

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.

** NOTE : Current performance includes up to Q3 data /performance .

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	# of Code Whites without injury (healthcare & lost time) as % of total incidents (%; Health providers in the entire facility; 15-16; Hospital collected data)	927	85.00	90.00	97.00	There has been a total of 67 incidents YTD with two injuries /lost time. There were similar number of incidents in 15-16 but a lower injury rate compared to 15-16. Action plans included improvement in % of staff trained in non-violent crisis intervention and improvements in risk identification and review process
2	% Hand Hygiene Compliance Before Patient Contact for all inpatients (%; Inpatients (Rehab, CMC, SMH); most recent quarter available; Hospital collected data)	927	83.00	95.00	89.00	All Change ideas have been implemented with a focus on education and audit processes .
3	% target met on student & academic placements (%; Health providers in the entire facility; 15-16; Hospital collected data)	927	62.00	100.00	105.00	Exceeding targets for student and academic placements
4	“Overall, how would you rate the care and services you received at the hospital?” (inpatient), add the number of respondents who responded “Excellent”, “Very good” and “Good” and divide by number of respondents who registered any response to this question (do not include	927	95.00	97.00	NA	Current Performance is not available to compare to targets set using the old NRCC methodology and surveys. NRCC has advised that preliminary results across all the hospitals may appear lower (approximately 25-40%) on average due to the fact that the question

	non-respondents). (%; All patients; October 2014 – September 2015; NRC Picker)				
5	“Would you recommend this hospital (inpatient care) to your friends and family?” add the number of	927	94.70	97.00	NA

itself and the response scale have changed. This does not reflect an actual drop in performance. As the questions are not the same, we cannot trend the results between the two instruments. When setting targets on the new questions, it is important to keep in mind that a new benchmark will be needed and comparison against the old survey results (or use of historical benchmarks) will not provide an accurate picture of results. The % change will adjust as the benchmark stabilizes and we establish a new , inevitably lower benchmark. NRCC has removed the Ontario wide benchmarks as they are considered to be unstable due to low aggregate reporting volumes to date. As those volumes increase, we will be able to establish a new benchmark for HDGH and can re-incorporate the Ontario-wide benchmark into our planning at such time it reaches a stable state. Results are trending upwards as benchmark stabilizes . Moving forward , Positive score represents only "excellent" response. Current Performance is not available to compare to targets set using the old NRCC methodology

respondents who responded “Yes, definitely” (for NRC Canada) or “Definitely yes” (for HCAHPS) and divide by number of respondents who registered any response to this question (do not include non-respondents).
(%; All patients; October 2014 – September 2015; NRC Picker)

and surveys. NRCC has advised that preliminary results across all the hospitals may appear lower (approximately 25-40%) on average due to the fact that the question itself and the response scale have changed. This does not reflect an actual drop in performance. As the questions are not the same, we cannot trend the results between the two instruments. When setting targets on the new questions, it is important to keep in mind that a new benchmark will be needed and comparison against the old survey results (or use of historical benchmarks) will not provide an accurate picture of results. The % change will adjust as the benchmark stabilizes and we establish a new , inevitably lower benchmark. NRCC has removed the Ontario wide benchmarks as they are considered to be unstable due to low aggregate reporting volumes to date. As those volumes increase, we will be able to establish a new benchmark for HDGH and can re-incorporate the Ontario-wide benchmark into our planning at such time it reaches a stable state. Results are trending upwards as benchmark stabilizes . Moving

6	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI during the reporting period, divided by the number of patient days in the reporting period, multiplied by 1,000. (Rate per 1,000 patient days; All patients; January 2015 – December 2015; Publicly Reported, MOH)	927	0.06	0.05	0.09
7	Days between date ready and admission date - % transferred from acute care within two (2) days. (%; Rehab; 15-16; Hospital collected data)	927	41.00	65.00	86.40
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 (Rate per total number of admitted patients; Hospital admitted patients; most recent quarter available; Hospital collected data)	927	46.00	75.00	62.00
9	Total Function Score Change divided by LOS for each client, averaged over the number of clients. Service interruptions excluded . (Number; Rehab; 15-16; NRS)	927	0.96	1.10	1.26

forward , Positive score represents only "excellent" response. This represents six case April 1, 2016 - December 1, 2016 . This is two cases more than previous YTD (15-16)but still below the provincial average of .22.

There has been significant improvements in patient flow and transition of patients from acute care to Rehab (ready to transition to admission) . All change ideas were implemented , in addition to the opening of RH 1 unit .

There were improvements as staffing levels and recruitment were completed. Challenges included impacts of patient flow and increasing admissions/flow into Rehab and Complex. Work plan and best practice model will be reviewed for revisions to model to support the increased flow.

Change Ideas were implemented . Data Quality reviews in progress and focus on FIM best practice model and education plan for all staff . We have reviewed best practice /ELOS for main RPG groups and moved to a

10	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data (Rate per 100 inpatient days; All inpatients; July 2015 – September 2015; WTIS, CCO, BCS, MOHLTC)	927	26.40	19.90	15.91

model where patients are co-horted on units based on patient groupings.

The overall YTD value provided by HQO/WTIS was 15.91 with Q3 increasing to 20.7% . There has been continued increase in ALC pressures in Q3 due to capacity and resource challenges in community for discharge planning. An increase in ALC cases negatively impacts access and flow into post acute restorative beds. We are just above our overall target of 19.9 , however well above the LHIN target of 12.7%