

Excellent Care for All

**Quality Improvement Plans (QIP): Progress Report for 2018/19 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 (HQP) 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 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	"Would you recommend this emergency department to your friends and family?" ( %; Survey respondents; April - June 2017 (Q1 FY 2017/18); EDPEC)	941	60.60	70.60	50.69	NRC Data from April to October 2018

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Rounding on staff.	Yes	This initiative has received positive feedback from staff.
Reinventing Care Council (frontline ownership).	Yes	Unit level quality councils have been successful at identifying quality opportunities, implementing change ideas, and measuring and monitoring results for positive outcomes.

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2	"Would you recommend this hospital to your friends and family?" (Inpatient care) (%; Survey respondents; April - June 2017 (Q1 FY 2017/18); CIHI CPES)	941	70.40	81.80	69.20	NRC Data from April to October 2018

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Pilot rounding on patients.	Yes	Patient and family rounding has been successfully piloted on two inpatient units and one outpatient clinic. Rollout to other units is underway.
Corporate Patient and Family Advisor Council.	Yes	A total of 5 patients/family members have joined the hospital's Corporate Patient and Family Advisor Council. Monthly meetings are dedicated to quality initiatives including maintaining Accreditation Canada standards and creating action plans for Required Organizational Practices.

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3	<p>Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?</p> <p>( %; Survey respondents; April - June 2017(Q1 FY 2017/18); CIHI CPES)</p>	941	49.30	57.50	55.10	NRC Data from April to October 2018

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Conduct a heuristic analysis on the design of patient whiteboards for inpatient areas to understand the utility to patients, families and staff.	Yes	Human factors specialists completed usability tests of the final whiteboard designs.
Implement a SMART discharge package.	Yes	SMART discharge packages have been implemented on all inpatient areas and are being used to guide discussions with patients/families for discharge.

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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; October – December (Q3) 2017; Hospital collected data)	941	96.70	100.00	97.20	Data from April 2018 to January 2019

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<p>Reflect on expanding pharmacy technician hours to facilitate medication reconciliation on admission in priority areas.</p> <p>Incorporate the Digital Health Drug Repository (DHDR) as a tool to facilitate BPMH on admission.</p> <p>Improve the quality of BPMH to facilitate medication reconciliation on admission in priority areas.</p>		

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5	<p>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.</p> <p>( Rate per total number of discharged patients; Discharged patients ; October – December (Q3) 2017; Hospital collected data)</p>	941	77.00	81.00	77.87	Data from April to December 2018

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Enhance physician adoption of the medication reconciliation process.	No	Delayed due to technologic upgrade of EMR.
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6	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period. ( Count; Worker; January - December 2017; Local data collection)	941	126.00	120.00	110.00	Data from April to December 2018 ** UPDATE Total # of hospital employee FTEs

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FTE=2894		
Conduct event reviews to share learnings.		
Reduction of incidents of violence (Joint Centres objective).		
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7	Percent of palliative care patients discharged from hospital with the discharge status "Home with Support". ( %; Discharged patients ; April 2016 - March 2017; CIHI DAD)	941	63.64	71.00	85.70	Data from April to December 2018

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Expand palliative care education for staff in the identified priority areas.	Yes	Education well received by staff.
Implement the standardized palliative care order set.	Yes	Order set completed

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8	Rate of psychiatric (mental health and addiction) discharges that are followed within 30 days by another mental health and addiction admission ( Rate per 100 discharges; Discharged patients with mental health & addiction; January - December 2016; CIHI DAD, CIHI OHMRS, MOHTLC RPDB)	941	15.34	0.00	X	

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9	Risk-adjusted 30-day all-cause readmission rate for patients with CHF (QBP cohort) ( Rate; CHF QBP Cohort; January - December 2016; CIHI DAD)	941	22.60	0.00	NA	Stroke QBP selected on QIP

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10	Risk-adjusted 30-day all-cause readmission rate for patients with COPD (QBP cohort) ( Rate; COPD QBP Cohort; January - December 2016; CIHI DAD)	941	22.24	0.00	NA	Stroke QBP selected on QIP

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11	Risk-adjusted 30-day all-cause readmission rate for patients with stroke (QBP cohort) ( Rate; Stroke QBP Cohort; January - December 2016; CIHI DAD)	941	13.53	8.07	3.70	Data from April to December 2018.

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Expand the dysphagia screening tool training in priority areas.	Yes	Training well received.
Pilot the discharge planning pathway and iPlan as a tool to identify complex stroke patients for early escalation/discussion.	Yes	Great utility in iPlan.

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12	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 - September 2017; WTIS, CCO, BCS, MOHLTC)	941	15.30	14.60	10.20	

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Continue to build capacity by using iPlan and the CLHIN's discharge planning pathway as tools for ALC management.	Yes	Great utility in iPlan

