

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2017/18 QIP

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 the program to others?" Yes, Definitely (%; LTC home residents; 2016/17; In house data collection)	Bethammi	61.00	65.00	45.50	Response to Yes, Definitely has declined, Percent positive was 88%; 2018-19 QIP will focus on rating of overall quality of care.
2	"Would you recommend the program to others?" Yes, Definitely (%; LTC home residents; 2016/17; In house data collection)	Hogarth Riverview Manor	52.00	55.00	45.00	Response to Yes, Definitely has declined, Percent positive was 87%; 2018-19 QIP will focus on rating of overall quality of care
3	"Would you recommend the program to others?" Yes, Definitely (%; Survey respondents; 2016-17; In-house survey)	Hospital	74.00	77.00	74.00	No change in current performance, 2018-19 QIP will focus on rating of overall quality of care
4	Discharges from St. Joseph's Hospital to Seniors' Supportive Housing where discharge planning has occurred with supportive housing staff (%; Discharged clients; April to Dec 2016; In house data collection)	Hospital	91.00	95.00	94.00	This indicator continues to be monitored internally and will not be included in 2018-19 QIP.
5	Hip Fracture Active Rehab Length of Stay - Number of days from admission date to date ready for discharge divided by total number of discharges for same period. (excludes ALC and service interruption days) (Days; Discharged rehabilitation clients; April to Sept 2016; CIHI NRS)	Hospital	26.60	26.00	29.90	This indicator continues to be monitored internally and will not be included in 2018-19 QIP
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)	Hospital	89.00	95.00	89.00	This indicator continues to be monitored internally and will not be included in 2018-19 QIP

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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)	Hospital	57.00	70.00	65.14	This indicator continues to be a priority for 2018-19 QIP
8	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; October 2015 - September 2016; CIHI CCRS, CIHI NACRS)	Bethammi	30.87	23.60	23.02	This indicator continues to be a priority for 2018-19 QIP.
9	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; October 2015 - September 2016; CIHI CCRS, CIHI NACRS)	Hogarth Riverview Manor	20.99	19.00	20.57	This indicator continues to be a priority for 2018-19 QIP
10	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.	Hospital	Collecting Baseline	Collecting Baseline	Collecting Baseline	Baseline data collected for the period for April to June 2017. Focusing on improving timeliness of physician dictation at discharge.
11	Percentage of residents who were given antipsychotic	Bethammi	14.73	14.00	14.00	This indicator continues to be a

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	medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July - September 2016; CIHI CCRS)					priority for 2018-19 QIP
12	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July - September 2016; CIHI CCRS)	Hogarth Riverview Manor	26.73	21.30	24.00	This indicator continues to be a priority for 2018-19 QIP
13	Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment (%; LTC home residents; July - September 2016; CIHI CCRS)	Bethammi	16.45	15.00	16.30	This indicator continues to be a priority for 2018-19 QIP
14	Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment (%; LTC home residents; July - September 2016; CIHI CCRS)	Hogarth Riverview Manor	30.76	27.70	29.20	This indicator continues to be a priority for 2018-19 QIP
15	Severe Stroke Active Rehab Length of Stay - Number of days from admission date to date ready for discharge divided by total number of discharges for same period. (excludes ALC and service interruption days) (Days; Discharged rehabilitation clients; April to Sept 2016; CIHI NRS)	Hospital	61.40	48.90	65.60	This indicator continues to be monitored internally and will not be included in 2018-19 QIP
16	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)	Hospital	40.00	32.00	35.00	This indicator continues to be a priority for 2018-19 QIP