

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2017/18 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 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	Clostridium Difficile Infection: Number of patients newly diagnosed with hospital-acquired CDI, divided by the number of patient days in that month, and multiplied by 1000 (Rate per 1,000 patient days; All patients; Fiscal Quarters; In house data collection)	695	0.08	0.30	0.08	The nosocomial CDI rate of 0.08 is attributable to 2 cases of nosocomial CDI in Q2; exceeding our target of 0.30. One contributing factor to the lower rate is the denominator (pt. days) includes both sites. IPAC (Infection Prevention And Control) strategies established to reduce the acquisition of CDI by our patients includes: the development of an Antibiotic Stewardship Program (ASP) and auditing hand hygiene.
2	Food in Long Term Care: Domains of Food (%; Residents; October 1- September 30; NRC Picker)	51108	66.70	68.70	65.10	The focus this past year was to enhance the Dining Room Experience to ensure resident safety and improve satisfaction and house-wide education was provided on safe and pleasant dining practices. A dining

3	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 (%; All patients; fiscal quarter; In-home audit)	695	92.80	87.50
4	Overall satisfaction with care provided for Palliative Care (percent positive scores defined as responding satisfied or very satisfied on the in-house survey) (%; Palliative patients; continuous; In-house survey)	1112	92.30	92.30
5	Percentage of residents that are satisfied with current activity programming. (Data source NRC) (%; LTC home residents; Annual Results; NRC Picker)	51108	66.00	69.90

enhancement team has been developed and continues to work on ways to increase efficiency, flow, and atmosphere in the dining room.

76.60 The hand hygiene rate of 76.6 % is below our target for Q2. There were 67 audits completed with 145 observed opportunities. 111 of the observed opportunities met compliance requirements.

95.95 Performance in quarter 3 (95.9%) results reflect surveys competed spanning the move from one hospital to the new building incorporating many environmental, technological and care delivery changes.

66.40 By engaging our community partners, the recreation staff increased knowledge in regards to fun and safe exercises for the residents and the residents have thoroughly enjoyed this programming. The recreation department was able to make some adjustments to the staffing rotations to allow for more

6	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July - September 2016; CIHI CCRS)	51108	26.90	25.10
7	Responsive Behaviours: The number of residents with Aggressive Behaviour Score (ABS) at or above 4 during assessments on admission, quarterly, or as needed. (%; Residents; 2017/2018; CIHI CCRS)	51108	59.90	57.00

evening and weekend programming. This improvement initiative continues to be a priority with the recreation department working with community partners and resident's council.

22.61 We continue to review the need for the antipsychotic medication with the family and physician; the initial IDC is a great time to have this discussion and ascertain how long the medication has been in use and the indications. For some residents antipsychotic medications are the correct choice and should remain in place. A continued discussion about resident centred care and culture change is a strategy we will continue to focus on. We will have continued vigilance in medication reconciliation and monitoring.

45.20

<p>8 The number of hospital patients who were physically restrained at least once in the 3 days prior to a quarterly assessment, divided by all patients with a quarterly assessment in the reporting period. (%; Mental health patients; Fiscal quarter; CIHI OMHRS)</p>	4530	14.30	13.80
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15.70 Although we have not yet met our target of 13.8%, critically reviewing & analyzing all individual client restraint use monthly has led to a decrease in the number of protective device restraints being utilized on clients through trials to minimize and/or discontinue use in keeping with our least restraint philosophy.