

# Providence Care

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 (HQP) 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   | Org Id | Current Performance as stated on QIP2016/17 | Target as stated on QIP 2016/17 | Current Performance 2017 | Comments  |
|----|--|--------|---|---------------------------------|--------------------------|---|
| 1  | "Overall how would you rate the services you received?"<br>( %; Outpatient Rehab; Q 2 2015/16; NRC Picker) | 695    | 83.30                                       | 85.00                           | 99.50                    | This is a new survey and therefore the target set based on the previous question and results can no longer be used. The patient experience survey used previously is no longer available through NRC Canada. The overall satisfaction question in the new survey is "quality of care received" and in the previous survey it was "overall how would you rate the services you received?". In addition the scoring has changed from a 4 point Likert type scale with a response of 4 coded as positive to a 5 point Likert type scale with responses of 4 and 5 coded as positive. These changes do not allow results from |

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| 2 | "Overall how would you rate the services you received?"<br>( %; Outpatient Rehab; Q 2 2015/16; NRC Picker)                         | 1112 | 83.30 | 85.00 | 99.50 |
| 3 | "Overall, how would you rate the care and services you received at the hospital?"<br>( %; Inpatient Rehab; Q2 2015/16; NRC Picker) | 695  | 95.50 | 95.00 | 66.10 |

2015/16 to be compared with results from 2016/17. Also, the targets are no longer appropriate given the change in the scoring system.

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| 4 | "Overall, how would you rate the care and services you received at the hospital?"<br>( %; Inpatient Rehab; Q2 2015/16; NRC Picker) | 1112 | 95.50 | 95.00 | 66.10 |

Canada. The overall satisfaction question in the new survey is "Rate Hospital" (this has changed from Q1 when it was "Overall rating of experience") and in the previous survey it was "overall how would you rate the care and services you received at the hospital?". In addition the scoring has changed from a 5 point Likert type scale with responses of 3, 4 and 5 coded as positive to an 11 point scale with responses of 9 and 10 coded as positive. These changes do not allow results from 2015/16 to be compared with results from 2016/17. Also, the targets are no longer appropriate given the change in the scoring system. Provincial benchmarks are not currently available due to the small number of responses.

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| 5 | % of LTC home residents experiencing one or more falls resulting in an ED visit or in-patient hospitalization per Quarter (with or without a fracture) ( %; Residents; Q2; HQO public reporting website)                        | 51108 | 5.40  | 2.50  | 0.41 |
| 6 | % of LTC home residents whose mid-loss ADL functioning improved or remained completely independent in mid-loss ADLs (Rehabilitation Potential) Data source CIHI Reporting ( %; Residents; April 1st to March 31st; CIHI portal) | 51108 | 18.30 | 20.80 | 7.50 |

rate the care and services you received at the hospital?”. In addition the scoring has changed from a 5 point Likert type scale with responses of 3, 4 and 5 coded as positive to an 11 point scale with responses of 9 and 10 coded as positive. These changes do not allow results from 2015/16 to be compared with results from 2016/17. Also, the targets are no longer appropriate given the change in the scoring system. Provincial benchmarks are not currently available due to the small number of responses.

In Q2 2016/17 the %of falls resulting in an emergency department visit was 0.4115% and exceeded the target of 2.5%. Providence Manor continues to monitor the falls risk for all residents and has implemented many successful initiatives such as high-low beds and fall mats.

Since submitting the 2016-2017 QIP we have discovered an error in our target. Our target should have been set at 10% In Q2 2016/17, 88.9% of residents assessed had an ADL score ranging from (14-28 requiring limited, extensive and total assistance) as well as the CPS scores (Cognitive Performance

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| 7  | % of positive responses to the resident Satisfaction survey In the domain of overall quality of care & services in the category of Food.<br>( %; Residents; Anual survey June 2016; NRC Picker)   | 51108 | 65.40 | 66.00 | 66.70 |
| 8  | CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI during the reporting period, divided by the number of patient days in the reporting period, multiplied by 1,000.<br>( Rate per 1,000 patient days; All patients; January 2015 – December 2015; Publicly Reported, MOH) | 1112  | X     | 0.25  | 0.08  |
| 9  | Domain-Information Rights Overall -including Forensics Inpatient Adult Mental Health<br>( %; Mental health patients; Survey- June 2014; NRC Picker)   | 695   | 77.00 | 80.00 | NA    |
| 10 | Domain-Information Rights Overall -including Forensics Inpatient Adult Mental Health<br>( %; Mental health patients; Survey- June   | 4530  | 77.00 | 80.00 | NA    |

Score) from 3-6 was 94.8%; this impacts the ability of residents to understand processes and the ability to complete tasks without assistance. The plan continues to identify residents who would be candidates for a Restorative Care program to improve ADL functioning.

Providence Manor met the target of 66% for “overall satisfaction”. Initiatives have been implemented to enhance the Resident dining experience including Chez Providence fine dining experience.

In Q2 2016/17, we exceeded our target of 0.25. The Q2 2016/17 rate of 0.08 indicates we had 1 hospital-acquired CDI case for this period.

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|    | 2014; NRC Picker)  |      |       |       |       | obtain Patient Satisfaction Results for Inpatient Mental Health.   |
| 11 | Hand hygiene compliance before patient/patient environment contact: The number of times that hand hygiene was performed before initial patient/patient environment contact divided by the number of observed hand hygiene indications for before initial patient/patient environment contact multiplied by 100 - consistent with publicly reportable patient safety data ( %; All patients; April 1,2015- Jan 31, 2016; Internal data) | 695  | 91.40 | 87.50 | 92.80 | We exceeded our target of 87.5% for Q2 2016/17.  |
| 12 | In-house survey Palliative Care: Overall Satisfaction with care provided (added together percent of those who responded satisfied and very satisfied). ( %; Inpatient; Q2 2015/16; In house survey)  | 695  | 93.60 | 93.60 | 92.30 | In Q2 2016/17 Palliative Care overall satisfaction with care provided was 92.3% and did not meet the target of 93.6%. Overall satisfaction with the palliative care service remains very high. An interprofessional team is reviewing the palliative care satisfaction survey. Due to changes in the type of palliative patients coming to Providence Care (more acute, shorter stay, faster turnover) some questions are no longer valid and some services we provide are not captured, this may be negatively affecting the survey results |
| 13 | In-house survey Palliative Care: Overall Satisfaction with care provided (added together percent of those  | 1112 | 93.60 | 93.60 | 92.30 | In Q2 2016/17 Palliative Care overall satisfaction with care provided was 92.3% and did not meet   |

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|----|---|-------|-------|--------|-------|
|    | who responded satisfied and very satisfied).<br>( %; Inpatient; Q2 2015/16; In house survey)  |       |       |        |       |
| 14 | Number ED visits/LTC home resident Reporting cycle Annual Jan 1st 2016 to Dec. 31st 2016 Internal benchmark<br>( Number; Residents; Jan 1 2016 Dec 31 2016; In-home audit)  | 51108 | 90.00 | 116.00 | 75.00 |
| 15 | Number of admission assessments where restraint use occurred in last 3 days divided by the number of full admission assessments in time period.<br>( %; Mental health patients; Q1 2015/16 rolling 4 quarter; CIHI OMHRS) | 4530  | 10.10 | 6.20   | 7.60  |
| 16 | Overall, how would you  | 4530  | 58.30 | 65.00  | NA    |

the target of 93.6%. Overall satisfaction with the palliative care service remains very high. An interprofessional team is reviewing the palliative care satisfaction survey. Due to changes in the type of palliative patients coming to Providence Care (more acute, shorter stay, faster turnover) some questions are no longer valid and some services we provide are not captured, this may be negatively affecting the survey results

This is an annual indicator, the total number of incidents from January 1, 2016 to Sept. 30, 2016 annual year to date total of 75 transfers is trending to meet the projected target.

In Q2 2016/17, the Mental Health Inpatient physical restraint use on admission rate increased to 7.6%. This rate does not meet our target of 6.2% and remains above the Provincial average of 4.9%. The Hospital Restraint Minimization Committee continues to meet monthly to critically review and analyze restraint use in order to identify opportunities for improvement that will further reduce the use of physical restraints.

Survey was conducted

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|    | rate the care and services you received at the hospital?" Inpatient Adult Mental Health- including Forensics ( %; Mental health patients; June 2014 survey; NRC Picker)  |       |       |       |       | in November 2016.Final results will not be available until March 2017. The NRCC survey will be used to obtain Patient Satisfaction Results for Inpatient Mental Health.  |
| 17 | Percent by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expenses, excluding the impact of facility amortization, in a given year. ( %; All patients; internal; HCD, RAI-HC via LSAS) | 695   | -1.05 | 0.00  | 0.99  | The total margin for the organization met and exceeded the target through the second quarter of the 16/17 fiscal year  |
| 18 | Percent of Complex Continuing Care residents who fell in the last 30 days. ( %; Complex continuing care residents; Q1 2015/16 unadjusted-rolling 4 quarter; CIHI CCRS)   | 1112  | 5.80  | 5.80  | 4.40  | The Q2 2016/17 unadjusted rate for 'has fallen' of 4.4%, met and exceeded the target of 5.8% and the provincial rate of 7.6%   |
| 19 | Percentage of mental health patients readmitted to the same facility within 30 days for the period. ( %; Mental health patients; Q1 2015/16; CIHI OMHRS)   | 4530  | 1.90  | 2.00  | 4.60  | Q2 2016/17, we had no readmits and ends a 4 quarter trend of increasing readmissions. While our 4 quarter average of 4.6% did not meet our target of 2%, we remain significantly below our peer average of 8.4% and the provincial average of 11.7%. This rate represents a total of 9 readmissions of 197 admissions for the time period. |
| 20 | Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment ( %; LTC home residents; July – September 2015 (Q2 FY 2015/16 report);                                   | 51108 | 26.13 | 25.10 | 26.90 | In Q2, 2016/17, Antipsychotic use without diagnosis of psychosis is 26.9%. Providence Manor has not met the target of 25.1% and is above the Provincial percentage of 21.9%.   |

|    | CIHI CCRS)  |       |        |        |        |   |
|----|---|-------|--------|--------|--------|---|
| 21 | The number of Physical, Verbal actual or threatened Responsive behavioral incidents resident to resident and resident to staff house wide<br>( Number; Residents; Jan 1st 2016 tp Dec 31st 2016; RL Solutions SaftE-net Reports)  | 51108 | 289.00 | 277.00 | 210.00 | In Q2 2016/17 the number of reported responsive behavioural incidents resident to resident (YTD) was 210, this met the target, however if this rate of increase continues Providence Manor does not expect to meet the target of 277. |
| 22 | The number of reported staff incidents resulting from resident to staff physical, verbal, actual or threatened aggressive responsive behaviours house wide.<br>( Number; Staff; Jan 1st 2016 tp Dec 31st 2016; - RL Solutions)    | 51108 | 113.00 | 108.00 | 134.00 | In Q2 2016/17 the number of reported staff incidents resulting from aggressive responsive behaviours, resident to staff, is 134 (YTD) and is not meeting the annual target of 108.  |
| 23 | Total number of inpatient days designated as ALC, divided by the total number of inpatient days for Complex Care - St. Mary's of the Lake<br>( %; Complex continuing care residents; Year to date November 2015; internal)        | 1112  | 25.60  | 21.10  | 18.82  | The Q2 2016/17 ALC rate for Complex Care - St. Mary's of the Lake is 18.82%, which meets and exceeds the organizational target of 21.10%.   |
| 24 | Total number of inpatient days designated as ALC, divided by the total number of inpatient days for Inpatient Rehabilitation- St. Mary's of the Lake.<br>( %; Rehab; Year to date November 2015; internal)                        | 1112  | 2.30   | 3.20   | 2.70   | The Q2 2016/17 ALC rate for Inpatient Rehabilitation - St. Mary's of the Lake was 2.70%, which meets the organizational target of 3.60%.  |
| 25 | Total number of inpatient days designated as ALC, divided by the total number of inpatient days for Mental Health Services including Forensic Mental Health<br>( %; Mental health patients; Year to date November 2015; internal) | 4530  | 24.00  | 18.30  | 14.25  | The Q2 2016/17 ALC rate for Mental Health is at 14.25% and exceeds our target of 18.30%.  |

