
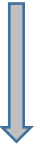



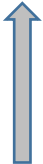
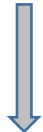
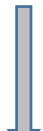
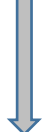
Excellent Care for All


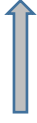

Quality Improvement Plans (QIP): Progress Report for 2016/17 QIP




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.


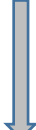


Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Performance Direction	Comments
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; January 2015 – December 2015; Publicly Reported, MOH)	Hospital	0.10	0.08	0.17 (2016)	Worsened 	Current performance has worsened since prior year. Reducing CDI rate continues to be an internal priority and work continues with audit/education around staff use of personal protective equipment to reduce infection rates.
Client Falls Injury Rate. Total number of falls resulting in moderate or serious injury for the period divided by total patient days for same period multiplied by 1000 (Rate per 1,000 patient days; Complex Care, Physical Rehabilitation, Mental Health; Jan-Dec 2015; Internal Client Safety Reporting System)	Hospital	0.13	0.11	0.20 (2016)	Worsened 	Reducing client falls resulting in injury continues to be an internal priority and is addressed through the clinical division quality, safety, risk committees.
Hip Fracture Active Rehab LOS (Average). Number of days from admission date to date ready for discharge (excluding ALC and Service Interruption days) divided by total number of discharges for same period. (Days; Rehab; Q2 2015-16; CIHI eReporting Tool)	Hospital	27.40	26.00	26.6 (Sept 2016)	Improved 	We continue to improve length of stay for clients admitted for hip fracture care. This indicator will continue to be a QIP priority in 2017-18.

Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Performance Direction	Comments
How would you rate the overall quality of care you, or your family member, have received? Responses to Excellent. (%; Residents; 2015; In-house survey)	Bethammi Nursing Home	23.00	50.00	46.00 (2016)	Improved 	Performance has improved for both long-term care homes. The QIP priority for 2017-18 will now align with "Would you recommend this program to others?" response to Yes, Definitely
How would you rate the overall quality of care you, or your family member, have received? Responses to Excellent. (%; Residents; 2015; In-house survey)	Hogarth Riverview Manor	24.00	50.00	37.00 (2016)		
How would you rate the overall quality of care you, or your family member, have received? Responses to Excellent. (%; Complex Care, Physical Rehabilitation & Mental Health & Addictions; 2015; In-house survey)	Hospital	76.00	77.00	72.00 (2016)	Worsened 	The QIP priority for 2017-18 will now align with "Would you recommend this program to others?" response to Yes, Definitely
Medication Error Rate. Total number of medication errors for the period divided by patient days for the same period multiplied by 1000. (Rate per 1,000 patient days; Complex care, Physical Rehabilitation and Mental Health; Jan-Dec 2015; Client Safety Reporting System)	Hospital	2.34	2.00	3.09 (2016)	Worsened 	This indicator will continue as an internal priority with a Medication Administration working group focused on improvement.
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 quarter available; Hospital collected data)	Hospital	94.00	95.00	89.00 (Oct-Dec 2016)	Worsened 	Medication Reconciliation on Admission continues to be a QIP priority for 2017-18.

Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Performance Direction	Comments
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Rate per 100 residents; LTC home residents; Oct 2014 – Sept 2015; CIHI CCRS, CIHI NACRS)	Bethammi Nursing Home	18.24	15.00	30.87 (Sept 2016)	Worsened 	Reducing ED visits for our long-term care home residents when care can be provided in the home, continues to be a QIP priority for 2017-18.
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Rate per 100 residents; LTC home residents; Oct 2014 – Sept 2015; CIHI CCRS, CIHI NACRS)	Hogarth Riverview Manor	22.76	19.00	20.99 (Sept 2016)	Improved 	
Percent of discharges to SJCG Seniors' Supportive Housing where discharge planning has occurred with Supportive Housing staff (%; Complex Care and Physical Rehab; 2015-16; Hospital collected data)	Hospital	CB	95.00	91.00 (2016)	First year for data collection	Improving transitions in care continue to be a QIP priority for 2017-18.
Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	Bethammi Nursing Home	7.05	5.00	5.22 (Sept 2016)	Improved 	Both long-term care homes improved performance from prior year. This indicator continues to be an internal priority as part of our long-term care mandatory program.
Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	Hogarth Riverview Manor	6.78	5.00	3.18 (Sept 2016)		

Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Performance Direction	Comments
Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	Bethammi Nursing Home	24.14	21.00	14.73 (Sept 2016)	Improved 	Both long-term care homes improved performance. This indicator continues to be a QIP priority for 2017-18.
Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	Hogarth Riverview Manor	34.70	30.00	26.73 (Sept 2016)		
Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	Bethammi Nursing Home	17.71	15.00	16.45 (Sept 2016)	Improved 	Reducing restraint use in our long-term care homes continues to be a QIP priority for 2017-18.
Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	Hogarth Riverview Manor	25.42	20.00	30.76 (Sept 2016)	Worsened 	

Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Performance Direction	Comments
Resident Falls Injury Rate. Total number of falls resulting in moderate or serious injury for the period divided by total resident days for same period multiplied by 1000 (Rate per 1,000 patient days; Residents; Jan-Dec 2015; Internal Safety Reporting System)	Bethammi Nursing Home	0.40	0.38	0.35 (2016)	Improved 	Reducing resident falls resulting in injury continues to be an internal priority as part of our mandatory long-term care program.
Resident Falls Injury Rate. Total number of falls resulting in moderate or serious injury for the period divided by total resident days for same period multiplied by 1000 (Rate per 1,000 patient days; Residents; Jan-Dec 2015; Internal Client Safety Reporting System)	Hogarth Riverview Manor	0.23	0.21	0.24 (2016)	Worsened 	
Stroke (1100 Severe) Active Rehab LOS (Average). Number of days from admission date to date ready for discharge (excluding ALC and Service Interruption days) divided by total number of discharges for same period. (Days; Rehab; Q2 2015-16; CIHI eReporting Tool)	Hospital	54.90	48.90	61.4 (Sept 2016)	Worsened 	This indicator will continue to be a QIP priority in 2017-18.
Total Hospital Margin % by which total revenues exceed or fall short of total expense, excluding impact of facility amortization. (%; Hospital sector; April-Dec 2015; Hospital collected data)	Hospital	1.13	0.00	-0.34 (Sept 2016)	Worsened 	Improving financial health continues to be an internal priority and aligns with our Health Services Accountability Agreement (HSAA) requirements.
Total number of ALC inpatient days contributed by by ALC patients within a specific reporting period (open, discharged and discontinued cases) divided by the total number of patient days per Bed Census summary in same period. (%; All patients; Oct-Dec 2015; WTIS, CCO, BCS, MOHLTC)	Hospital	39.00	22.00	40.00 (July-Sept 2016)	No change	This indicator will continue to be a QIP priority in 2017-18.