

Hospital Clinical Quality Improvement Update

ISSUE 4 | SUMMER 2024

Hospital Clinical Quality Improvement Update, Summer 2024

Providing clinical quality information relevant to the hospital sector, with highlights from the Delirium Aware Safer Healthcare (DASH) campaign, the Ontario Surgical Quality Improvement Network (ONSQIN), the General Medicine Quality Improvement Network (GeMQIN), and the Emergency Department Return Visit Quality Program (EDRVQP).

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DASH Campaign Update

We are 4 months into our [Delirium Aware Safer Healthcare \(DASH\) campaign](#) and have seen high levels of engagement and exciting work happening throughout the province. Since the launch in April 2024, our [DASH Community of Practice \(CoP\) on Quorum](#) has grown to over 340 members.

Our first learning session saw 188 attendees join to learn strategies for measurement and data collection for delirium. **Parmjeet Panesar** from Fraser Health in British Columbia shared her team’s success with implementing practical tools at the frontline. Our data analytics team shared an in-depth look at the Delirium eReport (see [How to Access Key Resources](#) for more information).

We have heard from attendees that our drop-in sessions are a valuable and engaging method of connecting with colleagues across the province. These 1-hour sessions provide an opportunity to hear about other hospitals’ challenges and successes and collaborate with hospital partners. Please mark these sessions on your calendar and drop in to discuss delirium prevention! [Register now](#) for the following sessions (each session runs from 12 p.m. to 1 p.m. ET):

- August 29, 2024
- September 26, 2024
- November 28, 2024
- December 19, 2024
- February 27, 2025

We received feedback in our first quarterly survey from 62% of hospital sites participating in DASH. Thank you for taking the time to complete the survey, as we use the information to shape our future learning sessions. Many of you shared that competing organizational priorities are a barrier to focusing on delirium prevention. We encourage you to look for opportunities to align delirium prevention with other initiatives such as alternate level of care (ALC) leading practices, Choosing Wisely Canada (CWC) designation, Best Program Spotlight Organization (BPSO) designation, senior-friendly hospital care, and College of Physicians and Surgeons of Ontario (CPSO) quality improvement (QI) requirements.

How to Access Key Resources

- For key resources found on Quorum, start by creating your [Quorum account](#). Then visit the [DASH CoP](#) and click the “Join Group” button. Don’t forget to click on the “Subscribe to Updates” button once you have been accepted into the group.
- The recording and slides from the webinar can be found in the “Attachments” tab under “DASH presentations and recordings” > “DASH Learning Collaborative Series”.
- Other key resources include our [DASH Team Contacts List](#), the [registration link for all the drop-in sessions](#), the [Implementation Toolkit](#), and the [DASH Quick Reference Guide](#).

- To gain access to the [Delirium Quality Standard eReport](#), consult the [eReport Access Guide](#). The [eReport User Guide](#) will help you navigate within the report.

ONSQIN Community of Practice Update

American College of Surgeons Quality and Safety Conference

This year’s annual American College of Surgeons (ACS) Quality and Safety Conference took place in Denver, Colorado. Despite our clinical lead, Dr. Tim Jackson, being unable to attend, there was a large contingent from Ontario. Twenty-five teams from ONSQIN were accepted for poster and podium presentations.

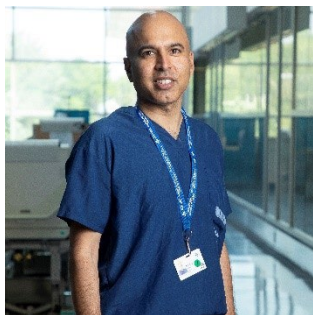
Dr. Husein Moloo from The Ottawa Hospital presented the results of the first year of ONSQIN’s Cut the Carbon: Reducing Surgical Waste campaign, which garnered much interest from ACS and National Surgical Quality Improvement Program (NSQIP) hospitals and collaboratives worldwide.

NSQIP Semi-Annual Report

The latest semi-annual report includes risk-adjusted data from January 2023 to December 2023. We are pleased to report substantial reductions in surgical site infections (SSIs), urinary tract infections (UTIs), and unplanned reoperations across all surgical subspecialties. A copy of the [collaborative report](#) can be found in the Quorum attachments folder.

Congratulations to **Humber River Hospital** (Toronto) for making it into ONSQIN’s [Top 5](#) for reducing their rates in each of the following indicators: mortality, morbidity, pneumonia, venous thromboembolism, UTI, SSI, unplanned reoperation, readmission, and colorectal length of stay.

Contributor Shout-Out



Dr. Husein Moloo

In this issue, we celebrate longstanding climate action hero, **Dr. Husein Moloo!** Husein has been a major force behind our Cut the Carbon campaign and has also

championed our work internationally at the ACS conference by presenting our abstract: Reducing Surgical Waste Collaborative Campaign. He also helped us secure a keynote speaker, Dr. Courtney Howard, Planetary Health Solution-Seeker, for the ONSQIN Fall Conference on November 1, 2024.

GeMQIN Community of Practice Update

Spotlight: London Health Sciences Centre Leverages GeMQIN Reports to Secure Dedicated Resources for QI

The GeMQIN team at **London Health Sciences Centre** (LHSC) recently garnered support from their senior leadership team for a dedicated QI team to support quality improvements in selected GeMQIN indicators and DASH over the next 3 years. Their proposal to focus on the DASH campaign was strengthened by the commitment of their surgical and clinical neuroscience teams to the DASH campaign.

LHSC’s GeMQIN team was able to use data from their GeMQIN reports to highlight how sustainable improvements will help advance patient care in support of LHSC’s commitment to providing equitable, compassionate, and evidence-based care. The team’s mission statement is **“to harness the power of GeMQIN and local data to develop, implement, and sustain meaningful and fiscally responsible improvements in patient care.”** They will be focusing on advanced imaging, routine blood tests, and readmission rates.



Back row (left to right): Danny Kim, Radha Joseph. Front row (left to right): Kelly MacIsaac, Erin Spicer, Stephanie Handsor, Kathryn Myers, Kathryn Ellett.

The intradisciplinary team responsible for this first milestone included **Drs. Erin Spicer** (QI and Patient Safety Lead), **Kathryn Myers** (Physician Lead and Resident Education Expert), **Radha Joseph** (Healthcare Design Consultant), **Kelly MacIsaac** (Resident Representative), **Ms. Kathryn Ellett** (LHSC Performance

Consultant), **Mr. Danny Kim** (Data and Analytics Consultant), and **Ms. Stephanie Handsor** (Research Coordinator). The team composition will be finalized next month and will include frontline health disciplines representation and medical librarian services.

LHSC's team was thoughtfully brought together to leverage the strengths of team members in QI in a collaborative teamwork structure. The team is encouraged by the opportunities to engage other disciplines as they continue their QI work. They are currently in their discovery phase, determining the root causes that contribute to their priority areas of focus.

We look forward to providing updates on their journey over the next few years. Congratulations, LHSC!

OurPractice General Medicine Report

The latest OurPractice General Medicine Report was released in June 2024 to 23 GeMQIN hospital sites and includes risk-adjusted data from July 1, 2020, to June 30, 2021. This latest version of the report includes an additional indicator on sedative-hypnotic orders, supporting the DASH campaign's change ideas focused on reducing unnecessary sedative-hypnotic orders, optimizing sleep, and using huddles to engage and educate staff. A [sample report](#) is available for review on our website.

In Case You Missed It

Dr. Lisa Burry shared the new and emerging evidence on sedative-hypnotic prescribing and alternative strategies to promote sleep. Key takeaways were that sedative-hypnotics do not promote better sleep quality, sedative-hypnotics can cause harm, and patients are more likely to stay on them longer term. A [recording](#) of the webinar is available on Quorum.

Brigitte Hales from Sunnybrook Health Sciences Centre shared her team's data collection efforts and lessons learned over their 11 years of experience in delirium prevention. She highlighted important partnerships that contribute to delirium prevention, such as pharmacy, Choosing Wisely Canada, and volunteer services. A [recording](#) of the webinar is available on Quorum.

EDRVQP Update

All participating emergency department teams are encouraged to join the [Provincial Emergency Services \(PES\) CoP](#) on Quorum. This CoP is a social learning platform for hospital clinicians, staff, managers, and Ontario Health to share knowledge and develop innovative approaches to the delivery of emergency care. Since our last update, the PES CoP has hosted the following 2 webinars:

- **May 2024 – Quality Issues With Diagnostic Imaging in Emergency Care:** This webinar focused on 2 of 11 themes underlying quality issues that lead to return visits to the emergency department: radiology and availability of diagnostic imaging. **Chad Johnson** and **Debra Prete** from Thunder Bay Regional Health Sciences Centre presented their work on improving access to overnight computed tomography (CT) scans. **Dr. Olivia Ostrow**, Director of Quality and Safety for the Department of Pediatric Emergency Medicine at the Hospital for Sick Children (Toronto), presented their work to reduce discrepancy reporting in diagnostic imaging that leads to delayed or incorrect diagnosis.
- **June 2024 – Provincial Resources for Managing Burn Injuries and Vascular Injuries:** **Dr. Stephanie Mason**, Interim Medical Director at the Ross Tilley Burn Centre (Toronto), provided the updated provincial Burn Centre Consultation Guidelines, a new burn management checklist, and considerations for managing patients with burn injuries. **Dr. Varun Kapila**, Chief of Vascular Surgery at William Osler Health System, presented vascular support guides for emergency departments. **Carolyn Farquharson**, Director of Provincial Emergency Services at Ontario Health, provided an update on the nursing education, retention, and workforce strategy.

All webinar recordings and slide decks are available on the [PES CoP Quorum website](#).

Patient Safety: Never Events

On July 1, 2024, Ontario Health officially launched the never events reporting form to hospitals. The first 6-month reporting window will close on December 31, 2024, and will capture hospital never events that occurred between January 1, 2024, and June 30, 2024. The Never Events Hospital Reporting Initiative focuses on the QI actions and learnings in response to a never event and the strategies used to reduce future recurrence. The purpose is to collect this information and share it back with the system to help us collectively learn from these events, and drive improvements to prevent never events across the hospital sector in Ontario.

Visit the [Quality and Patient Safety CoP](#) to access the reporting link and supporting documents.

For questions or further information, please email QualityandPatientSafety@OntarioHealth.ca.

Quality Standards Update

Ontario Health's [Major Depression Quality Standard](#) (originally published in 2016) and [Heavy Menstrual Bleeding Quality Standard](#) (originally published in 2017) have been updated to align with the most up-to-date clinical evidence and current practice in Ontario.

Both major depression and heavy menstrual bleeding are common conditions that increase demand for emergency care. Each year, about 7% of people in Ontario meet the diagnostic criteria for major depression, and in fiscal year 2022/23, about 1 in 500 people aged 13 years or older in Ontario visited the emergency department for major depression. Heavy menstrual bleeding affects 18% to 32% of people of reproductive age, and nearly 15% of people with heavy menstrual bleeding in Ontario had unplanned visits to the emergency department in fiscal year 2022/23.

Significant gaps remain in the quality of care that people with major depression or heavy menstrual bleeding receive in Ontario. As you review the updated quality standards, please reflect on how you might implement them in your organization to improve care. Useful resources accompany each updated quality standard, including a patient guide, 2-page summary placemat, and technical specifications. Please share these resources widely with your network and with your patients or clients.

Sustaining QI Changes in Health Care

Quality Improvement Plan Program

At this point, your organization will have tested some Quality Improvement Plan (QIP) change ideas through [Plan-Do-Study-Act \(PDSA\) cycles](#) and determined which change ideas are making an impact. If you haven't already, now is the time to implement these changes in your unit or department and start measuring and monitoring the outcomes. Once you have implemented the changes, you can extend them to other areas. If improvements in one unit or department are achieving the desired outcomes, consider scaling and spreading these tests of change to other areas.

Key activities include:

- Formalizing and standardizing the changes, and documenting the new processes
- Communicating the new processes widely among staff
- Generating buy-in by sharing the improvement story and the impact on staff and clients, residents, or patients

- Using your [measurement plan](#) to monitor adoption and improvement
- Collecting data and displaying it visually using run charts and control charts to understand variations in performance
- Creating a [spread plan](#)

From the start, QI initiatives should include a sustainability plan. This plan should outline strategies for maintaining changes, such as embedding new practices into standard operating procedures, ongoing monitoring, and assigning responsibility for continued oversight.

Although sustaining changes over the long term can be challenging, here are key strategies to ensure that your QI efforts last:

- 1) **Leadership commitment:** Strong, ongoing support from leadership is critical. Leaders must actively champion QI initiatives, allocate necessary resources, and foster a culture that values continuous improvement. Their commitment signals the importance of QI efforts to the entire organization.
- 2) **Engage frontline staff:** Those directly involved in client, resident, or patient care are best positioned to identify issues and suggest practical solutions. Engaging frontline staff to assess the implementation of QI initiatives ensures that changes are practical and effective and increases buy-in for the new process to be continued.
- 3) **Effective communication:** Transparent and consistent communication is essential to keep all stakeholders informed about the goals, progress, and outcomes of QI initiatives. Regular updates and feedback loops help maintain momentum and address concerns promptly.
- 4) **Ongoing education and training:** Continuous education and training help staff stay updated on the new change ideas and best practices your organization is moving forward with. Regular workshops, touchpoints, and access to online resources help to ensure that staff have the knowledge and skills to sustain improvements.
- 5) **Data-driven decision making:** Using data to monitor the impact of QI initiatives is crucial. Regularly reviewing performance metrics helps identify areas where changes are working and where adjustments are needed. Data also provide tangible evidence of success, which can motivate staff and justify continued investment.

- 6) **Celebrate successes:** Recognizing and celebrating achievements boosts morale and reinforces the value of QI efforts. Publicizing successes can inspire other departments to undertake their own QI initiatives.

By focusing on these strategies, your organization can create a strong framework that supports the sustained

success of QI initiatives, ultimately leading to better client outcomes and experiences, and more efficient or effective health care services.

Please review the [Implementing and Sustaining Changes Guide](#) for more information on strategies for the successful implementation and sustainability of improvement efforts.

Upcoming Events

- **Canadian Pediatric Collaborative of NSQIP Meeting:** September 6, 2024, at 12 p.m.
- **Surgical Clinical Reviewer Meeting:** September 19, 2024, at 12 p.m.
- **Cut the Carbon Campaign Meeting:** September 20, 2024, at 12 p.m.
- **GeMQIN/DASH CoP Call (Chart review training for delirium):** September 24, 2024, at 1 p.m.
- **Provincial Emergency Services CoP Webinar:** September 24, 2024, at 2 p.m.
- **DASH Drop-In Session:** September 26, 2024, at 12 p.m.
- **Surgeon Champion Meeting:** September 27, 2024, at 7 a.m.
- **GeMQIN/DASH CoP Call:** October 15, 2024, at 12 p.m.
- **DASH Learning Session:** October 31, 2024, at 12 p.m.
- **ONSQIN Fall Conference:** November 1, 2024, at 8 a.m.
- **GeMQIN/DASH CoP Call:** November 19, 2024, at 12 p.m.

All events are listed in ET.

Email ClinicalQuality@OntarioHealth.ca to share your hospital's work in the next update, or to see how you can get involved.

Learn more about the [Delirium Aware Safer Healthcare](#) (DASH) campaign, the [Ontario Surgical Quality Improvement Network](#) (ONSQIN), the [General Medicine Quality Improvement Network](#) (GeMQIN), and the [Emergency Department Return Visit Quality Program](#) (EDRVQP).

Join our Communities of Practice: [Delirium Aware Safer Healthcare](#), [Ontario Surgical Network](#), [GeMQIN](#), and [Provincial Emergency Services](#).

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca
Document disponible en français en contactant info@ontariohealth.ca

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