

## Excellent Care for All

### Quality Improvement Plans (QIP): Progress Report for 2018/19 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 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	"Would you recommend this emergency department to your friends and family?" ( %; Survey respondents; April - June 2017 (Q1 FY 2017/18); EDPEC)	933	32.00	59.00	37.23	Improvement from previous QIP performance. Still working towards provincial average with contribution from new Patient Flow model.
2	"Would you recommend this hospital to your friends and family?" (Inpatient care) ( %; Survey respondents; April - June 2017 (Q1 FY 2017/18); CIHI CPES)	933	59.00	70.00	53.70	Focus on new Patient Flow model and other Quality of Care initiatives to improve on this metric and soon meet and exceed target.
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? ( %; Survey respondents; April - June 2017(Q1 FY 2017/18); CIHI CPES)	933	64.37	70.00	54.32	Ongoing improvement initiatives implemented to improve the patient experience and enhance communication with patients and caregivers.
4	Hospital Acquired Infections (HAI) Rate - The number of reported HAIs (MRSA, Cdiff, VRE) expressed as a rate per 1,000 patient days ( Rate per 1,000 patient days; All inpatients; January 2017 - December 2017; In house data collection )	933	3.14	3.00	2.90	Improvement from prior performance, now exceeding target. Continue to focus on quality of our care.

5	Hospital Standardized Mortality Ratio (HSMR) ( Ratio (No unit); All patients; CY2017 to Oct; Your Health System website)	933	99.00	91.00	93.00	HSMR remains an important indicator for WRH and the Medical Quality Assurance Committee (the quality sub committee of the Medical Advisory Committee)
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; October – December (Q3) 2017; Hospital collected data)	933	76.82	82.00	82.51	Ongoing improvement initiatives dedicated to improving medication reconciliation at admission
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 ; October – December (Q3) 2017; Hospital collected data)	933	56.02	59.00	57.87	Ongoing improvement initiatives dedicated to improving medication reconciliation at discharge
8	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period. ( Count; Worker; January - December 2017; Local data collection)	933	CB	CB	256.00	Focus on creating a culture of safety through e-learn program, Safe Workplace program bundles, new code white training & 100% follow up of incidents reported.
9	Patient Falls With Injury Rate ( Rate per 1,000 patient days; All acute patients; January 2017 - December 2017; In house data collection )	933	0.04	0.04	0.04	Consistent YOY performance meeting aggressive target. Continued focus on our Quality of Care.
10	Percent of palliative care patients discharged from	933	81.14	85.10	85.88	Continued collaboration with

	hospital with the discharge status "Home with Support". ( %; Discharged patients ; April 2016 - March 2017; CIHI DAD)					LHIN (CCAC) to support palliative care patients in the community
11	Rate of psychiatric (mental health and addiction) discharges that are followed within 30 days by another mental health and addiction admission ( Rate per 100 discharges; Discharged patients with mental health & addiction; January - December 2016; CIHI DAD,CIHI OHMRS,MOHTLC RPDB)	933	11.23	10.70	14.49	Ongoing improvement initiatives remain a priority for WRH
12	Risk-adjusted 30-day all-cause readmission rate for patients with CHF (QBP cohort) ( Rate; CHF QBP Cohort; January - December 2016; CIHI DAD)	933	22.95	21.20	24.99	Ongoing improvement initiatives remain a priority for WRH
13	Risk-adjusted 30-day all-cause readmission rate for patients with COPD (QBP cohort) ( Rate; COPD QBP Cohort; January - December 2016; CIHI DAD)	933	20.71	19.90	19.28	Ongoing improvement initiatives remain a priority for WRH
14	Risk-adjusted 30-day all-cause readmission rate for patients with stroke (QBP cohort) ( Rate; Stroke QBP Cohort; January - December 2016; CIHI DAD)	933	9.25	8.50	9.20	Ongoing improvement initiatives remain a priority for WRH
15	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 Exclusions are minor surgical procedures that are done	933	99.95	100.00	99.96	Ongoing improvement initiatives remain a priority for WRH

	under local anaesthetic; Inclusions are surgical procedures such as: major surgery, cataracts, dental procedures, and emergency surgeries ( %; All patients with major surgery; January 2017 - December 2017; CCO iPort)					
16	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 ( Hours; Patients with complex conditions; January - December 2017; CIHI NACRS)	933	11.72	8.00	11.90	Ongoing improvement initiatives remain a priority for WRH. New Patient Flow model is planned to drive improvement by allowing admitted patients to move to a bed faster.
17	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 2017; WTIS, CCO, BCS, MOHLTC)	933	8.34	12.70	8.67	Ongoing improvement in ALC Rate remains a focus and a planned result of the new Patient Flow model rollout.