

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for the 2015/16 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 2015/16	Org Id	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
1	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year. (%; N/a; Q3 FY 2014/15 (cumulative from April 1, 2014 to December 31, 2014); OHRS, MOH)	663	-0.81	0.00	0.76	Target reached. We will continue to closely monitor and report his indicator. This indicator has been removed from the 2016/17 QIP documents.
2	Decrease rate of patient falls in all inpatient areas- Inpatient Acute and Mental Health (Rate per 1,000 patient days; Includes Mental Health inpatients; FY2014/15 Q3; Hospital collected data)	663	10.30	9.00	6.40	Current performance is year to date of current fiscal year. We have been successful in reducing the rate of falls in our inpatient areas with a significant decrease (38%)this year. We will be keeping this on our QIP for 2016/17 in order to to monitor/maintain/build on this success.
3	From Inhouse survey - Overall, how would you rate the care and services received at this hospital? (InPatient Acute)Include only "Excellent" responses (%; All acute patients; FY 2014/15 Q3; In-house survey)	663	CB	70.00	78.00	We have surpassed our target for this indicator for InPatient Acute. We have found that a challenge lies in moving a patient's perception from "Very Good" to "Excellent". We will be keeping this indicator on our QIP for 2016/17 with a further stretch target.
4	From Inhouse survey - Overall, how would you	663	CB	70.00	60.00	We have not quite met our target for this indicator for

	rate the care and services received at this hospital? (InPatient Mental Health)Include only "Excellent" responses (%; Mental Health / Addiction patients; October 2013 - September 2014; In-house survey)					InPatient Mental Health. We have found that the nature of this patient population makes it challenging to move a patient's perception of care from "Very Good" to "Excellent". We will be keeping this indicator on our QIP for 2016/17 with a modified definition.
5	From Inhouse Survey- Overall, how would you rate the care and services you received in this ER . Count only "Excellent" responses (%; ED patients; FY 2014/15 Q3; In-house survey)	663	CB	70.00	68.00	We have not quite met our target for this indicator for the ER though we have come close. There has been a positive trend in performance over the past few months. We have found that a challenge lies in moving a patient's perception of care from "Very Good" to "Excellent". We will be keeping this indicator on our QIP for 2016/17.
6	Increase % of patients who felt their pain and discomfort was adequately addressed (ER) (%; ED patients; 2014/15 Q3; In-house survey)	663	88.00	90.00	95.00	We have surpassed our goal for this indicator. To ensure our gains are sustained, we will be keeping this indicator on our 2016/17 QIP.
7	Increase % of patients who felt their wait time was adequately explained. (ER) (%; ED patients; 2014/15 Q 3; In-house survey)	663	77.90	82.00	84.00	We have met and slightly surpassed our target for this indicator. We will be keeping this indicator on our 2016/17 QIP.
8	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 (%; All patients; most recent quarter available; Hospital collected data)	663	CB	95.00	97.00	We have met our target for this indicator and will be keeping this on our 2016/17 QIP to monitor/maintain our gains. With relatively low numbers of admissions, we recognize that any variation in compliance leads to a negative effect on current performance.

9	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 1, 2014 - Dec, 31, 2014; Publicly Reported, MOH)	663	91.00	100.00	96.00	Data from Jan-Dec 2015 Although our performance has improved since the previous QIP, we continue to struggle with sustained improvement on a month to month basis. We have reviewed our audit process and provided education regarding the audit process to various groups of staff. We report out on a unit / type of worker basis and provide extra support to those who require it.
10	The total number of BPMH's obtained as a proportion of total number of admitted patients (%; All acute patients; FY 2014/15 Q4; Hospital collected data)	663	CB	95.00	93.00	Performance from FY Q3 shows 93%, slightly under our target. We did not know what our starting percentage was and set an ambitious target. There has been improvement over the past three months of this FY. This indicator remains on our 2016/17 QIP to monitor/maintain/build on current performance.
11	Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged. (%; All patients; Most recent quarter available; Hospital collected data)	663	90.00	85.00	97.00	We have met our target for this indicator. We will be keeping this on our 2016/17 QIP to ensure gains are sustained. It is recognized that with overall low numbers of discharges, any variation in compliance has negative effects on current performance.