

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	"Would you recommend this hospital to your friends and family?" (Inpatient care) (%; Survey respondents; April - June 2016 (Q1 FY 2016/17); CIHI CPES)	961	93.40	93.40	91.90	
2	Decrease the incidence of CAUTI (%; All inpatients; 16-17; Hospital collected data)	961	CB	CB	CB	Currently rolling out the CAUTI order set.
3	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 2016 (Q1 FY 2016/17); CIHI CPES)	961	72.30	75.00	78.00	
4	Elective CABG 90th Percent Wait Time within 90 Days of Referral. (average for the year; All Surgical patients awaiting CABG; 16-17; WTIS)	961	47.00	90.00	64.00	Meeting this indicator varies from month to month depending on the influx of new patient referrals. Urgent and Emergent patients are always the priority and we meet those indicator targets. If our referral patterns do not increase, then our expansion will enable us to substantially decrease our waitlist over the coming year.
5	Medication errors for high	961	CB	CB	CB	Currently rolling out this

	alert medications (Number; All inpatients; 16-17; Hospital collected data)					
6	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; Most recent 3 month period; Hospital collected data)	961	81.00	85.00	92.12	
7	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)	961	CB	95.00	87.69	
8	Percent of palliative care patients discharged from hospital with the discharge status "Home with Support". (%; Discharged patients ; April 2015 – March 2016; CIHI DAD)	961	90.91	90.91	93.33	
9	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 2015 - June 2016; CIHI DAD)	961	15.32	14.00	11.55	

project.

We are continuing to work towards our goal.

Current Performance is the last 4 quarters available.

10	Percentage of management and Physicians who have completed Indigenous training (Count; Management and Physicians; 2017; Hospital collected data)	961	CB	100.00	100.00	
11	Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital. (%; Discharged patients ; Most recent 3 month period; Hospital collected data)	961	CB	CB	CB	UOHI uses disease specific discharge templates which has proven to be difficult to audit. We will conduct a manual audit with our next prevalence day.
12	Provide Atrial Fibrillation support resources & tools to Partner hospitals to improve continuity of care (%; % Hospitals provided with Afib resources; Collecting Baseline; Hospital collected data)	961	CB	CB	100.00	
13	Risk-adjusted 30-day all-cause readmission rate for patients with CHF (QBP cohort) (Rate; CHF QBP Cohort; January 2015 - December 2015; CIHI DAD)	961	19.75	16.00	17.82	We are continuing our work towards meeting our goal.
14	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 2016 (Q2 FY 2016/17 report); WTIS, CCO, BCS, MOHLTC)	961	0.64	0.64	0.79	