

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	<p>“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 non-respondents). ( %; All patients; October 2013 - September 2014; NRC Picker)</p>	993	93.00	95.00	94.43	<p>We have improved by 1.43 % We will continue on our Patient and Family Centered Care Journey and with our Patient and Family Advisors to Improve the Patient Experience here at SMH. We have revised our orientation for new staff We have presented and received support for Improve Patient Experience from the Leadership committee, MAC and Board Quality</p>
2	<p>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)</p>	993	0.25	0.00	-0.77	<p>We have implemented a number of Deficit Reduction Initiatives and also Generate a Surplus Action Plan to mitigate the annual deficit created by a zero based budget - despite increasing salary costs and other costs that we cannot reduce. This past year, we have lost DI revenue to an outpatient company that can provide this service in the community We have an aggressive revised Deficit reduction plan - with a goal to balance by March 31 2016</p>

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3	<p>ED Wait times: 90th percentile ED length of stay for Admitted patients.            ( Hours; ED patients; Jan 1, 2014 - Dec 31, 2014; CCO iPort Access)</p>	993	10.38	10.00	18.70	<p>This past year, we continue to struggle with ALC pressures. There has not been any increase in access for Homecare at Home for complex patients, Long Term care beds or Rehabilitation resources. Since May, needs to provide more single rooms for IPAC requirements have increased . This has further decreased our Acute Care bed capacity because of the need to create private rooms within our aged facility.</p>
4	<p>Readmission within 30 days for Selected Case Mix Groups to Stevenson Memorial Only            ( %; All acute patients; DAD, CIHI / July 1, 2013 - Jun 30, 2014; DAD, CIHI)</p>	993	13.90	13.90	17.00	<p>We are completing a full review of specific CMG`s to allow us to focus on specific patient populations. Unfortunately, the Medically Complex Clinic closed in January, reducing our ability to refer Complex patients for community supports. We will continue to work with the Central LHIN Health Links to ensure we can provide timely primary care access to our complex patients</p>