









## Indicators for the QIP 2020-2021 & 2021-2022



A robust consultation process took place to select the QIP indicators for 2020-2021. Due to the pandemic, the progress on the QIP was slower to launch than originally anticipated, with momentum gaining starting in Q3. In order to continue the progress, the indicators from 2020-2021 fiscal year will be carried forward into 2021-2022. Health Quality Ontario did not announce any updates or changes to the QIP program for 2021-2022. All executive sponsors and leads of the indicators remain the same.

Strategic Plan Alignment	Quality Framework Alignment	Indicator	Rationale	HQO Indicator Type
	~Improving client & family experience  ~Supporting innovative clinical best practices to achieve the best possible health outcomes	<b>% of inpatients with a Clinical Assessment Protocol (CAPS) from the Recovery Plan of Care tool updated within 28 days</b>	Use of the recovery plan of care tool was an acknowledged gap during our Accreditation process, and came up as a key tool we could be using more in the QIP consultations. The recovery plan of care tool helps foster interdisciplinary collaboration and all disciplines are expected to update to the plan. The plan also contains a transition summary, which can involve families/SDM in the transition plan, and can be given to clients and families/SDM upon discharge. This indicator comes from the HIMS group, meaning that our two partner sites will also be doing this work. Currently the target in the HIMS group is 100%, however, there is a recognition that it may take one year or more to get us to the 100% target.	Custom
	~Supporting innovative clinical best practices to achieve the best possible health outcomes	<b>% of medication reconciliation completed in ambulatory care where medication is a large component of treatment (Schizophrenia/Mood &amp; Anxiety/Geriatric Psychiatry) as measured by the % of BPHM completed by pharmacy tech on all new referrals to program</b>	This indicator is on our QIP this year, however, we have not met the target at this point. Keeping it on our QIP would allow continued focus on ensuring this becomes an embedded practice with the new E.H.R. BPHM = Best Possible Home Medication list	Custom
	~efficiently using resources	<b>% of medication reconciliation completed in ambulatory care where medication is a large component of treatment (Schizophrenia/Mood &amp; Anxiety/Geriatric Psychiatry) as measured by the % of BPHM confirmed by attending physician</b>	This indicator is on our QIP this year, however, we have not met the target at this point. Keeping it on our QIP would allow continued focus on ensuring this becomes an embedded practice with the new E.H.R. This measurement focuses on the physician confirming the medication in the E.H.R. BPHM = Best Possible Home Medication list	Custom
	~Improving care team well-being  ~Improving client and family experience	<b>Number of workplace violence incidents (overall)</b>	This is a mandatory indicator from HQO.	Mandatory

Strategic Plan Alignment	Quality Framework Alignment	Indicator	Rationale	HQO Indicator Type
	~Improving client and family experience  ~Supporting innovative clinical best practices to achieve the best possible health outcomes  ~Efficiently using resources	 <b>% of documented assessment of palliative care needs among residents identified to benefit from palliative care</b>	An HQO priority indicator, this indicator is directly in line with the work that ROP is currently undertaking.	Priority
	~Supporting innovative clinical best practices to achieve the best possible health outcomes  ~Improving client and family experience	 <b>Number of clinical programs as a percent of total with standardized outcome measurement protocol as part of routine plan of care</b>	Clinical outcomes was identified as the top priority for the Clinical Directors and Directors of Patient Care Services group. The Board has also asked for ways to know objectively if people are getting better through the treatments they receive here. Some programs consistently use outcome measurement in their programs while others do not. This is a process measure that would encourage programs to ensure that one is in place, while also respecting the differences between programs to ensure that outcome measurement that they use is clinically appropriate for their client population.	Custom
	~Improving client and family experience  ~Supporting innovative clinical best practices to achieve the best possible health outcomes  ~Efficiently using resources	 <b>% of clients of The Royal participating in clinical research projects (relative to all clients of The Royal, both inpatients and outpatients)</b>   <b>% of research projects relative to the total number of research projects, in which a Royal clinician is the PI or co-PI</b>	As an academic health science centre, The Royal fosters a dynamic culture where research and care are connected in all aspects of our work. Everyone at The Royal will have the potential to be part of and benefit from world leading scientific exploration. The Royal provides access to care through research, and person-centered evidence-based care involves clients in the research process. This indicator aims to assist with that goal by increasing the percentage of clients of The Royal participating in clinical research projects.  As an academic health science centre, all of our work is shaped by integrated research, care and education. The Royal will be a global leader in mental health and addictions in integrated client/family oriented research, outcomes, care design, evaluation and adaptation. This indicator aims to assist with that goal by increasing the percentage of Royal clinicians leading or co-leading clinical research studies.	Custom