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 | 5 day wait time - Personal Support for Complex Patients: % of complex patients who received their first personal support service within 5 days of the service authorization date. ( %; Home Care Clients; October 2015 – September 2016; HSSO CHRIS, HSSO DAD) | 92400 | 89.70 | 95.00 | 89.80 | We continue to be above the provincial average although have not been able to meet the stretch target of 95%. |

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

| Change Ideas from Last Years QIP (QIP 2017/18) | Was this change idea implemented as intended? (Y/N button) | Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others? |
|---|---|---|
| Support contracted Personal Support& Homemaking Providers to monitor, audit (where applicable) and improve their individual 5 Day Wait Time results. | Yes | Monthly reports and audits has helped identify trends by several measures such as Patient, Provider, GEO Area and has allowed us to identify internal operational issues and action for correction. Patient preference (33%) remains to be the top reason for not meeting 5 day wait time. |
| Develop a process to report back when patient is not available for service and have patient available date updated. | Yes | A new process has been developed. This work is still in pilot phase and will continue with the pilot until enough data has been collected to evaluate and potential spread. |
| Review process ordering for respite care | Yes | It was recognized that some patients who only have PSW for respite care tend schedule the first visit outside of 5 day wait time (AVG 2%). We explored if respite could be ordered |

differently no opportunities were an option. It is expected when the indicator is updated to reflect patient available date we anticipate to see improvements with this population.

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|---|---|---|---|---|---|---|
| 2 | 5-day wait time for home care: Nursing Visits – % of home care patients who received their first nursing visit within 5 days of the service authorization date. ( %; Home Care Clients; October 2015 - September 2016; HSSO CHRIS, HSSO DAD) | 92400 | 94.80 | 95.00 | 96.00 | We have met our target for nursing wait times and have exceeded the provincial average. |

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|---|---|---|
| Support contracted Nursing Service Providers to monitor,audit(where applicable) and improve their individual 5 Day Wait Time results. | Yes | Monthly reports and audits has helped to identify trends by several measures such as Patient, Provider, GEO Area. In addition is has allowed us to identify internal operational issues and action for correction. Patient preference (31%) remains to be the top reason for not meeting 5 day wait time. |
| Develop a process to report back when patient is not available for service and have patient available date updated. | Yes | A new process has been developed. This work is still in pilot phase and will continue with the pilot until enough data has been collected to evaluate for potential spread. |
| Develop new teaching care paths which align with 5 day wait expectations. | Yes | This framework was implemented to align to with the 5 day wait time. |

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|---|---|---|---|---|---|---|
| 3 | Percent of home care clients who responded "Good", "Very Good", or "Excellent" on a five-point scale to any of the client experience survey questions: i) Overall rating of LHIN Home and community care services ii) Overall rating of management/handling of care by Care Coordinator iii) Overall rating of service provided by service provider ( %; Home Care Clients; April 2015 - March 2016; HSSO CCEE Survey) | 92400 | 91.10 | 92.00 | 92.40 | We are currently exceeding our target and will continue to have a focus on patient experience for 18/19. |

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| Collaborate with PS&H service providers on patient expectations. | Yes | Increased flexibility on how PSW hours are used which better meet the needs for patients. |

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|---|---|---|---|---|---|---|
| 4 | Percentage of adult long-stay home care clients who have a fall on their follow-up of the international research network's Resident Assessment Instrument (interRAI) for home care. ( %; Home Care Clients; October 2015 - September 2016; HSSO HCD) | 92400 | 42.80 | 40.80 | 43.90 | Increased complexity of patients has contributed to the rising incidents of patient falls. Focus for 18/19 will be on falls with injury. |

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|---|---|---|
| Evaluate and modify the technical tools that have been developed for community teams to facilitate early detection of falls risk and to support targeted falls prevention interventions. | Yes | Falls dashboard was updated for Care Coordinators to monitor patients at risk for falls. Despite implementation, we still continue to experience a rise in the number of patients who report falls due to patient population. |
| Explore opportunities to improve communication related to patients at risk of falls with hospital partners through a standardized communication tool and/or Discharge Bundle. | No | Initiative on hold |
| Work with Contracted Nursing Providers to improve medication reconciliation compliance | Yes | The medication reconciliation compliance report was updated. Nursing providers continue to receive medication reconciliation compliance reports |