

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2019/2020 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 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020
1	Expansion of the Cardiac Virtual Care Program	961	CB	CB	100.00
2	Hospital-acquired C.difficile infection (CDI)	961	0.52	0.20	0.05
3	Improve Heart Failure Care in the Champlain LHIN	961	CB	CB	100.00
4	Indigenous Training	961	92.00	90.00	85.00
5	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.	961	91.50	92.00	90.67
6	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	961	24.00	24.00	15.00
8	Percentage of complaints acknowledged to the individual who made a complaint within five business days.	961	95.03	95.00	100.00
9	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.	961	97.63	99.00	EMR Implemented
10	Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your	961	74.00	75.00	74.03

	condition or treatment after you left the hospital?				
11	Proportion of hospitalizations where patients with a progressive, life-limiting illness, are identified to benefit from palliative care, and subsequently (within the episode of care) have their palliative care needs assessed using a comprehensive and holistic assessment.	961	CB	CB	We will continue to monitor this indicator.
12	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.	961	0.43	0.43	1.36
13	Unconventional spaces	961	2.70	2.70	UOHI does not place patients in unconventional spaces. These patients are waiting at the Civic Emergency Department.