

## Excellent Care for All

### Quality Improvement Plans (QIP): Bluewater Health 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.

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 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
1	<p>"Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate your care during this emergency department visit?" (ED). From the Ontario Emergency Department Patient Experience of Care Survey (EDPEC). Add the number of respondents who responded "10" or "9" and divide by number of respondents who registered any response to this question (do not include non-respondents). ( %; ED patients; April 2016 to September 2016; Ontario Emergency Department Patient Experience of Care Survey (EDPEC))</p>	966	CB	CB	42.70	Due to the revision in the patient experience survey in April 2016, all hospitals who measure patient experience using this tool do not have access to historical data to identify previous performance, comparator data of other organizations, and a provincial target has not been set.
2	<p>"Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?" (Inpatient). From Canadian Institute of Health Information (CIHI) Canadian Patient Experiences Survey—Inpatient Care (CPES). Add the number of respondents who responded "10" or "9" and divide by number of respondents who registered any response to this question (do not include non-respondents). ( %; Adult Inpatients; April 2016 to September 2016; Canadian Institute of Health Information (CIHI) Canadian Patient Experiences Survey—Inpatient Care (CPES))</p>	966	CB	CB	62.20	Due to the revision in the patient experience survey in April 2016, all hospitals who measure patient experience using this tool do not have access to historical data to identify previous performance, comparator data of other organizations, and a provincial target has not been set.
3	<p>"Would you recommend this emergency department to your friends and family?" From the Ontario Emergency Department Patient Experience of Care Survey (EDPEC). Add the number of respondents who responded "Definitely, Yes" and divide by number of respondents who registered any response to this question (do not include non-respondents). ( %; ED patients; April 2016 to September 2016; Ontario Emergency Department Patient Experience of Care Survey (EDPEC))</p>	966	CB	CB	42.50	Due to the revision in the patient experience survey in April 2016, all hospitals who measure patient experience using this tool do not have access to historical data to identify previous performance, comparator data of other organizations, and a provincial target has not been set.

4	“Would you recommend this hospital to your friends and family?” From CPES (CIHI) patient experience survey. Add the number of respondents who responded “Definitely, Yes” and divide by number of respondents who registered any response to this question (do not include non-respondents). (%; Adult inpatients; April 2016 to September 2016; Canadian Institute of Health Information (CIHI) Canadian Patient Experiences Survey—Inpatient Care (CPES))	966	CB	CB	66.00	Due to the revision in the patient experience survey in April 2016, all hospitals who measure patient experience using this tool do not have access to historical data to identify previous performance, comparator data of other organizations, and a provincial target has not been set.
5	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. (Rate per 1,000 patient days; All patients; January 2016 – December 2016; Publicly Reported, MOH)	966	0.17	0.20	0.21	The current performance represents a combined result from Sarnia and CEEH sites. Provincial average based on January to August 2016 data (HQO) is 0.24 for all Ontario hospitals and current comparator for peer hospitals is 0.26.
6	ED Wait times: 90th percentile ED length of stay for Admitted patients. (Hours; ED patients; January 2016 - December 2016; CCO iPort Access)	966	23.80	20.00	24.60	Bluewater Health has set a target of 20 hours for the past 2 years, however have not met the target each year. There has been an overall increase in wait times across the province in 2016, and the monthly provincial average for Ontario High-Volume Community Hospitals (between January and December 2016) is between 30 and 37 hours.
7	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital (Rate per total number of admitted patients; Hospital admitted patients; most recent quarter available; Hospital collected data) Q3 2016/17	966	96.30	96.00	98.10	Bluewater Health has increase medication reconciliation on admission compliance incrementally over the last 3 years, from 88 to 98%, being a high performing hospital. There is no comparator data available to identify provincial average.
8	Percentage of acute hospital inpatients discharged with selected HBAM Inpatient Grouper (HIG) that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission. (%; Discharged patients with selected HIG conditions; July 2015 – June 2016 ; CIHI DAD)	966	13.06	12.50	14.31	Bluewater Health has not met the target set for this indicator however has a current performance that exceeds both LHIN (15.24%) and provincial performance (16.34%). The provincial target for this indicator is 15.5% (Feb 2017).
9	Risk-adjusted 30-day all-cause readmission rate for patients with COPD (QBP cohort) (Rate; COPD QBP Cohort; January 2015 – December 2015; CIHI DAD)	966	20.52	16.90	17.72	Although Bluewater Health did not meet the target identified in the 2016/17 QIP cycle, a 2.8% reduction in readmission for patients with COPD occurred. This will continue to be a focus for the 2017/18 QIP. The provincial crude rate for Ontario large community hospitals is 19.7% (FY 14/15).
10	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data (Rate per 100 inpatient days; All inpatients; July 2016 – September 2016; WTIS, CCO, BCS, MOHLTC)	966	27.40	25.00	21.72	Bluewater Health has met the target set for this indicator. This will be continued on the upcoming QIP to further develop community partnerships in attempts to get closer to LHIN (16.53%) and provincial performance (15.6%). The provincial target for this indicator is 12.7% (Feb 2017).