Hospital Clinical Quality Improvement Update

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Ontario Health

Hospital Clinical Quality Improvement Update, Winter 2025

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).

DASH Campaign Update

We are excited to share that 25% of all hospitals in Ontario have committed to participating in the DASH campaign. To help facilitate collaboration, we have compiled a DASH Initiative Directory that provides a searchable resource of all the current initiatives happening in the DASH community.

As part of our campaign goal of aligning system efforts, the DASH program delivery team has been meeting with access and flow teams to highlight how the DASH campaign supports hospitals in implementing the alternate level of care (ALC) leading practices related to senior-friendly care and delirium. As a result, we have seen our Community of Practice grow by almost 25% in the last quarter, up to 419 members on Quorum. Quorum is a great resource to catch up on the work to date and learn about what's coming next.

We've had a busy quarter learning from our DASH community through 3 GeMQIN/DASH calls, 2 DASH drop-in sessions, and the second learning session in our series.

Dr. Kathleen Sheehan from University Health Network shared her team's experience using CHART-DEL methodology, a validated process for measuring delirium. **Dr. Carolyn Tan** from Sunnybrook Health Sciences Centre and **Amy Ludolph** from Northumberland Hills Hospital shared practical strategies to address delirium risk at the beside.

In our most recent call, we explored how to connect your DASH quality improvement (QI) initiatives to a hospital's Quality Improvement Plan (QIP). Thank you to the team from Mackenzie Health (**Raman Rai**, **Zeeshan Ahmed**, **Teresa Sitlani**, and **Peggy Richards**) and Ontario Health's **Maggie Ford** for contributing to this session. A 1-page resource highlights the benefits of adding delirium as an optional indicator on your hospital's QIP under the priority issue of patient safety.

Our last learning session supported teams in their efforts to start testing changes. **Dr. Kelly Kay** and **Heather McLeod** from Provincial Geriatrics Leadership Ontario shared their experience and expertise with knowledge translation and implementing delirium interventions in hospital.

Our learning session on **January 30, 2025,** focused on sustaining and spreading your successful change ideas. We heard from a team that has been working on delirium for the past 7 years and successfully sustained improvements in patient care delivery and lower hospital-acquired delirium rates.

The DASH program delivery team has been invited to share our campaign by presenting a storyboard at the BC Quality Forum in Vancouver in March 2025. The theme of the forum is "Embracing Human Connection," and it brings together organizations that are motivated to improve quality across the continuum of care.

Mark your calendar! We will be hosting our first annual DASH Congress on April 28, 2025, celebrating our combined efforts to date toward delirium prevention

and kicking off year 2 of our campaign. We are excited to host **Dr. Edward Marcantonio**, an internationally recognized clinical investigator and thought leader in delirium research, as our keynote speaker. Learn more about the Marcantonio Lab on the Beth Israel Deaconess Medical Center website.

How to Access Key Resources

- For key resources found on Quorum, start by creating your Quorum account. Then, visit the DASH Community of Practice and click the "Join Group" button. Don't forget to click the "Subscribe to Updates" button once you have been accepted into the group.
- Webinar recordings and slides can be found in the "Attachments" tab under "DASH presentations and recordings".
- Other key resources include our DASH Team Contacts List, the registration link for all 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

2023 ACS NSQIP Meritorious Award Winners

The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) has recognized 77 hospitals (out of 676) participating in the adult program worldwide. Recognized hospitals are deemed "Meritorious" for their composite quality scores in 8 surgical care outcome areas, including mortality, pneumonia, surgical site infection, and urinary tract infection.

Congratulations to the winners from Ontario:

- Halton Healthcare Services – Oakville Trafalgar Memorial Hospital* (AC, HR)
- Humber River Health* (AC, HR)
- Lakeridge Health (AC, HR)
- Mackenzie Health (HR)
- North York General Hospital* (AC, HR)
- Orillia Soldiers' Memorial Hospital (AC, HR)
- Southlake Regional Health Centre* (AC, HR)
- Sunnybrook Health Sciences Centre (AC, HR)

- University Health Network – Toronto Western Hospital* (AC)

Hospital has received recognition for 2 or more consecutive years.

AC, All Cases Meritorious List; HR, High Risk Meritorious List.

Ontario Surgical Quality Meeting

The 9th annual Ontario Surgical Quality Meeting on November 1, 2024, united health care leaders to advance surgical QI and sustainability. It opened with a welcome from **Dr. Timothy Jackson** and a land acknowledgment by **Pierrette Price Arsenault**, followed by success stories from London Health Sciences Centre, Humber River Hospital, and University Health Network. Key discussions included the critical role of surgical clinical reviewers and addressing "never events," led by a panel featuring **Dr. Claudia Malic** and Dr. Jackson.

Dr. Courtney Howard's keynote, "What You Do Matters: Leadership at a Time of Planetary Health Tipping Points," inspired attendees to integrate environmental sustainability into health care leadership and clinical decisions.

Dr. Courtney Howard is an Emergency Physician in Yellowknives Dene Territory (in the Canadian subarctic) and a Clinical Associate Professor at the University of Calgary. She is a nationally and globally recognized expert on the impacts of climate change on health, and in the broader field of planetary health. Photo credit: Pat Kane.

Other highlights included **Dr. Julie Strychowsky**'s session on sustainable surgical practices, and the SQIPPY Awards, celebrating QI excellence. The day reflected a shared commitment to advancing patient care and sustainability in health care.

Contributor Shout-Out

In this issue, we acknowledge **Janet LaChance**, Surgical Clinical Reviewer at Royal Victoria Hospital. Although new to her role, Janet has led many QI initiatives in her hospital. She contributes to monthly calls and recently spoke about the many hats she wears in her role and some of the complexities of onboarding to NSQIP. We are so grateful to have Janet in our community.

Join the Next Chapter of the Cut the Carbon Campaign

The Antidote to Eco-anxiety Is Eco-action!

The Cut the Carbon campaign is evolving, and we're excited to announce a new series of meetings with an expanded focus on sustainability in hospitals across Ontario and Canada. This series will feature inspiring presentations, practical tools, and actionable strategies to help health care teams reduce their environmental impact. Sessions in 2025 will include incorporating change ideas for sustainability across all areas of the hospital, carbon metrics, and a collaborative approach to reducing waste. Don't miss the success stories, creative initiatives, and strategies to drive meaningful change and build a greener health care system. Check out our video series and be part of the movement toward sustainable health care!

New Episode of *Surgical 411*

In the latest episode of the *Surgical 411* interview series, we sit down with **Karen Langstaff**, Vice President of Redevelopment, Corporate Support Services, and Chief Sustainability Officer at St. Joseph's Hospital in Hamilton. Karen shares insights into the hospital's groundbreaking sustainability efforts, highlighting innovative strategies to reduce their environmental footprint while enhancing patient care. From energy-efficient building designs to waste reduction initiatives, St. Joseph's is leading the way in integrating sustainability into health care. Tune in to learn how their forward-thinking approach is setting an example for hospitals across Ontario and beyond.

GeMQIN Community of Practice Update

New Sedative-Hypnotic Quality Indicator

Dr. Surain B. Roberts, Scientific Lead of GEMINI.

The GeMQIN program has inspired an exciting investigation to measure the appropriateness of hospital prescribing of sedative-hypnotic medications. In September 2024, **Dr. Surain Roberts** presented at the International Population Data Linkage Network in Chicago, validating a key assumption in GeMQIN's new sedative-hypnotic quality indicator, which was added to support teams participating in the DASH campaign. The new indicator is based only on inpatient data and assumes that any sedative order within the first 24 hours of hospitalization reflects a continued outpatient prescription. By linking GEMINI data to OHIP claims at ICES, we evaluated the validity of this assumption using outpatient prescriptions within 101 days before admission as the gold standard for existing prescriptions. Our findings revealed that our 24-hour assumption is reasonable to identify patients without an existing sedative prescription, with positive predictive values above 0.85 at all hospitals (median, 0.91; maximum, 0.94). The 24-hour assumption underestimates new sedative-hypnotic orders across the network, but mostly preserves the relative position of hospitals with respect to one another. These analyses inform and validate approaches taken in GeMQIN's quality reporting.

GeMQIN Reporting

It's that time of year again! GeMQIN teams have been submitting their data to GEMINI, our data partner, to prepare for the release of the *MyPractice* General Medicine and *OurPractice* General Medicine practice reports, which will release in April 2025 and June 2025, respectively. GeMQIN teams can access their current and past reports at any time through GEMINI's web-based portal.

The reports include an indicator on sedative-hypnotic prescribing in support of GeMQIN's network-wide DASH campaign, in addition to 9 other indicators reflective of general medicine care.

Remember that any physician or physician group can use their QI work related to their GeMQIN practice reports for CPSO QI requirements. The GeMQIN Action Plan template has been designed to align with the CPSO project proposal requirements.

Vantage Point by Dr. Fahad Razak

Preventing Antimicrobial Resistance: Using Data to Save a Precious Resource

Dr. Fahad Razak, Co-Clinical Lead of GeMQIN.

When we are treating patients clinically, one of the most dangerous conditions that we need to manage is infection – especially severe infection that leads to

hospitalization. The good news is that for almost 100 years, we have been able to fight infection with a variety of antimicrobial agents (antibiotics, antifungals, and antivirals). These antimicrobials are precious resources, and we must learn to use them appropriately in order to secure their potential to protect us down the road.

A Careful Balance Is Needed

Put yourself in the mind of a clinician caring for a patient who is presenting with a critical illness. It is a natural response to want to treat a potentially life-threatening infection with a powerful antibiotic. But using antibiotics over and over and over again creates an environment in which organisms can mutate and develop resistance to these tried-and-true treatments. When that happens, we turn to secondary, third-line, or even fourth-line agents, which may be less effective and more prone to causing adverse effects. More worrisome, as antimicrobial resistance becomes more common, we are starting to see organisms that are resistant to every treatment option available. Often, those situations involve life-limiting critical infections.

The challenge is to strike a careful balance between choosing an antibiotic that can deal with the infection but not overtreating in a way that will increase the risk of antimicrobial resistance developing without giving additional benefit to the patient.

The GEMINI research network gives us the opportunity to tackle this challenge by looking at physicians' prescribing patterns and providing feedback about alternative treatment options. GEMINI is a "made-in-Ontario" platform supported by Ontario Health and the Ministry of Health and is Canada's largest hospital clinical data research network. It now supports the work of more than 1,000 active scientists, students, and clinical and health system leaders, and has brought nearly $100 million of research and innovation funding into Ontario.

Using the GEMINI database, our research team produced the world's first study of physician-level antimicrobial prescribing in adult general medical wards at 4 academic teaching hospitals in Toronto. We looked at prescribing patterns of 124 physicians responsible for 124,158 hospital admissions, between April 2010 and December 2019.

When More Is Not Better

The results showed significant variation among physicians in the way they use antimicrobials – in some instances, the prescribing volume doubled from one physician to another, independent of the kinds of patients they were seeing. Importantly, our analysis revealed that physicians who prescribe antimicrobials in high volumes or at higher potency were not seeing improved patient outcomes. Their patients did not have shorter hospital stays, lower death rates, lower sepsis rates, or lower ICU admission rates than the patients of physicians who prescribed fewer or less powerful antimicrobials. This was the first study globally to show that substantial overuse of antimicrobials on medical wards in hospitals offers no benefit to patients.

The Canadian Institutes of Health Research has now awarded our team a grant to run the world's first randomized trial to safely reduce antibiotic overuse on medical wards by providing individualized feedback to physicians. This trial was sponsored by Ontario Health as the lead knowledge translation partner.

Beginning in early 2025, we will use Ontario Health's robust QI network (GeMQIN and the insights we have gained from *MyPractice* reports) to provide a random selection of 300 physicians with data and reports about the way they are prescribing antimicrobials. This group will also receive a toolkit to help them improve their prescribing practices. We will then compare their antimicrobial prescribing habits (volume and intensity) and patient outcomes against those of a control group of 300 physicians who did not receive our reports or toolkit. In total, the 600 physicians in the study provide care for roughly 60% of the province's medical beds in approximately 30 hospitals across Ontario.

Our hope is for this study to show for the first time that you can safely reduce antimicrobial prescribing in hospitals, lower antimicrobial resistance, reduce unwanted medication side effects, and save the system money – all while improving patient outcomes. In doing so, we will help ensure that antimicrobials remain effective long into the future. It will also lay the groundwork for future trials in Ontario, where the partnership between GEMINI and Ontario Health will allow us to evaluate and improve hospital care on medical wards – a leading Canadian model for a flourishing partnership between researchers and the health system.

EDRVQP Update

The 2024 Annual Report has been published! Seventy-five hospital sites participated this year, submitting 5,173 audits to Ontario Health. These audits represent 10% of all emergency department return visits. A total of 291 sentinel diagnoses were identified, as well as 1,154 quality issues/adverse events, representing 22.3% of the submitted audits. Sentinel diagnoses with underlying quality issues/adverse events has been trending downward overall from 49% at program inception in 2016 to 38.3% in 2023. The top emerging themes from this year's audits include left without being

seen (LWBS), diagnostic imaging, and abnormal vital signs and suboptimal discharge.

At our November 2024 Provincial Emergency Services Community of Practice call, we shared highlights from the annual report. **Dr. Koushik Krishnan**, Chief of Emergency Medicine, and **Jennifer Chipp-Smith**, Director of Emergency Medicine, Seniors Care, Critical Care, Stroke and Patient Flow, also shared how their team leveraged the chart audit process to identify reducing LWBS as a patient satisfaction and quality goal for Ross Memorial Hospital. If you missed this call, watch the recording to learn why LWBS became the focus of Ross Memorial's EDRV quality audits and how they translated their data analysis into actionable goals.

On **January 28, 2025,** the Provincial Emergency Services Community of Practice hosted a webinar about opioid use disorder. The webinar included 2 presentations:

1. **Novel Approaches in the Treatment of Opioid Use Disorder Using Buprenorphine**

   Presenters: Dr. Julie Samson and Dr. Louisa Marion-Bellemare

   This presentation provided practical clinical information about opioid use disorder and its treatments, specifically buprenorphine. The goal was to apply this clinical knowledge in the inpatient and outpatient settings, including the emergency department.

2. **Health811**

   Presenter: Shelley Morris, Director, Patient Access and Navigation Services, Primary and Community-Based Care, Ontario Health

   This presentation provided an overview of Health811, a vital service designed to provide people in Ontario with immediate access to health information and support.

Important Updates to the EDRVQP for 2025

1) Annual submissions will be integrated with your organization's QIP submission. EDRVQP submissions will be due **April 1** of each year via QIP Navigator.
2) This year only, 5 quarters of return visit data will be included in your annual submission.
3) 86 smaller-volume sites will be joining the program.
4) Newly onboarded sites are required to submit only a narrative for April 1, 2025.
5) New audit and screening criteria are articulated in the refreshed guidance documents.

Visit the EDRVQP website for updated guidance materials, templates, the annual report, and more.

Patient Safety

The first 6-month reporting window of the Never Events Hospital Reporting Initiative closed on December 31, 2024. The next reporting window will close on **June 30, 2025**, where hospitals are asked to submit information related to never events that occurred between July 1, 2024, and December 31, 2024.

We appreciate those who have contributed to this initiative, helping us all share and learn from QI actions to prevent future recurrences. We look forward to the evolution of this initiative and facilitating future knowledge-sharing opportunities through the Quality and Patient Safety Program Community of Practice.

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

Quality Improvement Plan Program

Hospital QIP Development

QIP Navigator provides tools and resources to develop an annual QIP and includes a searchable database of all previously submitted QIPs. To access the tools and resources, please visit the Hospital Sector Resources page of the QIP Navigator website.

QIP Virtual Drop-In Sessions

Hosted by QI specialists from Ontario Health, these drop-in sessions are for people who are new to the QIP process, new users of QIP Navigator, or people who are looking to refamiliarize themselves with QIP Navigator.

Multiple sessions are available from January through March 31, 2025. Registration is open via Zoom.

Analysis Webinar Series – 2024/25 QIP Submissions

Each year, the QIP team reads and analyzes the QIP submissions to get a better understanding of the work being done across Ontario and to highlight QI work. We have heard from many organizations that sharing what others are working on, and how, would be beneficial. To promote learning, the QIP team hosted 3 webinars in December 2024 where attendees heard about the excellent improvement work from the 2024/25 QIP submissions. Recordings of these webinars can be accessed below:

- Hospital QIP analysis
- Primary Care QIP analysis

- [Long-term care QIP analysis](#)

Note that QIPs are to be submitted to Ontario Health by April 1, 2025.

Quality Standards Update

For Implementation

In alignment with the updated *Chronic Obstructive Pulmonary Disease* [quality standard](#), the information documents *[Using Race-Neutral Equations](#) to Interpret Spirometry: Information for Clinicians* and *[Race-Neutral Measurement of Lung Function](#): Information for People Receiving Care* have also been released. It is recommended that pulmonary function test (PFT) laboratories and clinician offices update the software in new and existing spirometry machines to reflect race-neutral equations or average reference equations such as the Global Lung Function Initiative (GLI) equations.

Recently Updated Quality Standards

- *[Vaginal Birth After Caesarean (VBAC)](#)* quality standard (originally published in 2018) has been updated to align with the most recent clinical evidence, which suggests that VBAC is safe for most eligible pregnant people.
- *[Osteoarthritis](#)* quality standard (originally released in 2018) has been expanded to include osteoarthritis of the shoulder and updated to align with the most recent clinical evidence.
- *[Behavioural Symptoms of Dementia](#)* quality standard (originally published in 2016) has been updated to align with the most recent clinical evidence and current practice 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, a 2-page summary placemat, and indicator technical specifications. Please share these resources widely with your network and with your patients.

Upcoming Events

All events are listed in ET.

QIP Virtual Drop-In Sessions

QIP virtual drop-in sessions are for those who are new to the QIP program or those who are looking to refamiliarize themselves with QIP Navigator. [Register](#) for a hospital drop-in session on Zoom (there are multiple dates and times to choose from).

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](#).