

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2016/17 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
1	"Overall, how would you rate the care and services you received at the Emergency Department?" add the number of respondents who answered "Excellent" divided by the number of respondents who registered any response to this question. (%; ED patients; January - December 2015; In-house survey)	900	35.00	45.00	70.00	The Survey was reviewed and revised throughout Q2 and completed in September 2016. The revised survey was distributed for the 3rd quarter of 2016/17. Therefore, our current performance is only reflective of Q3.
2	"Overall, how would you rate the care and services you received at the hospital?" add the number of respondents who answered "Excellent" divided by the number of respondents who registered any response to this question. (%; All acute patients; January - December 2015; In-house survey)	900	43.80	50.00	77.00	The survey was reviewed and revised and is distributed/collected prior to being discharged from the hospital. The intent was to increase the response rate on patient satisfaction as well as increase the "Excellent" rating by 34%. Audits are done on a regular basis with respect to hourly rounding, use of white boards and bedside reporting. The method for auditing has been adjusted accordingly.
3	Establish a Patient & Family Advisory Council (Number; N/a; April 2016 - March 2017; Hospital collected data)	900	CB	100.00	100.00	The Patient and Family Advisory Council was established in January, 2016. Terms of Reference have been developed. The

4	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital (Rate per total number of admitted patients; Hospital admitted patients; most recent quarter available; Hospital collected data)	900	96.12	100.00	97.16	
5	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged. (Rate per total number of discharged patients; Discharged patients ; Most recent quarter available; Hospital collected data)	900	65.44	80.00	99.36	
6	Number of ED visits for modified list of ambulatory care-sensitive	54116	34.62	24.60	24.14	

council participated in reviewing the Patient Satisfaction surveys, prior to completion and distribution. The development of a Patient and Family Resource Handbook was an over reaching change idea for the first year as we had not yet established the Council. This particular change idea required the involvement of the Council at the conception, so was removed for the 2016/17 year and is set as a goal for the Council in 2017/18. Overall performance has improved.

Overall improvement has taken place and the change ideas are being implemented.

N/A

	conditions* per 100 long-term care residents. (Rate per 100 residents; LTC home residents; Oct 2014 – Sept 2015; CIHI CCRS, CIHI NACRS)					
7	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. (Rate per 100 residents; LTC home residents; Oct 2014 – Sept 2015; CIHI CCRS, CIHI NACRS)	52152	19.37	18.25	13.90	On a case-by-case basis, staff and physicians would assess the resident's condition prior to making the decision to transfer to acute care. If this was not done prior to transfer, the case would be reviewed by the Medical Director and registered staff to identify any areas of improvement to be done at the home level prior to decision to transfer to hospital.
8	Number of times that hand hygiene was performed before initial patient contact during the reporting period, divided by the number of observed hand hygiene opportunities before initial patient contact per reporting period, multiplied by 100. (%; Health providers in the entire facility; Jan 2015 - Dec 2015; Publicly Reported, MOH)	900	91.10	94.60	91.50	Change ideas have been implemented. We continue to educate staff on the importance of hand hygiene.
9	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (%; LTC home residents; Apr 2015 – Mar 2016 (or most recent 12-month period); In house data, NHCAHPS survey)	54296	CB	100.00	100.00	N/A
10	Percentage of residents	54116	75.00	90.00	90.00	N/A

	responding positively to: "What number would you use to rate how well the staff listen to you?" (%; LTC home residents; Apr 2015 – Mar 2016 (or most recent 12-month period); In house data, NHCAHPS survey)					
11	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (%; LTC home residents; Apr 2015 – Mar 2016 (or most recent 12-month period); In house data, NHCAHPS survey)	52152	CB	95.00	95.00	Survey was revised and the change implemented in April 2016. Due to the fact that we do not have a complete year this indicator will remain on the plan for 2017/18.
12	Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	52152	4.33	4.00	3.84	Wound Committee met with RNAO to complete GAP Analysis, and results were not received until 2017. The committee is being re-established and a champion identified. This QIP will be renewed after the 2017-18 year in order to implement the GAP Analysis.
13	Percentage of residents who fell during the 30 days preceding their resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	54116	18.31	14.40	26.67	N/A
14	Percentage of residents who fell during the 30 days preceding their resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI	52152	18.29	16.00	17.58	Education was provided regarding the prevention and inspection protocol, however the monitoring and documentation following education was lacking due to significant registered staff shortages,

	CCRS)					and management changes. This indicator will remain under consideration we have identified other priority indicators for LTC in 2017-18.
15	Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" or "I would recommend this site or organization to others". (%; LTC home residents; Apr 2015 – Mar 2016 (or most recent 12-month period). ; In house data, InterRAI survey, NHCAHPS survey)	54296	100.00	100.00	100.00	Change ideas implemented. Annual satisfaction survey will be reviewed prior to redistribution to residents and families.
16	Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" or "I would recommend this site or organization to others". (%; LTC home residents; Apr 2015 – Mar 2016 (or most recent 12-month period). ; In house data, InterRAI survey, NHCAHPS survey)	54116	100.00	100.00	100.00	N/A
17	Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" or "I would recommend this site or organization to others". (%; LTC home residents; Apr 2015 – Mar 2016 (or most	52152	100.00	100.00	96.00	N/A

	recent 12-month period). ; In house data, InterRAI survey, NHCAHPS survey)					
18	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (%; LTC home residents; Apr 2015 – Mar 2016 (or most recent 12-month period). ; In house data, interRAI survey)	54296	CB	100.00	100.00	Return of 64% of the surveys distributed with 100% providing a positive response to this question.
19	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (%; LTC home residents; Apr 2015 – Mar 2016 (or most recent 12-month period). ; In house data, interRAI survey)	54116	CB	80.00	100.00	N/A
20	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (%; LTC home residents; Apr 2015 – Mar 2016 (or most recent 12-month period). ; In house data, interRAI survey)	52152	82.00	95.00	90.00	N/A
21	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July –	54296	23.08	21.23	21.05	N/A

	September 2015 (Q2 FY 2015/16 report); CIHI CCRS)					
22	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	54116	42.03	37.83	36.67	N/A
23	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	52152	25.00	20.00	20.63	Medical Director provided an open forum for residents, staff and family on the benefits of reducing the use of anti psychotics. Medical Director also works closely with staff in finding alternatives. Residents on anti psychotics are reviewed at annual conference. This indicator will remain on the QIP for 2017/18.
24	Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	54116	36.62	18.31	36.67	N/A
25	Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	52152	10.63	10.30	12.80	Progress has been limited in the reduction of restraints/PASDs due to the significant shortage of registered staff and management changes. This indicator will remain on the 2017/18 QIP.
26	Reduce the number of level 4, 5, & 6	900	49.00	44.00	27.00	

	(Moderate, Severe or Death) falls for the corporation, Acute and LTC combined. (Counts; All patients; January - December 2015; Hospital collected data)				
27	Translate Acute Care and Emergency Department Patient Satisfaction survey into Ojibway. (Number; N/a; FY 2015 - 2016; Hospital collected data)	900	CB	100.00	0.00

The inpatient and emergency surveys are in the process of being translated into Ojibway.