

Excellent Care for All

**Quality Improvement Plans (QIP): Progress Report for 2014/15 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 2014/2015** | **Current Performance as stated on QIP14/15** | **Target as stated on QIP 14/15** | **Current Performance 2015** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| 1 | Wait times: The median number of days from referral to admission.DaysMental Health / Addiction patientsApril 1, 2014- March 31, 2015Hospital collected data | 15.00 | 13.00 | 20.00 | Each of the change ideas were tested. For Change Idea 1 - snapshot of those waiting was shared weekly with medical and leadership staff at all levels. This resulted in increased awareness of patients waiting for admission. For Change Idea 2 - data reviews assisted in understanding of factors contributing to wait times. For Change Idea 3 - Dive into data to better understand reasons for delay. For Change Idea 4 - although the target area was not Central Intake based on data review |
| 2 | 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.%N/aQ3 2013/14OHRS, MOH | 0.00 | 0.00 | 3.14 | Target met and Total margin > 0% achieved through prudent financial management despite global funding remains stagnant for the mental health sector. |
| 3 | Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days.%All acute patientsQ3 2012/13 – Q2 2013/14Ministry of Health Portal |  | 14.80 | 13.18 | Overall performance for this metric enabled Ontario Shores to achieve it's target and achieve a performance better than target. Increased organizational focus on ALC enabled improved performance over the past 12 months. This metric will be continued to be monitored. Both changes have been initiated. The hospital has established a Utilization Team that will monitor this metric along with others such as Wait Times and % Readmission. |
| 4 | From NRC Canada: "Overall, how would you rate the care and services you received at the hospital (inpatient care)?" (add together % of those who responded "Excellent, Very Good and Good").%All patientsOct 2012- Sept 2013NRC Picker | 84.30 | 89.00 | 84.30 | In April 2014/15 leadership and staff changes occurred in the Patient Experience team resulting in a change in process. For this measure, an action plan was developed using existing methods within our organization. A patient satisfaction working group was established. Three areas of priority emerged from the review of our satisfaction data: improve and better communicate our complaint process enhance activities in evenings, weekends help with life skills. Results for knowing about our complaint process have improved from 42% satisfaction to 58% satisfaction. Improvement teams for activities were formed in January 2015 and hope to see improvement by the end of April 2015. An improvement team for life skills is to be formed in Q4." |
| 5 | Physical Restraints: Number of admission assessments where restraint use occurred in last 3 days divided by the number of full admission assessments in time period%All patientsQ4 2010/12 -  Q3 2012/13OMHRS, CIHI | 6.74 | 4.00 | 5.80 | Performance overall has improved but target not achieved. Performance varies each month and ranges between 0% use of restraints to 11.4%. This indicator requires intense change management strategies as it attempts to change traditional practices in mental health care. |
| 6 | Medication reconciliation at discharge: Total number of patients with medication reconciled as a proportion of the total number of patients discharged (exclude death, unauthorized leave of absence, and AMA against medical advice).%Mental Health / Addiction patientsQ3 2013/14Hospital collected data | 95.00 | 98.00 | 97.90 | Med Rec not yet added to discharge checklist-requires a build in Meditech. Custom report for export not required-current report suffices for community partners -giving summary of med changes made during admission. Custom report for extracting med rec on discharge data is built and in test. Currently doing a parallel run between manual data collection and the report. Meds Check program is community pharmacy program and it is recommended that outpatients avail themselves of this service n the community. The relatively low number of discharges (approx 50 per month) means that if one is missed percentage decreased by 2%. Early discussions on which discharges to omit from data: excluded were death and AMA. |