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	As we are working towards a zero suicide organization, this indicator is part of this overall strategy: to ensure that all patients presenting to the Emergency Department identified at risk of suicide or self-harm will be assessed using the Columbia Suicide Risk Screening tool. (%; ED patients; 2018/19; Hospital collected data)	674	49.00	100.00	68.00	This item is now embedded into our standard process and our next QIP will focus on ensuring fully completed action plans for patients at risk.
2	Decrease the percent of patients who re-visit the Emergency Department for Mental Health concerns within 30 days of initial visit. (%; Mental health patients; 2018/19; CIHI NACRS)	674	22.00	16.30	24.30	This item will also appear on the 2019/2020 QIP as we continue to work towards achieving the target.
3	Decrease the percent of patients who revisit the Emergency Department for Substance Use concerns within 30 days of initial visit. (%; Mental health patients; 2018/19; CIHI NACRS)	674	36.22	22.40	34.50	This will remain on our QIP for 2019/20 as we work towards meeting the target.
4	Implement the After Visit Summary (Patient Oriented Discharge Summary) (%; Hospital admitted patients; 2018/19; Hospital collected data)	674	7.20	90.00	67.00	The focused attention to this item was very important following the launch of our Electronic Health Record. We will keep this on the QIP for 2019/2020 and focus on additional inpatient units.

5	Increase the percent of ED patients with sepsis who receive first dose of antibiotic within 2 hours of first notification of septic symptoms. (%; ED patients; 2018/19; Hospital collected data)	674	35.00	80.00	81.00	Focusing on ED patients is a vital first step in identifying early sepsis. This has complemented our work at recognizing and reducing severe infection.
6	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)	674	756.00	831.00	756.00	The "support to report" campaign will continue as there are on-going activities in order to ensure staff are support to report incidents of workplace violence.
7	Reduce 30-day readmissions for patients with complex wounds and/or ostomies. This is a percentage of patients seen by the skin and wound team. (Rate; Hospital admitted patients; 2018/19; CIHI DAD)	674	7.30	7.30	24.00	The baseline was recalculated and the correct value for baseline should be 20%.
8	Reduce readmissions for patients with CHF (Congestive Heart Failure). (Rate; CHF QBP Cohort; 2018; CIHI DAD)	674	23.00	15.50	11.10	This item will remain on our 2019/2020 QIP as we continue to work towards meeting the target.
9	Reduce readmissions for patients with COPD (Chronic Obstructive Pulmonary Disorder) (Rate; COPD QBP Cohort; 2018; CIHI DAD)	674	24.20	15.50	17.90	This item will remain on our QIP for 2019/2020 while we focus on achieving our target.
10	Standardize patient/family communication boards in 2 General Internal medicine units. (%; Hospital admitted patients; 2018/19; Hospital collected data)	674	0.00	95.00	67.00	The patient communication boards were developed in partnership with patients and families.