

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Progress Report for Health Care Organizations in Ontario



Mental Health - Care & Research
Santé mentale - Soins et recherche

The Progress Report (QIP 2018-2019)

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 (HQP) 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	4H Client experience Survey (LTC Satisfaction survey) "Overall, how would you rate the care you are receiving?" (%; LTC home residents; 2017-18 November; Hospital collected data)	54482	87.90	91.90	91.70	Improvement has been seen over the baseline measure and we will focus on increasing the percentage of responses in addition to the performance target, in the future.

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?
Explore with residents how to be more comfortable to express opinions	Yes	2018 survey extended and will close Jan 9th 2019 as residents required more time to complete. Suggestion box is being utilized by residents on the unit and residents are asked at care conferences that they would go to if they had any questions or concerns.

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2	Medication reconciliation at admission (Outpatient): The total number of clinics with med rec implemented / The total number of clinics where med rec is warranted (Count; Selected Outpatient Clinics; April-Dec 2018; Hospital collected data)	651	6.00	19.00	19.00	Medication Reconciliation in outpatient areas has been initiated in all 19 clinics, services, programs previously identified. Baseline audits were carried out through the initial phases to identify areas requiring extra education and support.

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Work with physicans in clinics without regulated health professionals assigned to patients.	Yes	Going forward each program will be revisited to review workflow changes required with the Electronic Medical Record upgrade. Electronic audits will be enabled in June 2019.

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3	Number of days from the date a completed referral is received to the date the patient was seen by a clinician (Days; referrals to Mood & Anxiety service; Q3 2017-18; Hospital collected data)	651	330.00	297.00	249.00	Wait times in the mood and anxiety outpatient service have continued to decline over the last two quarters.

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Implement recommendations of external review	Yes	In addition to aspects of the external review, continuation of the regional stepped care model, increase in community resources available for cognitive behavioural therapy (Increased Access Structured Psychotherapy program) and clearly defined program criteria will help to support a continued downward trend. In 2019 wait times can be expected to further decrease once the current backlog of clients on the waitlist is processed

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4	Number of lost time claims related to workplace violence events (claims per 100 fte; Health providers in the entire facility; Q3 2017-18; Hospital collected data)	651	0.17	0.17	0.16	Continuing to monitor this indicator for sustainability moving forward.

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Workplace violence simulation exercise	Yes	The simulation was completed and provided unit specific information to the Forensic Department, it also helped to bring in the client voice in a safe table top format.

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5	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)	651	708.00	743.00	772.00	*Note this is a forecast number to the end of Q4 and we will continue to work on increasing near miss events as a percentage of overall events.

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Near miss reporting	Yes	This data is shared with the Workplace Violence Prevention Committee as part of the Patient Safety quarterly report and improvement work remains ongoing Engage patients directly in Workplace Violence Prevention efforts

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6	Percentage complaints resolved within 14 days (%; All Complaints Received; Q1-Q3 2017-18; Hospital collected data)	651	68.99	72.60	79.00	Continue monitoring this indicator for sustainability to end of Q4.

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Learning session for leaders	Yes	Quarterly feedback is being prepared, to be shared along with program specific results from the Ontario Perceptions of Care (OPOC) satisfaction survey. The board now receives this feedback as well to identify any concerns.

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7	Percentage of residents who fell during the 30 days preceding their resident assessment (%; LTC home residents; July - September 2017; CIHI CCRS)	54482	14.34	12.90	12.40	There has been a steady decrease in this indicator quarter by quarter and we will continue to monitor.

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Falls prevention Project	Yes	Falls quality improvement (QI) team continues to analyse each resident fall in quarterly meetings to evaluate trends and interventions. QI Team audits post fall assessments and trains staff as required. Interventions are reviewed and modified if required.
10% decrease in falls (from 23 in Q3 2017-18)	Yes	Post fall huddles are done and documented with team and resident after fall on unit. QI Team and OT continue to review all resident use of PASD (seatbelts and tray tables).

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8	Percentage of residents with worsening bladder control during a 90 day period (%; Residents; Q2 2017-18; CIHI CCRS)	54482	18.80	18.00	9.50	During the past quarter residents with worsening bladder continence has increased slightly, although still well below target. The LTC Quality Improvement team continues to review and analyze the resident continence data quarterly to identify residents with worsening bladder incontinence and analyses reasons for improvement and /or decline

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Continenence Management practice review	Yes	We continue to identify our residents with recurring urinary tract infections and implement interventions. Currently 32 residents with individual toileting schedules. Nursing is utilizing the bladder scanner more frequently to determine need for in/out catheterization with specific residents. Resident specific toileting plans and interventions continue to be discussed weekly at unit huddles with staff. We will continue with this as an indicator to ensure the gains are maintained into the new fiscal year.

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9	Percentage of residents with worsening bladder control during a 90 day period (%; All inpatients; Q3 2018; Hospital collected data)	651	62.80	70.00	68.40	Positive change in Self-Care Index (CIHI,past ¼) not bladder control as mentioned in the indicator title. Note this is regarding Self-Care index and there has been an improvement over previous year. Specific departments have challenges and they have implemented actions plans.

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Engage programs to set benchmarks for their specific programs and to focus on developing specific initiatives as appropriate	Yes	For those programs not at the current target of 70%, a list of patients with unique identifying number that did not have the positive change. Detailed analysis has been completed by two of our programs that have specific challenges with aging populations.

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10	Satisfaction with Services: Ontario Perception of Care Ssurvey response to Q31: "I think the services provided here are of high quality" (%; All inpatients; May 2017; OPOC-MHA)	651	83.00	87.00	84.00	November results are down slightly and we are investigating the reasons and continue to support clients and their families.

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Spread corporate initiative to improve: Q16: I know how to voice concerns	Yes	Corporate initiatives underway to enhance client engagement across the hospital include: Supporting a Client Advisory Council initiative to change program names, away from diagnosis focus Patients and Families being involved in all levels of planning at the program level and are on Accreditation teams. Transition of Client Relations to the Communications Team

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11	The number of hospital patients who were physically restrained at least once in the 3 days prior to a full admission assessment, divided by all patients with a full admission assessment in the reporting period. (%; All inpatients; Q3 2017-18; CIHI OMHRS)	651	4.10	4.00	3.00	Continue to monitor this indicator for sustainability and will look at auditing capabilities with the new EMR system.

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Spread successful QI Initiative (of 4 MHA organizations) organization-wide	Yes	Different aspects of the initiative were spread across the organization and new opportunities will be reviewed with the EMR implementation in June.

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12	WSIB days lost related to wokplace violence events (Days; Health providers in the entire facility; Q3 2017-18; Hospital collected data)	651	0.25	0.25	6.10	One of the Lost time claims has been off since the beginning of Q3 and continues to loose time. The employee has multiple health issues which are preventing a timely return to work. Occupational Health and Safety continues to monitor the employee and the claim.

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