

## 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.

ID	Measure/Indicator from 2016/17	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance (Q3) 2017	Comments
1	Average hours rehabilitation patients with stroke spend per day in active therapy. (Hours; Rehab; April-Dec.; Hospital collected data)	2.70	3.00 (-0.5)	2.50	Current performance is within corridor however lower than the previous year. Staff turnover as well as patient ability to participate in high intensity rehabilitation impacted the outcomes.
2	From NRC Canada: "Overall, how would you rate the care and services you received at the hospital (CCC inpatient care)?" (add together % of those who responded "Excellent and Good"). (%; Complex continuing care residents; October 2016; NRC Picker)	87%	88% (-10)	86%	The target was achieved.
3	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)	85%	95% (-5)	88%	The goal is to reconcile medications for all patients at discharge. Unexpected absences resulted in not reaching the target. A plan to address this will included in the 2017-18 QIP.
4	Number of outpatient Geriatric Clinic visits. (Number; Clients; April-Dec.; Hospital collected data)	CB	100 (-5)	129	The Centre exceeded target.
5	Percent of discharge summaries sent to primary care practitioner within 3 business days. (%; Rehab; April-February;	84%	94% (-5)	85%	The Centre fell short of target and will continue to focus in 2017-18 to improve timeliness of

	Hospital collected data)				discharge summaries being sent to primary care practitioners.
6	Percentage of Long Term Ventilation Transition patients that have Coordinated Care Plan (CCP) initiated in ICU by the West Park/TC CCAC Coordinators (%; ICU patients; April-Dec.; Hospital collected data)	CB	80% (-10)	100%	The target was achieved.
7	Percentage of stroke admissions from external referrals (%; Complex continuing care residents; April-Dec.; Hospital collected data)	63%	100% (-10)	100%	The target was achieved.
8	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. (%; All patients; April-Dec.; OHRS, MOH)	4.19	0.00 (<-1)	3.74	The Centre maintained a strong financial position.