



Excellent Care for All
Quality Improvement Plans 23/24 (QIP): Hospital Progress Report on the 2022/23 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.

Ontario Health (OH) 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 2022/23	Org Id	2021-22 Performance	2022-23 Target	Current Performance 2023	Comments Change Ideas
90th percentile Acute Care wait time for a Rehabilitative Care Bed. The time in days from date of acute care referral to date admitted to rehabilitative care bed. (Days; Rehabilitative Care; Oct to Dec 2021; In house data collection	781 Hospital	8.00	3.00	9.00 (Oct-Dec 2022)	Initiative to develop and implement acute/post-acute care transition process improvements was delayed due to pandemic system workload pressures. This indicator continues to be a priority for 2023-24 QIP.
Did clients feel they received adequate information about their health and their care at discharge? (%; Rehabilitative Care Inpatient; (In-house survey)	781 Hospital	CB	CB	49.0 "Completely"	Post-discharge call process implemented. Question: "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?" This indicator continues to be a priority for 2023-24 QIP.

Measure/Indicator from 2022/23	Org Id	2021-22 Performance	2022-23 Target	Current Performance 2023	Comments Change Ideas
Did clients feel they received adequate information about their health and their care at discharge? (%; Mental Health Inpatient; In-house survey)	781 Hospital	CB	CB	NA	Post-discharge call implemented. Data will be available quarter 4. This indicator continues to be a priority for 2023-24 QIP.
Do clients feel they can speak up without fear of consequences? (%; Addictions and Mental Health; Rehabilitative Care inpatient/outpatient; 2022-23; In-house survey)	781 Hospital	CB	CB	48.60 (2022 Survey)	New question added to our in-house Client Satisfaction Survey. "Do you feel that you can raise a concern about staff without it affecting your (or your family member's) care? Yes Definitely This indicator continues to be a priority for 2023-24 QIP.
How often did staff involve you in planning your (or your family member's care)? Always (%; Rehabilitative Care; 2021-22; In-house survey)	781 Hospital	73.70	75.00	77.90 (2022 Survey)	Initiative to develop consistent care plans has been delayed until quarter 4.
How often did staff involve you in planning your (or your family member's care)? Always (%; Addictions & Mental Health; 2021-22; In-house survey)	781 Hospital	69.80	71.00	80.80 (2022 Survey)	Teams initiated discussions with client focus groups to identify change ideas. This indicator continues to be a priority for 2023-24 QIP.
How often did staff listen carefully to you? Always (%; Rehabilitative Care Inpatient; 2021-22; In-house survey)	781 Hospital	51.60	52.60	50.00 (2022 Survey)	Evaluation of client room communication whiteboards planned for quarter 4. This indicator will continue as a priority for 2023-24 QIP.
Number of workplace violence incidents reported by hospital workers (as defined by OSHA) within a 12 month period. (Count; Worker; January - December 2021; Local data collection)	781 Hospital	66.00	66.00	60.00 (Jan 2022-Dec 2022)	Implemented Gentle Persuasive Approach (GPA) training for Rehabilitative Care inpatient staff. By Dec 31, 2022, 92 staff have been trained. This indicator will continue as a priority for 2023-24 QIP

Measure/Indicator from 2022/23	Org Id	2021-22 Performance	2022-23 Target	Current Performance 2023	Comments Change Ideas
<p>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.</p> <p>(%; Rehabilitative Care; 2022-23; Local data collection)</p>	781 Hospital	CB	CB	NA	<p>An early identification tool has been created to screen clients upon hospital admission who could benefit from palliative care services. The tool is a combination of diagnosis and outcome of the Surprise Question “Would I be surprised if this patient were to die within the next 12 months?” and Palliative Performance Scale.</p> <p>Implementation of the tool has been delayed to quarter 4 due to direct care staffing challenges.</p> <p>This indicator will continue as a priority within Rehabilitative Care, and not be included in the 2023-24 QIP.</p>
<p>Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting quarter using near-real time post-acute ALC information and monthly bed census data.</p> <p>(%; All inpatients; Oct to Dec 2021; Local data collection)</p>	781 Hospital	29.00	29.00	27.00 (Jan-Dec 2022)	<p>Implemented a community based transitional care unit and continuing to increase supply of seniors’ supportive housing units at PR Cook Apartments.</p> <p>Indicator performance has improved. This indicator will not be included in 2023-24 QIP.</p>