

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 (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 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	Number of ED visits for modified list of ambulatory care– sensitive conditions* per 100 long-term care residents. (Rate per 100 residents; LTC home residents; October 2016 - September 2017; CIHI CCRS, CIHI NACRS)	54641	2.06	3.00	3.35	This will be a priority area in the 2019/2020 QIP
2	Percentage of complaints received by a long-term care home that were acknowledged to the individual who made a complaint (%; LTC home residents; Most recent 12 month period; Local data collection)	54641	CB	CB	100.00	
3	Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL) (%; LTC home residents; April 2017 - March 2018; In house data, interRAI survey)	54641	CB	CB	100.00	
4	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (%; LTC home residents; April 2017-	54641	93.00	90.00	94.59	

					of individual residents with dementia and their family member.
6	Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment (%; LTC home residents; July - September 2017; CIHI CCRS)	54641 3.66	3.20	3.00	
7	Percentage of residents who fell during the 30 days preceding their resident assessment (%; LTC home residents; July - September 2017; CIHI CCRS)	54641 23.35	20.00	24.60	The home will continue to implement strategies and best practices for falls prevention as part of our quality program. We recognize that not all falls can be prevented due to our minimal restraint environment and the number of residents that have cognitive impairment. Our focus and efforts are around preventing falls with serious injury.
8	Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS) (%; LTC home residents; April 2017 - March 2018; In house data, NHCAHPS survey)	54641 CB	CB	100.00	
9	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (%; LTC home residents; April 2017 -	54641 CB	CB	100.00	

March 2018; In house data, interRAI survey)				
10	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July - September 2017; CIHI CCRS)	54641	15.68	19.00 15.90
11	Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment (%; LTC home residents; July - September 2017; CIHI CCRS)	54641	2.12	3.00 0.70