

Excellent Care for All

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

| 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 this emergency department to your friends and family?"<br>( %; Survey respondents; April - June 2016 (Q1 FY 2016/17); EDPEC)  | 933    | CB  | CB                              | 32.00                    | New Patient Flow Model introduced in October 2017 across Medicine will impact the patient experience overall  |
| 2  | "Would you recommend this hospital to your friends and family?" (Inpatient care)<br>( %; Survey respondents; April - June 2016 (Q1 FY 2016/17); CIHI CPES)   | 933    | CB  | CB                              | 59.00                    | New Patient Flow Model introduced in October 2017 across Medicine will impact the patient experience overall  |
| 3  | 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?<br>( %; Survey respondents; April - June 2016 (Q1 FY 2016/17); CIHI CPES) | 933    | CB  | CB                              | 64.37                    | Ongoing improvement initiatives implemented to improve the patient experience and enhance communication with patients and caregivers.                 |
| 4  | Hospital Standardized Mortality Ratio (HSMR)<br>( Number of observed deaths divided by the number of expected deaths multiplied by 100.; All patients; CY2016 to Nov; CIHI eReporting Tool)  | 933    | 105.00                                      | 95.00                           | 99.00                    | HSMR remains an important indicator for WRH and the Medical Quality Assurance Committee (the quality sub committee of the Medical Advisory Committee) |
| 5  | Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of  | 933    | 41.70                                       | 50.00                           | 76.82                    | Ongoing improvement initiatives dedicated to improving  |

|   |  |     |       |       |       |   |
|---|--|-----|-------|-------|-------|---|
|   | the total number of patients admitted to the hospital<br>( Rate per total number of admitted patients; Hospital admitted patients; Most recent 3 month period; Hospital collected data)  |     |       |       |       | medication reconciliation at admission  |
| 6 | 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.<br>( Rate per total number of discharged patients; Discharged patients ; Most recent quarter available; Hospital collected data) | 933 | CB    | CB    | 56.02 | Ongoing initiatives dedicated toward improving medication reconciliation at discharge         |
| 7 | Percent of palliative care patients discharged from hospital with the discharge status "Home with Support".<br>( %; Discharged patients ; April 2015 – March 2016; CIHI DAD)   | 933 | 70.59 | 84.30 | 81.14 | Continued collaboration with LHIN (CCAC) to support palliative care patients in the community |
| 8 | Rate of psychiatric (mental health and addiction) discharges that are followed within 30 days by another mental health and addiction admission<br>( Rate per 100 discharges; Discharged patients with mental health & addiction; January 2015 - December 2015; CIHI DAD, CIHI OHMRS, MOHTLC RPDB)                                    | 933 | 10.40 | 9.40  | 11.23 | No comment  |
| 9 | Reduce Hospital Acquired Infections: The number of reported hospital acquired infections (MRSA, Cdiff, VRE) expressed as a rate per 1,000 patient days/month for all acute inpatients<br>( Rate per 1,000 patient days; All inpatients; CY2016; Hospital collected data)   | 933 | 4.60  | 3.82  | 3.14  | Ongoing improvement initiatives remain a priority for WRH                                     |

|    |   |     |       |       |       |   |
|----|---|-----|-------|-------|-------|---|
| 10 | Reduce patient falls: Falls with Injury for patients admitted to the hospital<br>( Rate per 1,000 patient days; All acute patients; CY2016; Hospital collected data)  | 933 | 0.05  | 0.05  | 0.04  | Ongoing improvement initiatives remain a priority for WRH   |
| 11 | Risk-adjusted 30-day all-cause readmission rate for patients with CHF (QBP cohort)<br>( Rate; CHF QBP Cohort; January 2015 - December 2015; CIHI DAD)   | 933 | 22.74 | 21.00 | 22.95 | Ongoing improvement initiatives remain a priority for WRH   |
| 12 | Risk-adjusted 30-day all-cause readmission rate for patients with COPD (QBP cohort)<br>( Rate; COPD QBP Cohort; January 2015 – December 2015; CIHI DAD)   | 933 | 21.60 | 20.10 | 20.71 | Ongoing improvement initiatives remain a priority for WRH   |
| 13 | Risk-adjusted 30-day all-cause readmission rate for patients with stroke (QBP cohort)<br>( Rate; Stroke QBP Cohort; January 2015 - December 2015; CIHI DAD)   | 933 | 7.04  | 8.00  | 9.25  | Ongoing improvement initiatives remain a priority for WRH   |
| 14 | Total ED length of stay (defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED) where 9 out of 10 complex patients completed their visits<br>( Hours; Patients with complex conditions; January 2016 – December 2016; CIHI NACRS)       | 933 | 12.30 | 8.00  | 11.72 | Ongoing improvement initiatives remain a priority for WRH   |
| 15 | 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<br>( Rate per 100 inpatient days; All inpatients; July – September 2016 (Q2 FY | 933 | 11.67 | 12.70 | 8.34  | Continued improvement initiatives remain a priority for WRH in reducing the ALC rate and performing better than provincial and LHIN target. |

|    |   |     |       |        |       |
|----|---|-----|-------|--------|-------|
|    | 2016/17 report); WTIS, CCO, BCS, MOHLTC)  |     |       |        |       |
| 16 | Use of Surgical Safety Checklist: Number of times all three phases of the surgical safety checklist were performed ('briefing', 'timeout' and 'debriefing') during the reporting period, divided by the total number of surgeries performed in the reporting period, multiplied by 100<br>Exclusions are minor surgical procedures that are done under local anesthetic;<br>Inclusions are surgical procedures such as: major surgery, cataracts, dental procedures, and emergency surgeries<br>( %; All patients with major surgery; 2016; Publicly Reported, MOH) | 933 | 99.90 | 100.00 | 99.95 |

Ongoing improvement initiatives remain a priority for WRH