Hospital Clinical Quality Improvement Update

ISSUE 1 | FALL 2023

Ontario Health

Hospital Clinical Quality Improvement Update, Fall 2023

Providing clinical quality information relevant to the hospital sector, with highlights from the Ontario Surgical Quality Improvement Network (ON-SQIN), the General Medicine Quality Improvement Network (GeMQIN), and the Emergency Department Return Visit Quality Program (EDRVQP).

Community of Practice Highlights

A Culture of Surgical Quality Improvement at Lakeridge Health

Since joining the program in 2017, the Lakeridge team has reduced their surgical site infections (SSIs) by 40% and their pneumonia rates by 61%. The team relates how their culture makes all the difference:

The semi-annual National Surgical Quality Improvement Program (NSQIP) data are shared with all surgeons and show where our hospital ranks among the other ON-SQIN hospitals. Sharing this aspect of the report generated discussion about opportunities for improvement.

Our team decided to focus our efforts on SSIs, specifically directing our attention to hysterectomies and colorectal cancer cases. Application of the change ideas recommended at ON-SQIN meetings resulted in a steady decline in SSIs. In 2018, our "All Cases" SSI rate was 3.04%. In 2023, our current "All Cases" SSI rate is 1.39%. This represents a 40% decrease over a 5-year period.

One of the key reasons for our success was involving summer students in our SSI campaign. They created a poster presentation detailing SSI reduction strategies, which was prominently displayed in the OR area during our SSI reduction campaign, helping to reinforce existing strategies and encourage the implementation of new strategies to reduce SSIs. Some of these strategies included the use of oral antibiotic bowel preparations, implementation of antibiotic suture closures, consistent use of wound protectors, and the use of separate instruments for closure in colorectal cancer cases. We've also made efforts to decrease traffic in the OR and keep the doors closed. Our recent Surgical Quality Improvement Plan (SQIP) focused on prophylactic antibiotic use, redosing of appropriate antibiotics, and maintaining normothermia. Increased awareness and improvement in these process measures have made a substantial difference in our outcomes.

ON-SQIN Program Delivery Team Wins the 2023 Reizenstein Award

At the recent International Society for Quality in Health Care (ISQua) Conference in Seoul, Republic of Korea, the ON-SQIN Program Delivery Team's article, *A regional approach to reduce postoperative opioid prescribing in Ontario, Canada*, was awarded the [Reizenstein Award](). This award recognizes the work of authors who submit papers to the *International Journal for Quality in Health Care* and is presented annually to the authors of the best paper.

ON-SQIN Contributor Shout-Out

We are thrilled to acknowledge our colleague **Kiranjit Dhaliwal**, Surgical Clinical Reviewer (SCR) at North York General Hospital. Kiranjit hit the ground running as a new SCR 6 months ago. An avid participant of SCR meetings and an advocate for sustainable health, Kiranjit's networking skills at the recent American College of Surgeons (ACS) Quality and Safety Conference resulted in acquiring speakers for our upcoming Ontario Surgical Quality Meeting. Sadly, Kiranjit has left her role, but we wish her all the best in future endeavours.

Improving Appropriate Red Blood Cell (RBC) Transfusion Rates in General Medicine

In the GeMQIN community, 442 individual physicians and 24 hospital sites received their annual GeMQIN practice reports this summer. These personalized, confidential reports inform physicians and hospitals about their clinical care patterns and patient outcomes. Quality indicators focus on length of stay, readmission, in-hospital mortality, advanced imaging, routine bloodwork, and appropriate blood transfusions. Hospital-level reports provide risk-adjusted comparisons for participating hospitals across the network.

Appropriate RBC transfusions is an indicator on both the individual and hospital-level reports. Aggregated network data show that the rate of appropriate RBC transfusion has been increasing across the network, from 84.6% in 2015–2016 to 93.0% in 2021–2022 (see Fig. 1), while the rate of total transfusions has remained constant at approximately 1 transfusion for every 4 hospitalizations (see Fig. 2).
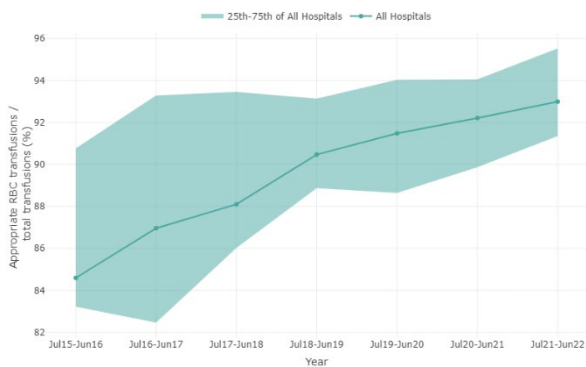

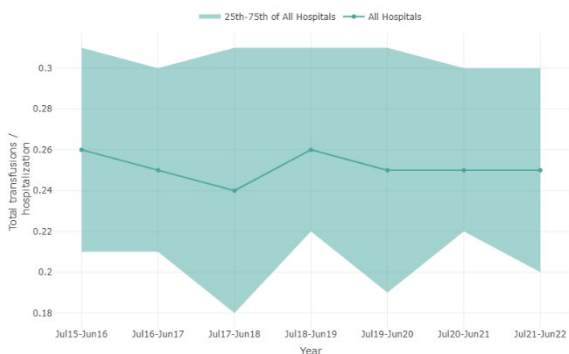*Figure 1. GeMQIN-wide* appropriate RBC transfusions per total transfusions.*

Figure 2. GeMQIN-wide* total transfusions per hospitalization.

*Click here for a list of participating GeMQIN hospitals.

Dr. Jeannie Callum—co-director of the Canadian Transfusion Trials Group, transfusion medicine specialist, hematologist, and an adjunct scientist with Queen's University—noted when she saw her hospital's OurPractice Report:

Leveraging the GEMINI database, hospitals participating in GeMQIN are making huge gains to ensure every red blood cell transfusion in Ontario is appropriate. GeMQIN hospitals have achieved remarkable gains in appropriate red blood cell transfusion, thereby reducing the risk of adverse consequences from unnecessary transfusions.
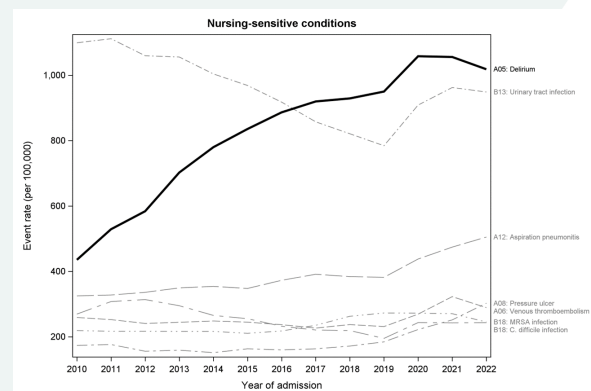
EDRVQP Directory of QI Initiatives

- An inaugural directory that includes a list of participating hospitals, their QI priorities for the coming year, and contact information. This will be posted to Quorum. This is a great resource to learn about initiatives at other organizations to tackle quality issues that may be affecting your hospital

Feature: Delirium Aware: Safer Healthcare (DASH) Campaign

We are excited to announce that the hospital clinical quality programs are coming together to deliver a provincial campaign aimed at reducing hospital acquired delirium **launching April 2024**.

Delirium is a neurocognitive impairment that affects 20% to 40% of adults hospitalized for medical and surgical reasons, resulting in increased mortality, length of stay, and cost of hospital care. Patients that become delirious are more likely to be placed in long-term care, leading to longer wait times and a greater number of alternate level of care days.

The data from Ontario show that delirium is a leading cause of preventable hospital harm.

This campaign seeks to connect hospital quality improvement programs and align system efforts, ultimately strengthening and amplifying initiatives aimed at delirium.

Join our DASH Community of Practice and be part of the campaign to recognize and prevent delirium!

Feature: 2023 EDRVQP Annual Report

**2023 EDRVQP Annual Report
now available on our website HERE**

Annual Report

The 2023 Emergency Department (ED) Return Visit Quality Program annual report is now available! The report summarizes key findings from the 2022 ED return-visit audits and narratives and shares several quality improvement (QI) success stories.

Overview

Despite the continued burden of COVID-19, all participating hospitals successfully submitted their narratives and audits, with 51% of hospitals submitting more audits than required. This is a remarkable achievement that speaks to the dedication and passion of these ED teams. A total of 5,198 audits were submitted to Ontario Health.

Key Themes

Elder Care

Many hospitals focused their QI initiatives on care for older people, including Orillia Soldiers' Memorial Hospital and Pembroke Regional Hospital, whose initiatives included the contribution of a geriatric emergency medicine (GEM) nurse in the ED to improve patient experiences, and Health Sciences North, who increased the availability of their ED mobility team to improve care for older patients with complex needs. Visit Quorum to learn more about Health Sciences North's success.

Leaving the ED Without Being Seen

Leaving the ED without being seen can cause patients to return with more serious illness or more urgent needs. The annual report provides an analysis of this important issue and describes several related QI initiatives, including North Bay Regional Health Centre's program to improve ED triage assessment and Lakeridge Health's creation of a low-acuity assessment area to reduce length of stay for non-admitted patients. Visit Quorum to learn more about Lakeridge's initiative.

Access to Emergency Care for Children and Youth

High rates of influenza, respiratory viruses, and COVID-19 in young people necessitated local innovations to increase accessibility to emergency services. The Hospital for Sick Children noticed an increase in patients presenting with mental health concerns and has implemented initiatives focused on eating disorders, suicide risk, and improving timely patient assessment for mental health needs. To reduce time to physician initial assessment for young people, Michael Garron Hospital established a Child and Youth Emergency Zone. Visit Quorum to learn more about Michael Garron Hospital's work.

We thank all hospitals participating in the EDRVQP for your tireless commitment to QI and for contributing such valuable data and narratives to inform and inspire future efforts.

Upcoming Events

- **ON-SQIN Fall Conference:** November 3, 2023, at 8 a.m.
- **Canadian Pediatric Collaborative of NSQIP Meeting:** November 10, 2023, at 12 p.m.
- **Surgical Clinical Reviewer Meeting:** November 16, 2023, at 12 p.m.
- **Launch for 2024/25 QIP Indicators:** Q3, 2023
- **Surgeon Champion Meeting:** November 28, 2023, at 7 a.m.
- **DASH Campaign Call – Getting Started:** end of January 2024
- **Release of the next Clinical Quality Update:** February 2024

Read our new Program Evaluation, an analysis of the Ontario Surgical Quality Improvement Network.

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

Click on our hyperlinks to learn more about the Ontario Surgical Quality Improvement Network (ON-SQIN), the General Medicine Quality Improvement Network (GeMQIN), and the Emergency Department Return Visit Quality Program (EDRVQP).

Join our communities of practice: the Surgical Network, the General Medicine Network, and the Emergency Department Network.