

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	<p>“Would you recommend this hospital (inpatient care) to your friends and family?” add the number of 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)</p>	596	Calculating Baseline (CB)	CB	36.05 %	The OHA/CIHI changed the patient experience surveys used for Inpatients, maternity and Emergency as of April 1, 2016. Because of this we can only use data from April 1, 2016 to Sept. 2016. We are starting to see improvements within Medicine for the past two months.

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 2016/17)	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?
Implement Bedside Change of Shift Report so that patients and families participate in their plan of care	No	The Medicine Program has been required to implement a large number of mandatory changes . So this initiative will be implemented within our Transforming Care project over the next 2-3 years.
Daily discharge phone calls will be completed within 48 hours of discharge to patients discharged home to provide the Medicine team with feedback so that they can continuously improve	No	The Medicine Program has been required to implement a large number of mandatory changes . So this initiative will be implemented under our Transforming Care project over the next 2-3 years.

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2	<p>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.</p> <p>(Rate per 1,000 patient days; All patients; January 2015 – December 2015; Publicly Reported, MOH)</p>	596	1.60	1.00	0.80	We have introduced a large number of Quality Improvement initiatives recommended by Public Health Ontario.

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Change Ideas from Last Year's QIP (QIP 2016/17)	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?
EVS Audits will be completed daily to determine opportunities for improvement	No	These audits were initially completed daily by the EVS coordinator. These have been very difficult to sustain.
We will standardize our Environmental Services Training to consistently meet PIDAC standards	Yes	Annually, EVS staffs complete online training manual using PIDAC standards.
Enhance the Antimicrobial Stewardship Program	Yes	This is ongoing.

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3	ED Wait times: 90th percentile ED length of stay for Admitted patients. (Hours; ED patients; January 2015 - December 2015; CCO iPort Access)	596	18.70 %	15.00 %	18.20 %	Over the past year, we continue to struggle to improve the wait time for our Admitted patients. We have introduced the role of an Admission, Discharge and Transfer Nurse to facilitate patient flow. This position was initiated in August 2016. We will be developing a plan to increase resources on the weekend within 2017-2018 so patient flow continues to be a priority

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All patients admitted to the hospital will first be assessed for eligibility for the Obstetric- Medicine- Surgery Unit	Yes	This change initiative has not improved our wait time for admitted patients. We have introduced a new position: An Admission, Discharge and Transfer Nurse to assist us to facilitate flow.

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4	Percentage of acute hospital inpatients discharged with selected HBAM Inpatient Grouper (HIG) that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission. (%; Discharged patients with selected HIG conditions; July 2014 – June 2015 ; CIHI DAD)	596	16.03 %	15.20 %	14.01%	

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Increase referrals to Central LHIN Telehome care program for patients with CHF and COPD	Yes	We continue to remind providers during our weekly complex rounds to refer our patients with CHF and COPD
Initiate Bedside Change of Shift reports within Medicine so that patients and families are included with their care plan throughout their stay with us	No	As above, this is part of our 2-3 year old transformation change within our Medicine Program
Introduce 2-way communication boards so that patient and families are aware of the plan of care from the day of admission	As above, this is part of our 2-3 year old transformation change within our Medicine Program	As above, this is part of our 2-3 year old transformation change within our Medicine Program

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5	Risk-adjusted 30-day all-cause readmission rate for patients with COPD (QBP cohort) (Rate; COPD QBP Cohort; January 2014 – December 2014; CIHI DAD)	596	18.87	18.00	16.97	

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Implement Clinical Pathway for both Patients and Providers so that everyone is aware of the plan of care and discharge planning can begin the day of admission.	Yes	We are now auditing to determine how often these are being implemented within our Emergency department.

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6	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)	596	18.70	18.00	17.31	

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Complex Discharge Rounds will be held weekly with CCAC, Mathews House, Discharge Planning and the Manager of Medicine	Yes	While we continue to complete Weekly Complex Discharge Rounds, we now want to focus on developing stronger Restorative Care practices so that patients do not decondition while in hospital.