clarifying and standardizing the selection criteria for patients who need possible admission to the hospital from the ER. These criteria are used as a general guide rather than definitive rules.	Guelph General Hospital	n/a	Site visit	2-page document outlining referral guidelines	 Patient Referral Selection Guidelines fo
Admission Guidelines - By Subspecialty of Service	The following guidelines were developed to align each department with their corresponding diagnoses. This table is used to identify which department a patient should be admitted to given their initial ER diagnosis.	Toronto East General Hospital	n/a	Site visit	1-page document outlining admission guidelines	 TEGH Admission Guidelines.pdf
Admission Guidelines	This policy outlines a referral process to ensure that patients with identified diagnoses or defined symptom or problem classifications in the ER are referred to the most appropriate service from which a consult may be obtained (or MRP).	Thunder Bay Regional Health Sciences Centre	n/a	Site visit	8-page document outlining procedures	 Admission Guidelines.pdf
After Hours Admissions Policies	This form describes the policies associated with the admitting a patient during after-hours (2400-0700h). The policy highlights that a patient is admitted under an ER physician (who then becomes the MRP) during those hours. Details of the "Morning handover" are also described.	Guelph General Hospital	n/a	Site visit	1-page policy for after-hours admissions	 After Hours Admissions Policies.pc

4.2 Standardized Order Sets

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
Standardized Admission Form	When a patient is admitted, the party admitting the patient must fill in a standardized admission form. The physician/nurse must check the boxes that apply and fill in all other relevant information. The form includes information regarding the patient's diagnosis, weight, height, allergies, MRP, vital signs, consults, blood work and drug orders.	Guelph General Hospital	n/a	Site visit	2-page adult admission form	 Standardized Admission Form.pdf
Standardized Order Set: Febrile Neutropenia	When a patient is admitted with Febrile Neutropenia, the party admitting the patient must fill in this standardized order set in addition to the standardized admission form. The following sheet prompts information that is specific to Febrille Neutropenia.	Guelph General Hospital	n/a	Site visit	4-page standard order set	 Standardized Order Set Febril Neutropeni
Standardized Order Set:Adult Insulin Subcutaneous	When a patient is admitted with Insulin Subcutaneous, the party admitting the patient must fill in this standardized order set in addition to the standardized admission form.	Guelph General Hospital	n/a	Site visit	1-page standard order set	 Standardized Order Set Adult Insulin Subc
Standardized Order Set: Acute Stroke	When a patient is admitted after experiencing an acute stroke, the party admitting the patient must fill in this standardized order set in addition to the standardized admission form.	Guelph General Hospital	n/a	Site visit	2-page standard order set – stroke	 Standardized Order Set Acute Stroke.pdf
Standardized Order Set: Alcohol Withdrawal	When a patient experiencing alcohol withdrawal is admitted to the hospital, the party admitting the patient must fill in this standardized order set in addition to the standardized admission form.	Guelph General Hospital	n/a	Site visit	2-page standard order set – alcohol withdrawal	 Standardized Order Set Alcohol Withdraw
Patient Short-Term Admission Orders	When a patient in the ER is to be admitted as a Hospitalist or MRP patient, the ED Physician must fill in the Patient Short-Term Admission Order document. Included are instructions of how the document is used and necessary steps that must be executed when admitting a patient for short-term admission. One page of the form is also submitted to the Chief of Hospital Medicine, which helps assess the hospital's admitting process.	Guelph General Hospital	n/a	Site visit	4-page admission form	 Patient Short-Term Admission Orders.pdf

5.0 Treatment Protocols

This section provides a list of QI supports for implementation of treatment protocols for specific diseases.

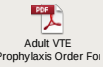
Venous thromboembolism (VTE) (Section 2.4.1) comprises both deep vein thrombosis (DVT) and pulmonary embolism (PE) and is one of the most common and preventable complications of hospitalization. In particular, patients undergoing major surgical procedures have a substantially increased risk of developing VTE in the days and weeks following surgery.

VTE is associated with substantial morbidity and mortality and is as a major preventable burden on the healthcare system. Every year, VTE is responsible for the death of more people than breast cancer, AIDS and motor vehicle crashes combined. A recent Canadian study of postoperative complications demonstrated that both hospital costs and median length of hospital stay doubled for patients who developed VTE after surgery (Khan et al, J Gen Intern Med. 2006 February; 21(2): 177–180).

Thromboprophylaxis has unequivocally been shown to reduce symptomatic and fatal VTE as well as all-cause mortality, while at the same time, reducing health care costs. There are hundreds of randomized trials demonstrating that the use of thromboprophylaxis reduces DVT, PE and fatal PE.

The remainder of this section provides supports for implementation of treatment protocols for Chronic Obstructive Pulmonary Disease (COPD) (Section 2.4.2) and Chronic Heart Failure (CHF) (Section 2.4.3).

5.1 Best Practices for VTE

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
Adult VTE prophylaxis order form	The purpose of the tool is to increase the number of patients receiving appropriate prophylaxis. The tools are currently in paper form, but will be transitioning to computer in the near future. Form should be included when building a patient's chart.	University of California, San Francisco	Tom Bookwalter, Steve Kayser, Lisa Tong	Society of Hospital Medicine	2-page form and checklist, also contains resources for patients	
Carilion VTE prophylaxis order form	The purpose of the tool is to list the risk factors for VTE, define exclusion criteria for VTE prophylaxis, list treatment options for VTE prophylaxis. The tool helps to train staff regarding VTE risk factors and appropriate interventions for VTE prophylaxis, and establishes a mechanism for addressing VTE prophylaxis in all adult patients admitted to the hospital.	Carilion Medical Center	James B. Franko, MD, FACP -	Society of Hospital Medicine	1-page word document combining instructions and checklists for VTE orders	
VTE resources from Safer Healthcare Now!	Safer Healthcare Now! has compiled a list of VTE Canadian resources that include “Getting Started” guidelines and a needs assessment survey.	n/a	Safer Healthcare Now!	Safer Healthcare Now!	Repository of VTE resources	

5.2 Best Practices for COPD

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
COPD Pathway: Order Set	The COPD orderset allows for the standard application of evidence-based best practice care for this common hospital admission diagnosis.	Ochsner Clinic Foundation	Patrick J. Torcson, MD	Society of Hospital Medicine	2-page standardized physician order set	COPD Pathway Order Set.pdf
COPD Pathway: Observation/In-patient non ICU COPD pathway	The checklist is used at the time of admitting to determine whether a patient should in fact be admitted or placed under observation for this common hospital admission diagnosis.	Ochsner Clinic Foundation	Patrick J. Torcson, MD	Society of Hospital Medicine	2-page checklist	COPD Pathway Observation and Inpa
COPD Pathway: GOLD suggested criteria for discharge	These guidelines or suggested policies are used as the best practice standard for discharging patients with COPD to the home.	Ochsner Clinic Foundation	Patrick J. Torcson, MD	Society of Hospital Medicine	1-page suggested criteria	COPD Pathway GOLD suggested.pdf

5.3 Best Practices for CHF

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
CHF diet	Helps with the management of patients with heart failure. The tools are based on best practices, permit easy data gathering, are well received by physician and nursing alike, and are updated regularly.	Boston University Medical Center	Jeffrey L. Greenwald, MD; Deborah Whalen, NP; George Phillippides, MD	Society of Hospital Medicine	2-page description of diet changes	CHF diet.pdf
CHF exercise	Helps with the management of patients with heart failure. The tools are based on best practices, permit easy data gathering, are well received by physician and nursing alike, and are updated regularly.	Boston University Medical Center	Jeffrey L. Greenwald, MD; Deborah Whalen, NP; George Phillippides, MD	Society of Hospital Medicine	2-page document describing level of exercise	CHF exercise.pdf
CHF pathway	Helps with the management of patients with heart failure. The tools are based on best practices, permit easy data gathering, are well received by physician and nursing alike, and are updated regularly.	Boston University Medical Center	Jeffrey L. Greenwald, MD; Deborah Whalen, NP; George Phillippides, MD	Society of Hospital Medicine	2-page chart describing complete pathway for CHF	CHF pathway.pdf
CHF patient information	Helps with the management of patients with heart failure. The tools are based on best practices, permit easy data gathering, are well received by physician and nursing alike, and	Boston University Medical Center	Jeffrey L. Greenwald, MD; Deborah Whalen, NP; George Phillippides,	Society of Hospital Medicine	2-page document explaining heart failure, signs and symptoms,	CHF patient information.pdf

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
	are updated regularly.		MD		and methods	
CHF patient pathway	Helps with the management of patients with heart failure. The tools are based on best practices, permit easy data gathering, are well received by physician and nursing alike, and are updated regularly.	Boston University Medical Center	Jeffrey L. Greenwald, MD; Deborah Whalen, NP; George Phillippides, MD	Society of Hospital Medicine	1-page description of pathway for patients to read	 CHF patient pathway.pdf

6.0 Other

Supports for other potential QI initiatives are listed in this section.

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
Indwelling Urinary Catheter Protocol	Promotes early removal of unnecessary catheters, which increases patient mobility, speeds up discharge and helps prevent catheter associated urinary tract infections. The process includes assessing the need for the catheter on a daily basis and removes the catheter if its ongoing use does not meet at least one of seven best practices/evidence-based approved criteria.	Trillium Health Centre	Laura Robbs, Dr. Amir Ginzburg, Chair	"A Guidebook to Patient Safety Leading Practices: 2010" – OHA, pages 22-23	2-page case study describing clinical protocols	
NICU Human Factors Checklist Series	As part of the Checklist Series, several checklists were created to allow NICUs to proactively assess, using HFE principles, whether or not their systems of care are optimally designed and to identify opportunities for improvement. Key topics include clinical alarms, lables and displays* (example provided), procedure following, device usability, alertness, warnings, paper forms, team performance, unit design, and physical ergonomics.	Vermont Oxford Network	n/a	Centre for Patient Safety, pages 86-103	18-page academic paper on human factor engineering	
World Health Organization Anesthesia Checklist	Contains the qualities of a good checklist: 1. Status: desired status of item is stated 2. Flow: map checklist to physical task geography 3. Chunks: 5-10 items per chunk 4. Priority: safety critical items (showstoppers) first 5. Redundancy: safety critical items (showstoppers) repeated 6. Completion call: call out/indicate when each chunk complete	n/a	n/a	Centre for Patient Safety	2-page surgical safety checklist	

Name of Tool	Description of Quality Improvement Initiative	Hospital	Owner / Champion	Source	Description of Tool	Link
Full Disclosure and Transparency Policy	The policy ensures that the hospital personnel properly and consistently disclose patient safety incident to affected patients, in a timely manner, with a view to improving patient safety.	Toronto East General Hospital	n/a	Site visit	Policy document	 Full Disclosure PolicyWKReview.pdf
"Just Culture" – Encouraging an Open Culture to Improve System Weaknesses	A formal policy that encourages all employees, including physicians, to be open and honest when identifying weaknesses in the system that have the potential to result in an error. A "Just Culture" is designed to identify system issues, gaps and deficiencies and implement the necessary improvements.	Toronto East General Hospital	n/a	Site visit	Policy document	 Just Culture.pdf

Summary and Directory of Proposed MRP QIP Initiatives in Ontario

Sorted by Initiative

Initiative Topic	Hospital Name	Lead Name
Governance and Administration of MRP Programs	Humber River Regional Hospital -Finch Street Site	Dr. Jamie Spiegelman
	Norfolk General Hospital	Dr. Mark Miller
	South Huron Hospital Association	Dr. Linda Steele
Bullet Rounds and Team Meetings	Children's Hospital of Eastern Ontario	Dr. Anne Rowan-Legg & Dr. W. James King
	North Wellington Health Care Corporation	Hugh Perrin
	The Stevenson Memorial Hospital	Dr. Kogan
	Tillsonburg District Memorial Hospital	Dr. Barry Roth
Hand Hygiene Compliance	Alexandra Marine & General Hospital	Dr. Michael Dawson
	Bluewater Health	Dr. NashedRashed
	The Brantford General Site	Dr. Craig Scott & Dr. Scott Elliott
	The Credit Valley Hospital	Dr. Paul Philbrook
	Huron Perth Healthcare Alliance	Dr. M. Gillett
	Mount Sinai Hospital	Dr. Shital Gandhi & Dr. Yash Patel
	North Bay Regional Health Centre	Dr. Carter
	Renfrew Victoria Hospital	Dr. Steven Radke
	The Ottawa Hospital	Alan Karovitch
	Thunder Bay Regional Health Sciences Centre	Dr. Jon Johnsen& Dr. George Derbyshire
	Timmins & District Hospital	Dr. Harry Voogjarv
Medication Reconciliation	Blind River District Health Centre	Dr. C. Barnes
	Headwaters Health Care Centre	Dr. Jeff McKinnon
	Lake of the Woods District Hospital	Dr. Tim Wehner
	Lennox and Addington County General Hospital	Dr. Kim Morrison
	South Huron Hospital Association	Dr. Linda Steele
	St. Thomas Elgin General Hospital	Dr. M. Hug
	The Toronto East General Hospital	Dr. Raymond Fung
	Wingham and District Hospital	Dr. Marie Gear
Patient Flow in the Hospital	Georgian Bay General Hospital - Midland Site	Roy Hyslop
	Hamilton Health Sciences	Dr. M. Roy
	Kemptville District Hospital	Dr. Patrick Leahy
	Kingston General Hospital	Dr. David Zelt
	Lennox and Addington County General Hospital	Dr. Kim Morrison
	London Health Sciences Centre	Sherri Lawson
	London Health Sciences Centre	Carol Young-Ritchie
	London Health Sciences Centre	Dr. David Leasa
	North York General Hospital	David Baron & Lorraine Carrington

Initiative Topic	Hospital Name	Lead Name
	St. Francis Memorial Hospital	Dr. C.R.S. Dawes
Patient Flow in the Hospital	St. Joseph's General Hospital Elliot Lake	Dr. M. Britton-Foster
	The West Nipissing General Hospital	Dr. Richard Katsuno
	The Toronto East General Hospital	Dr. Michael Warner
	The Toronto East General Hospital	Dr. John Abrahamson
	University Health Network	Dr. Howard Abrams
Improved Discharge Protocols	Arnprior and District Memorial Hospital	Dr. Christine Schriver
	Bingham Memorial Hospital	Dr. Stephen Chiang
	Cambridge Memorial Hospital	Dr. Michael Lawrie
	Campbellford Memorial Hospital	Dr. Paul Williams
	Chatham-Kent Health Alliance	Dr. Gary Tithecott
	The Credit Valley Hospital	Dr. Paul Philbrook
	Glengarry Memorial Hospital	Dr. Lucie Lajoie
	Hawkesbury & District General Hospital	Dr. Lynne Arsenault
	Joseph Brant Memorial Hospital	Dr. Patrick Killorn
	Kingston General Hospital	Dr. David Zelt
	Lakeridge Health Corporation	Dr. Jonathan Eisenstat
	Markham Stouffville Hospital	Dr. Khoa Le
	McCausland Hospital	Dr. Lindsay McLeod
	Middlesex Hospital Alliance	Dr. Paul Ferner
	Muskoka Algonquin Healthcare	Dr. D. Mathies
	Orillia Soldiers' Memorial Hospital	Nancy Reid & Tony Harris
	Ross Memorial Hospital	Dr. Maria Cescon
	Rouge Valley Health System	Dr. Gordon Bierbrier
	St. Joseph's Healthcare Hamilton	Dr. J.P. McMullin
	The Stevenson Memorial Hospital	Dr. Kogan
	The Scarborough Hospital	Dr. VenuTadiboyina
	The West Nipissing General Hospital	Dr. Richard Katsuno
	Tillsonburg District Memorial Hospital	Dr. Barry Roth
	Trillium Health Centre	Dr. Anil Gupta
	West Parry Sound Health Centre	Dr. Terence Fargher
	Windsor Regional Hospital	Dr. Wally Liang
Transitions in Care	Alexandra Hospital	Dr. Marc Pariser
	Guelph General Hospital	Dr. Cary Shafir
	Hospital for Sick Children	Dr. Michael Weinstein
	Joseph Brant Memorial Hospital	Dr. Keith Greenway
	Kingston General Hospital	Dr. David Zelt
	Mount Sinai Hospital	Dr. Allan Detsky

Initiative Topic	Hospital Name	Lead Name
	Queensway Carleton Hospital	Dr. Omer Choudhri
	St. Michael's Hospital	Dr. Chaim Bell
	The West Nipissing General Hospital	Dr. Richard Katsuno
	Tillsonburg District Memorial Hospital	Dr. Barry Roth
	The Toronto East General Hospital	Dr. Pieter Jugovic
	The Toronto East General Hospital	Dr. John Abrahamson
	The Toronto East General Hospital	Dr. Tia Pham
	West Parry Sound Health Centre	Dr. Terence Fargher
Improved Admission Protocols	Blind River District Health Centre	Dr. C. Barnes
	Collingwood General and Marine Hospital	Dr. M. Lewin
	Cornwall Community Hospital / Hôpitalcommunautaire de Cornwall	Dr. R. Gatien
	Dryden Regional Health Centre	Dr. Kerri Wilson
	Geraldton District Hospital	Dr. Roy Laine
	Grand River Hospital Corporation	Dr. Denise Wren
	Grey Bruce Health Services	Brendan Mulroy
	Guelph General Hospital	Dr. Cary Shafir
	Halton Healthcare Services	Dr. Mira Backo-Shannon
	Headwaters Health Care Centre	Dr. Jeff McKinnon
	Headwaters Health Care Centre	Dr. Jeff McKinnon & Dr. KiriArunasalam
	Hotel-Dieu Grace Hospital	Dr. Roxana Chow
	Humber River Regional Hospital -Finch Street Site	Jamie Spiegelman
	Huron Perth Healthcare Alliance	Dr. M. Gillett
	The Lady Minto Hospital	Dr. Rita Affleck
	Lake of the Woods District Hospital	Dr. Tim Wehner
	Leamington District Memorial Hospital	Dr. Sheila Horen
	Mattawa General Hospital	Dr. Mark Wilkins
	Orillia Soldiers' Memorial Hospital	Dr. Kim McIntosh
	Pembroke Regional Hospital Inc.	Dr. Larry Thorsteinson
	Peterborough Regional Health Centre	Lisa Ruston
	Quinte Healthcare	Dr. Robert Bates
	Quinte Healthcare	Dr. Iris Noland
	Rouge Valley Health System	Dr. JawadKhokhar
	Sault Area Hospital	Dr. Robert Maloney
	South Huron Hospital Association	Dr. Linda Steele

Initiative Topic	Hospital Name	Lead Name
	St. Joseph's Health Centre (Toronto)	Dr. Greg Sue-A-Quan
	St. Joseph's Healthcare Hamilton	Dr. A Adili
	St. Joseph's Healthcare Hamilton	Dr. S. O. Pugsley
	The Stevenson Memorial Hospital	Dr. Ginzburg
	The West Nipissing General Hospital	Dr. Richard Katsuno
	The Toronto East General Hospital	Dr. Anita Dunn
	West Haldimand General Hospital	Dr. Phillip Drijber
	West Parry Sound Health Centre	Dr. Terence Fargher
	William Osler Health Centre	Dr. ShariqLodhi
	York Central Hospital	Dr. Victoria Chan
Best Practices for VTE	Anson General Hospital	Dr. Phillip McGuire
	Mount Sinai Hospital	Dr. MirekOtremba
	Niagara Health System	Dr. D. Dooler
	Southlake Regional Health Centre	Dr. B. Nathanson
Best Practices for COPD	Sault Area Hospital	Dr. Gayle Yee
	Huron Perth Healthcare Alliance	Dr. M. Gillett
	Woodstock General Hospital	Dr. Robert Stern
Best Practices for CHF	Carleton Place & District Memorial Hospital	Dr. Martin White
Other - **Central** Line Associated Bloodstream infections Best Practices, Improved Admission Protocols	Guelph General Hospital	Dr. Cary Shafir
Other - Bedsores Best Practices	Humber River Regional Hospital -Finch Street Site	Uri Sagman
Other - Best Practices for Enteral and Parenteral Nutrition	Humber River Regional Hospital -Finch Street Site	David Moskovitz& Alexander Iskander
Other - Best Practices for AMI	Lake of the Woods District Hospital	Dr. Tim Wehner
Other - Reviewing the charts for inpatient deaths	Manitoulin Health Centre	Stephen Cooper
Other - Improved Access to IT	Mattawa General Hospital	Dr. M. Wilkins
Other - Reducing Falls	Perth & Smiths Falls District Hospital	R. Shaw
Other - Patient Education for Diabetes	Ross Memorial Hospital	Dr. Maria Cescon
Other - AF best practices	The Royal Victoria Hospital of Barrie	Dr. Anwar Parbtani& Dr. Stuart Murdoch
Other - Individual initiatives spanning several topics	Sunnybrook Health Sciences Centre	Dr. Edward Etchells
Other - Antibiotic Stewardship	The Toronto East General Hospital	Dr. Jeff Powis
Other - Central Line Insertions	The Toronto East General Hospital	Dr. Michael Warner
Other - Falls	The Toronto East General Hospital	Dr. Frank Kormendi
Other - Global Trigger Tool	The Toronto East General Hospital	Dr. John Abrahamson
Other - ICU Communication	The Toronto East General Hospital	Dr. Marcus J. Kargel
Other - Post Surgical MI Optimization	The Toronto East General Hospital	Dr. George Rewa
Other - Rapid Response Team	The Toronto East General Hospital	Dr. I.M. Fraser

Initiative Topic	Hospital Name	Lead Name
Adverse Events Preventions		
Other - CAUTIs best practices	The Toronto East General Hospital	Dr. James F. Downey
Other - VAP	The Toronto East General Hospital	Dr. James F. Downey
Other - Best Practices for AMI	The West Nipissing General Hospital	Dr. Richard Katsuno
Other - Decreasing Mortality Rates	University Health Network	Dr. Howard Abrams

Sorted by Hospital

HOSPITAL NAME	INITIATIVE TOPIC	MRP GROUP LEAD NAME
Alexandra Hospital	Transitions in Care	Dr. Marc Pariser
Alexandra Marine & General Hospital	Hand Hygiene Compliance	Dr. Michael Dawson
Anson General Hospital	Best Practices for VTE	Dr. Phillip McGuire
Arnprior and District Memorial Hospital	Improved Discharge Protocols	Dr. Christine Schriver
Bingham Memorial Hospital	Improved Discharge Protocols	Dr. Stephen Chiang
Blind River District Health Centre	Improved Admission Protocols	Dr. C. Barnes
	Medication Reconciliation	Dr. C. Barnes
Bluewater Health	Hand Hygiene Compliance	Dr. NashedRashed
Cambridge Memorial Hospital	Improved Discharge Protocols	Dr. Michael Lawrie
Campbellford Memorial Hospital	Improved Discharge Protocols	Dr. Paul Williams
Carleton Place & District Memorial Hospital	Best Practices for CHF	Dr. Martin White
Chatham-Kent Health Alliance	Improved Discharge Protocols	Dr. Gary Tithecott
Children's Hospital of Eastern Ontario	Bullet Rounds and Team Meetings	Dr. Anne Rowan-Legg & Dr. W. James King
Collingwood General and Marine Hospital	Improved Admission Protocols	Dr. M. Lewin
Cornwall Community Hospital / Hôpitalcommunautaire de Cornwall	Improved Admission Protocols	Dr. R. Gatien
Dryden Regional Health Centre	Improved Admission Protocols	Dr. Kerri Wilson
Georgian Bay General Hospital - Midland Site	Patient Flow in the Hospital	Roy Hyslop
Geraldton District Hospital	Improved Admission Protocols	Dr. Roy Laine
Glengarry Memorial Hospital	Improved Discharge Protocols	Dr. Lucie Lajoie
Grand River Hospital Corporation	Improved Admission Protocols	Dr. Denise Wren
Grey Bruce Health Services	Improved Admission Protocols	Brendan Mulroy
Guelph General Hospital	Improved Admission Protocols	Dr. Cary Shafir
	Other - Central Line Associated Bloodstream infections Best Practices, Improved Admission Protocols	Dr. Cary Shafir
	Transitions in Care	Dr. Cary Shafir
Halton Healthcare Services	Improved Admission Protocols	Dr. Mira Backo-Shannon
Hamilton Health Sciences	Patient Flow in the Hospital	Dr. M. Roy
Hawkesbury & District General Hospital	Improved Discharge Protocols	Dr. Lynne Arsenault
Headwaters Health Care Centre	Improved Admission Protocols	Dr. Jeff McKinnon
	Improved Admission Protocols	Dr. Jeff McKinnon & Dr. Kiri Arunasalam
	Medication Reconciliation	Dr. Jeff McKinnon
Hospital for Sick Children	Transitions in Care	Dr. Michael Weinstein
Hotel-Dieu Grace Hospital	Improved Admission Protocols	Dr. Roxana Chow

Hospital Name	Initiative Topic	MRP Group Lead Name
Humber River Regional Hospital - Finch Street Site	Governance and Administration of MRP Programs	Dr. Jamie Spiegelman
	Improved Admission Protocols	Jamie Spiegelman
	Other - Bedsores Best Practices	Uri Sagman
	Other - Best Practices for Enteral and Parenteral Nutrition	David Moskovitz& Alexander Iskander
Huron Perth Healthcare Alliance	Best Practices for COPD	Dr. M. Gillett
	Hand Hygiene Compliance	Dr. M. Gillett
	Improved Admission Protocols	Dr. M. Gillett
Joseph Brant Memorial Hospital	Improved Discharge Protocols	Dr. Patrick Killorn
	Transitions in Care	Dr. Keith Greenway
Kemptville District Hospital	Patient Flow in the Hospital	Dr. Patrick Leahy
Kingston General Hospital	Improved Discharge Protocols	Dr. David Zelt
	Patient Flow in the Hospital	Dr. David Zelt
	Transitions in Care	Dr. David Zelt
Lake of the Woods District Hospital	Improved Admission Protocols	Dr. Tim Wehner
	Medication Reconciliation	Dr. Tim Wehner
	Other - Best Practices for AMI	Dr. Tim Wehner
Lakeridge Health Corporation	Improved Discharge Protocols	Dr. Jonathan Eisenstat
Leamington District Memorial Hospital	Improved Admission Protocols	Dr. Sheila Horen
Lennox and Addington County General Hospital	Medication Reconciliation	Dr. Kim Morrison
	Patient Flow in the Hospital	Dr. Kim Morrison
London Health Sciences Centre	Patient Flow in the Hospital	Sherri Lawson
	Patient Flow in the Hospital	Carol Young-Ritchie
	Patient Flow in the Hospital	Dr. David Leasa
Manitoulin Health Centre	Other - Reviewing the charts for inpatient deaths	Stephen Cooper
Markham Stouffville Hospital	Improved Discharge Protocols	Dr. Khoa Le
Mattawa General Hospital	Improved Admission Protocols	Dr. Mark Wilkins
	Other - Improved Access to IT	Dr. M. Wilkins
McCausland Hospital	Improved Discharge Protocols	Dr. Lindsay McLeod
Middlesex Hospital Alliance	Improved Discharge Protocols	Dr. Paul Ferner
Mount Sinai Hospital	Best Practices for VTE	Dr. MirekOtremba
	Hand Hygiene Compliance	Dr. Shital Gandhi & Dr. Yash Patel
	Transitions in Care	Dr. Allan Detsky
Muskoka Algonquin Healthcare	Improved Discharge Protocols	Dr. D. Mathies
Niagara Health System	Best Practices for VTE	Dr. D. Dooler
Norfolk General Hospital	Governance and Administration of MRP Programs	Dr. Mark Miller
North Bay Regional Health Centre	Hand Hygiene Compliance	Dr. Carter
North Wellington Health Care Corporation	Bullet Rounds and Team Meetings	Hugh Perrin
North York General Hospital	Patient Flow in the Hospital	David Baron & Lorraine Carrington

Hospital Name	Initiative Topic	MRP Group Lead Name
Orillia Soldiers' Memorial Hospital	Improved Admission Protocols	Dr. Kim McIntosh
	Improved Discharge Protocols	Nancy Reid & Tony Harris
Pembroke Regional Hospital Inc.	Improved Admission Protocols	Dr. Larry Thorsteinson
Perth & Smiths Falls District Hospital	Other - Reducing Falls	R. Shaw
Peterborough Regional Health Centre	Improved Admission Protocols	Lisa Ruston
Queensway Carleton Hospital	Transitions in Care	Dr. Omer Choudhri
Quinte Healthcare	Improved Admission Protocols	Dr. Robert Bates
	Improved Admission Protocols	Dr. Iris Noland
Renfrew Victoria Hospital	Hand Hygiene Compliance	Dr. Steven Radke
Ross Memorial Hospital	Improved Discharge Protocols	Dr. Maria Cescon
	Other - Patient Education for Diabetes	Dr. Maria Cescon
Rouge Valley Health System	Improved Admission Protocols	Dr. JawadKhokhar
	Improved Discharge Protocols	Dr. Gordon Bierbrier
Sault Area Hospital	Best Practices for COPD	Dr. Gayle Yee
	Improved Admission Protocols	Dr. Robert Maloney
South Huron Hospital Association	Governance and Administration of MRP Programs	Dr. Linda Steele
	Improved Admission Protocols	Dr. Linda Steele
South Huron Hospital Association	Medication Reconciliation	Dr. Linda Steele
Southlake Regional Health Centre	Best Practices for VTE	Dr. B. Nathanson
St. Francis Memorial Hospital	Patient Flow in the Hospital	Dr. C.R.S. Dawes
St. Joseph's General Hospital Elliot Lake	Patient Flow in the Hospital	Dr. M. Britton-Foster
St. Joseph's Health Centre (Toronto)	Improved Admission Protocols	Dr. Greg Sue-A-Quan
St. Joseph's Healthcare Hamilton	Improved Admission Protocols	Dr. A Adili
	Improved Admission Protocols	Dr. S. O. Pugsley
	Improved Discharge Protocols	Dr. J.P. McMullin
St. Michael's Hospital	Transitions in Care	Dr. Chaim Bell
St. Thomas Elgin General Hospital	Medication Reconciliation	Dr. M. Hug
Sunnybrook Health Sciences Centre	Other - Individual initiatives spanning several topics	Dr. Edward Etchells
The Brantford General Site	Hand Hygiene Compliance	Dr. Craig Scott & Dr. Scott Elliott
The Credit Valley Hospital	Hand Hygiene Compliance	Dr. Paul Philbrook
	Improved Discharge Protocols	Dr. Paul Philbrook
The Lady Minto Hospital	Improved Admission Protocols	Dr. Rita Affleck
The Ottawa Hospital	Hand Hygiene Compliance	Alan Karovitch
The Royal Victoria Hospital of Barrie	Other - AF best practices	Dr. Anwar Parbtani& Dr. Stuart Murdoch
The Scarborough Hospital	Improved Discharge Protocols	Dr. VenuTadiboyina
The Stevenson Memorial Hospital	Bullet Rounds and Team Meetings	Dr. Kogan
	Improved Admission Protocols	Dr. Ginzburg
	Improved Discharge Protocols	Dr. Kogan

Hospital Name	Initiative Topic	MRP Group Lead Name
The Toronto East General Hospital	Improved Admission Protocols	Dr. Anita Dunn
	Medication Reconciliation	Dr. Raymond Fung
	Other - Antibiotic Stewardship	Dr. Jeff Powis
	Other - CAUTIs best practices	Dr. James F. Downey
	Other - Central Line Insertions	Dr. Michael Warner
	Other - Falls	Dr. Frank Kormendi
	Other - Global Trigger Tool	Dr. John Abrahamson
	Other - ICU Communication	Dr. Marcus J. Kargel
	Other - Post Surgical MI Optimization	Dr. George Rewa
	Other - Rapid Response Team Adverse Events Preventions	Dr. I.M. Fraser
	Other - VAP	Dr. James F. Downey
	Patient Flow in the Hospital	Dr. Michael Warner
	Patient Flow in the Hospital	Dr. John Abrahamson
	Transitions in Care	Dr. Pieter Jugovic
	Transitions in Care	Dr. John Abrahamson
	Transitions in Care	Dr. Tia Pham
The West Nipissing General Hospital	Improved Admission Protocols	Dr. Richard Katsuno
	Improved Discharge Protocols	Dr. Richard Katsuno
	Other - Best Practices for AMI	Dr. Richard Katsuno
	Patient Flow in the Hospital	Dr. Richard Katsuno
	Transitions in Care	Dr. Richard Katsuno
Thunder Bay Regional Health Sciences Centre	Hand Hygiene Compliance	Dr. Jon Johnsen& Dr. George Derbyshire
Tillsonburg District Memorial Hospital	Bullet Rounds and Team Meetings	Dr. Barry Roth
	Improved Discharge Protocols	Dr. Barry Roth
	Transitions in Care	Dr. Barry Roth
Timmins & District Hospital	Hand Hygiene Compliance	Dr. Harry Voogjarv
Trillium Health Centre	Improved Discharge Protocols	Dr. Anil Gupta
University Health Network	Other - Decreasing Mortality Rates	Dr. Howard Abrams
	Patient Flow in the Hospital	Dr. Howard Abrams
West Haldimand General Hospital	Improved Admission Protocols	Dr. Phillip Drijber
West Parry Sound Health Centre	Improved Admission Protocols	Dr. Terence Fargher
	Improved Discharge Protocols	Dr. Terence Fargher
	Transitions in Care	Dr. Terence Fargher
William Osler Health Centre	Improved Admission Protocols	Dr. ShariqLodhi
Windsor Regional Hospital	Improved Discharge Protocols	Dr. Wally Liang
Wingham and District Hospital	Medication Reconciliation	Dr. Marie Gear
Woodstock General Hospital	Best Practices for COPD	Dr. Robert Stern
York Central Hospital	Improved Admission Protocols	Dr. Victoria Chan

Appendix

Most Responsible Physician Care Program Expert Panel Membership

MEMBER NAME	TITLE/ORGANIZATION
Miin Alikhan	Director, Health Quality Branch, Ministry of Health and Long-Term
Don Atkinson	Chief of Staff, Orillia Soldier's Memorial
Carolyn Baker	President and CEO, St. Joseph's Health Centre
David Baron	Chief of Medicine and Program Medical Director, North York General
Bob Bell (Chair)	President and CEO (Expert Panel Lead), University Health Network
Chaim Bell	Adjunct Scientist, Institute for Clinical Evaluation Studies (ICES)
Laith Bustani	Chair of OMA Hospitalist Section, Ontario Medical Association
Laurie Cabanas	Consultant, Physician and Professional Issues, Ontario Hospital
David Clarke	Director (Acting), Negotiations, Ministry of Health and Long-Term Care
Bill Coke	Executive of the OMA Section on Internal Medicine, OMA/UHN
Rob Devitt	President and CEO, Toronto East General Hospital
Jennifer Everson	Physician Lead Clinical Planning and Integration, HNHB LHIN
Susan Fitzpatrick	Assistant Deputy Minister, Negotiations and Accountability Management Division, Ministry of Health and Long-Term Care
Mohammed Gaber	Chief of Staff, Quite Health Care
Michael Klar	Medical Advisor, Medical Advisory Unit, Ministry of Health and Long-Term Care
Bob Lester	Physician Consultant, Ontario Hospital Association
Wendy Levinson	Chair, Department of Medicine, University of Toronto
Bill Macleod	CEP, Mississauga Halton LHIN
Ray Marshall	President and CEO, Brockville General Hospital
Simone Noble	Manager of Negotiations and Implementation, OMA
Gord Porter	Chief of Staff, Thunder Bay Regional Health Sciences Centre
David Price	Chair of the Department of Family Medicine, McMaster University
Jamie Robinson	Negotiations Consultant, Negotiations Branch (Strategy and Alignment), Ministry of Health and Long-Term Care
Garry Salisbury	Senior Medical Consultant, Medical Consultant Unit, Ministry of Health and Long-Term Care
Fredrika Scarth	Manager, Quality Programs/HQO Liaison, Health Quality Branch, Ministry of Health and Long-Term Care
Michael Schull	Senior Scientist, ICES
Ashok Sharma	Chief of Staff, Grand River/St Mary's
Kaveh Shojania	Director, University of Toronto Centre for Patient Safety
Scott Wooder	Chair Negotiations Committee, Ontario Medical Association