

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2017/18 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 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	Improve Length of Stay (LOS) efficiency for patients with hip fracture (Length of Stay Efficiency; All patients with hip fracture in high intensity rehabilitation program; April1, 2017 - Mar 31, 2018; CIHI, NRS)	613	1.33	1.44	1.48	The Centre exceeded the target. This indicator will be carried forward to 2018/19 QIP. The aim is to sustain the improvement. The indicator's population will be expanded to include high intensity stroke rehab patients.
2	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. (Rate per total number of discharged patients; Discharged patients ; Most recent quarter available; Hospital collected data)	613	88.00	95.00	96.00	The Centre achieved significant improvement and exceeded the target.
3	Percent of discharge summaries sent to primary care practitioner within 2 business days. (%; Discharged patients ; Apr 1 2017 - Mar 31, 2018; Hospital collected data)	613	74.00	79.00	91.00	The Centre exceeded the target. This indicator will be carried forward to 2018/19 QIP to sustain improvement and evaluate the impact of the new electronic discharge system.
4	Percent of outpatients who successfully complete the Pulmonary Rehabilitation Program who receive the discharge bundle	613	CB	66.00	100.00	The target was achieved

	(%; Outpatient Pulmonary Rehabilitation Patients; April 1, 2017- March 31, 2018; Hospital collected data)					
5	Percent of patients rating "Staff" dimension positively (%; Complex Continuing Care Patients; April 1, 2017 - March 31, 2018; NRC Picker)	613	65.00	70.00	50.00	The Centre fell short of the target and will continue to focus in 2018-19. The change action pertinent to "staff compassion fatigue" will be carried forward to 2018/19 QIP. Service managers will continue to reinforce "always events". As part of the "Study" phase of the PDSA cycle for 2018/19, we will repeat the survey (staff dimension) in midyear to evaluate the impact of the change actions. Having the survey done twice per year enhances measurement robustness and improve the reliability of the results. Moreover, staff and families will be engaged in identifying improvement opportunities and change ideas. The team will conduct patient focus groups to analyze the current status and have in-depth insight into the contributing factors from the patient perspective.