

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 (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 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	<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? (%; Survey respondents; April - June 2017(Q1 FY 2017/18); CIHI CPES)</p>	739	93.33	95.00	89.00	

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?
Implement PODS (Patient Orientated Discharge Summary) Continue review and updating of information sheets supplies to patients and involve families in discharge discussions	Yes	

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
2	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)	739	CB	CB	8.00	

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Education and communication with all staff re reporting of incidents whether it be physical or verbal violence Debriefing for staff and managements post incidents.	Yes	

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3	Risk-adjusted 30-day all-cause readmission rate for patients with CHF (QBP cohort) (Rate; CHF QBP Cohort; January - December 2016; CIHI DAD)	739	X	15.00	0.00	

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Continue to maintain less than 15 % readmission rate for 30 day all-cause readmission for CHF patients	Yes	

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4	Risk-adjusted 30-day all-cause readmission rate for patients with COPD (QBP cohort) (Rate; COPD QBP Cohort; January - December 2016; CIHI DAD)	739	X	20.00	0.00	

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Continue to maintain low percentage of COPD patients who are readmitted within 30 all-cause readmission criteria

Yes

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5	Total ED length of stay (defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED) where 9 out of 10 complex patients completed their visits (Hours; Patients with complex conditions; January - December 2017; CIHI NACRS)	739	10.70	7.70	10.40	

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1)Timely assessment by nursing staff with notification of physician to respond based on CTAS score and assessment 2)Collaboration with Critical and EMS re timely transfer to Regional Health Sciences Centre 3)Increase access to RCCR and when possible involve them for consult earlier in the visit to prevent delays	Yes	

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6	Total ED length of stay (defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED) where 9 out of 10 non acute patients (CTAS 4, 5) completed their visits (Hours; ED patients; April 2018-March 2019; CIHI NACRS)	739	3.20	3.10	3.50	

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Relocation of Urgent Care Clinic from "off site" facility to the hospital site to provide for more convenient and quicker access for physician group	Yes	
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