

Excellent Care for All
Quality Improvement Plans (QIP): Progress Report for the 2015/16 QIP



Measure/Indicator from 2015/16	Org Id	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
"How often did staff involve you in planning your or your family member's care?" Responses to Always for Rehabilitation Care and Chronic Disease/Addictions & Mental Health Divisions. (%; All clients receiving services in the survey period; Annual Survey - Nov 2014; In-house survey)	Hospital	71.00	75.00	70.00	Current performance is based on annual 2015 Client Satisfaction Survey results. This indicator has been removed from 2016-17 to focus on improving response rate to overall care and services received.
"How often did staff listen carefully to you?" Response to Always (%; Residents; Annual Survey - Nov 2014; In-house survey)	Bethammi	53.00	55.00	31.00	Current performance based on annual 2015 Client Satisfaction Survey. This indicator has been removed from 2016-17 to focus on improving response rate to overall care and services received
"How often did staff listen carefully to you?" Response to Always (%; Residents; Annual Survey -Nov 2014; In-house survey)	Hogarth Riverview Manor	51.00	53.00	48.00	Current performance based on annual 2015 Client Satisfaction Survey results. This indicator has been removed from 2016-17 to focus on improving response rate to overall care and services received
"How would you rate the overall quality of care you or your family member have received?" Responses to Excellent for Rehabilitation Care & Chronic Disease/Addictions & Mental Health Divisions (%; All clients receiving services in the survey period; Annual Survey - Nov 2014; In-house survey)	Hospital	77.00	77.00	76.00	Current performance based on annual 2015 Client Satisfaction Survey results. Indicator continue to be focus of 2016-17 QIP.
"How would you rate the overall quality of care you or your family member have received?" Response for Excellent (%; Residents; Annual Survey - Nov 2014; In-house survey)	Bethammi	49.00	51.00	23.00	Current performance based on annual 2015 Client Satisfaction Survey results. Indicator continue to be focus of 2016-17 QIP.
"How would you rate the overall quality of care you or your family member have received?" Response to Excellent (%; Residents; Annual Survey - Nov 2014; In-house survey)	Hogarth Riverview Manor	44.00	46.00	24.00	Current performance based on annual 2015 Client Satisfaction survey results. Indicator continue to be focus of 2016-17 QIP.
Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year. (%; N/a; Q3 FY 2014/15 (cumulative from April 1, 2014 to December 31, 2014); OHS, MOH)	Hospital	2.69	0.00	1.13	Current performance has met target. Continuing to focus on total margin for 2016-17 QIP due to impact of health system funding reform on hospital funding.

Number of emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents (%; Residents; Q3 FY 2013/14 - Q2 FY 2014/15; Ministry of Health Portal)	Bethammi	27.46	24.00	18.20	Current performance has met target. Continue to focus on reducing in 2016-17 QIP.
Number of emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents (%; Residents; Q3 FY 2013/14 - Q2 FY 2014/15; Ministry of Health Portal)	Hogarth Riverview Manor	18.49	16.50	22.80	Current performance has increased from last year. Will continue to focus on reducing in 2016-17 QIP.
CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI during the reporting period, divided by the number of patient days in the reporting period, multiplied by 1,000. (Rate per 1,000 patient days; All patients; Jan 1, 2014 - Dec 31, 2014; Publicly Reported, MOH)	Hospital	0.14	0.08	0.12	Current performance has reduced from prior year, will continue to focus on reducing in 2016-17 QIP as target not met.
Client Falls Injury Rate per 1000 Patient Days (Complex Care, Physical Rehabilitation, Mental Health) (Rate per 1,000 patient days; All patients; Jan to Dec 2014; Hospital collected data)	Hospital	0.16	0.13	0.13	Current performance has met target. Continuing to focus on reducing falls with injury in 2016-17 QIP.
Client Falls Injury Rate per 1000 Patient Days (Serious/Moderate Rating) (Rate per 1,000 patient days; Residents; Jan-Dec 2014; Hospital collected data)	Bethammi	0.28	0.25	0.40	Falls with injury rate has increased from previous year. Continuing to be a priority to reduce on 2016-17 QIP.
Client Falls Injury Rate per 1000 Patient Days (Serious/Moderate Rating) (Rate per 1,000 patient days; Residents; Jan-Dec 2014; Internal Safety Reporting System)	Hogarth Riverview Manor	0.26	0.23	0.23	Current performance has met target. Continuing to focus on reducing in 2016-17 QIP.
Hip Fracture Active Rehab LOS -Average number of days from admission date to date ready for discharge (excluding service interruption and days waiting). (Days; Rehab; Q2 2014-15; CIHI -NRS)	Hospital	37.50	28.00	27.40	Current performance less than target. As current performance higher than Ontario average will continue to focus on reducing in QIP 2016-17.
Medication Error Rate per 1000 Patient Days. (Complex Care, Physical Rehabilitation, Mental Health) (Rate per 1,000 patient days; All patients; Jan-Dec 2014; Hospital collected data)	Hospital	2.98	2.68	2.34	Current performance has met target. Will continue to focus on reducing in QIP 2016-17.
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 (%; All patients; most recent quarter available; Hospital collected data)	Hospital	86.00	95.00	94.00	Current performance has improved from prior year. Will continue to focus on improving in QIP 2016-17.
Percent ALC Days rate (total ALC days divided by total inpatient days (bed census). (%; All patients; Jan-Dec 2014; WTIS)	Hospital	44.00	42.00	37.00	Current performance has improved from previous year, with a reduction in percentage of ALC days less than target. This indicator will continue to be included in 2016-17 QIP.
Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions. (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Bethammi	25.20	20.50	24.10	Current performance is showing some improvement from previous year. This indicator will be included in the 2016-17 QIP.

Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions. (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Hogarth Riverview Manor	30.51	25.00	34.70	Current performance is showing an increase from the previous year. Will continue to include this indicator on 2016-17 QIP.
Percentage of residents who had a pressure ulcer that recently got worse (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Bethammi	3.69	3.00	7.10	Current performance is showing an increase from prior year. This indicator will be included in 2016-17 QIP.
Percentage of residents who had a pressure ulcer that recently got worse (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Hogarth Riverview Manor	4.78	3.00	6.80	Current performance is showing an increase from prior year. This indicator will be included in 2016-17 QIP.
Percentage of residents who had a recent fall (in the last 30 days) (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Bethammi	18.72	14.20	16.90	This indicator will be removed for 2016-17 to focus on reducing falls resulting in injury.
Percentage of residents who had a recent fall (in the last 30 days) (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Hogarth Riverview Manor	20.00	14.20	20.10	This indicator will be removed for 2016-17 to focus on reducing falls resulting in injury.
Percentage of residents who were physically restrained (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Bethammi	17.98	12.60	17.70	Current performance showing no significant change from prior year. This indicator will be included in 2016-17 QIP.
Percentage of residents who were physically restrained (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	Hogarth Riverview Manor	22.01	15.00	25.40	Current performance showing increase from prior year. This indicator will be included in 2016-17 QIP.
Stroke (Moderate 1120) Active Rehab LOS - Average number of days from admission date to date ready for discharge (excluding service interruption and days waiting). (Days; Rehab; Q2 2014-15; CIHI-NRS)	Hospital	33.80	25.80	35.60	Target should have been based on QBP Target of 35.8 days. Target of 25.80 was reported in error. Current performance has met QBP target. This indicator will not be included in the QIP 2016-17.