

Excellent Care for All

Quality Improvement Plans 24/25 (QIP): Progress Report on the 2023/24 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.

Ontario Health (OH) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

Hospital

ID	Measure/Indicator from 2023/24	Org Id	Current Performance as stated on QIP2023/24	Target as stated on QIP 2023/24	Current Performance 2024	Comments
	Total number of Leaders who complete an on-line learning module regarding Cultural Sensitivity for Indigenous Peoples.	962	20.7%	100%	31.4%	

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 2023/24)	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?
Creation of learn module for Indigenous cultural safety	N	A NH specific module was not created. We partnered to deliver San'yas Indigenous Cultural Safety Training for NH leaders.
Implementation of training module to all leaders.	Y	A training module was offered and delivered through San'yas and participation tracked through Human Resources.

ID	Measure/Indicator from 2023/24	Org Id	Current Performance as stated on QIP2023/24	Target as stated on QIP 2023/24	Current Performance 2024	Comments
	Total number of new hires who attend an introductory session at orientation on Diversity and Cultural humility approach.	962	73.90%	100%	100%	

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Updating with feedback from the Indigenous Health Services Team.	Y	Feedback and information from the Indigenous Health Services and Reconciliation team has been embedded in training for all new hires. This impacted staff interactions with Indigenous patients and increased their ability to connect them to our available services.
Ensure all new hires receive training through general orientation.	Y	Through making this mandatory for new hires to complete and ensuring they had this information on their first day of orientation was a core reason for the high level of completion.

ID	Measure/Indicator from 2023/24	Org Id	Current Performance as stated on QIP2023/24	Target as stated on QIP 2023/24	Current Performance 2024	Comments
	Total number of new clinical hires who attend a session on Cultural Humility at General Nursing Orientation.	962	49.7%	100%	100%	

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Updating modules with feedback from the DEI committee.	Y	The modules were updated successfully in partnership with the committee.
Ensure all new hires receive training through General Nursing Orientation.	Y	All new clinical staff received this training at orientation. Embedding this in the orientation has provided for a successful attainment of 100% compliance.

ID	Measure/Indicator from 2023/24	Org Id	Current Performance as stated on QIP2023/24	Target as stated on QIP 2023/24	Current Performance 2024	Comments
	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	962	79.39%	82.6%	80.77%	

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Review current process and assess its variability in practice.	Y	Successes included focused efforts at departmental levels to assess individual performance and provide data to physicians to support enhance med rec at discharge.
Understand the barriers to adoption among all staff and physicians involved in the process.	Y	Understanding med rec and making improvements was leveraged through the Accreditation process that was undertaken at the NH. This supported changes and improvements to this work.

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Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.

962

Baseline

Baseline

715

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Improve the accuracy of security reporting of violent incidents via IRS.	Y	Security staff have been provided with training about reporting and provided with time to complete incident reports.
Vocera badges for all patient facing staff.	Y	Vocera badges for patient facing staff have been rolled out across the organization and efforts are ongoing to support this initiative.
Increase knowledge of violence prevention tools.	Y	Modules are available for all staff to support understanding of violence prevention and tools available.

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Did patients feel that they received adequate information about their health and their care at discharge.

962

Baseline

Baseline

50%

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Implementing a process to collect emails at registration.

Monitor survey return rate to ensure reaching industry benchmarks.

External communications to promote patient participation.

Y

Y

Y

This has proven to be a challenge given the complexity of collecting this information when an individual is not well. As well, being able to articulate the rationale for asking for email is somewhat difficult. Efforts are ongoing to support staff in collecting this information and explore alternative ways to collect emails. It is also noted that some individuals do not have access to computers, therefore important to examine alternative ways of collecting information.

Moving to a new process and system has been a challenge that NH will continue to focus in on to ensure we receive feedback from our patients.

Promoting the importance of patient engagement in filling out the survey continues to be a priority. The main challenge is getting emails and providing reminders to people to fill out the survey when they return home.

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Long Term Care

ID	Measure/Indicator from 2023/24	Org Id	Current Performance as stated on QIP2023/24	Target as stated on QIP 2023/24	Current Performance 2024	Comments
	Percentage of LTC residents experiencing worsened pain.	51585	10.93%	9.5%	8.11%	

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Development of required program committee that focused on resident pain.	Y	Education was developed to acknowledge educational gaps which supported improved practice across the unit.
Use of RAI-MDS data on worsening pain to bring identify residents to the Pain Committees.	Y	The committee reviewed data and collaboratively developed interventions and learning plans for staff to support identification and treatment of pain.
Registered staff in the home will be provided with training regarding identification of and the use of available PRN's for management of pain.	Y	The educational plans were also supported by pharmacist advice and guidance on pain. This interdisciplinary approach to understanding and treating pain was an asset that supported improvements.

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	Percentage of residents responding positively to: "What number would you use 5 to rate how well the staff listen to you?"	5158	85.07%	90%	97.37%	

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Development of a resident focused annual survey.	Y	There were improvements to the survey and the methodology for surveying the residents to support engagement and survey completion. It was essential to modify the way questions were asked to ensure they were easier to understand and questions could be rated on a simplified scale that has allowed for better question understanding and response rate for residents with limitation in their cognitive abilities.
Development of a family focused annual survey	Y	The family survey was important to ensure that there was a more thorough understanding of the resident experience in the unit that has helped to drive specific initiatives related to communication.
Develop a Multidisciplinary Resident Care Committee.	Y	Bi-annual meetings were implemented in an effort to bring together families, residents, leadership, and managers from each department (dietary, nursing etc.) to support understanding of the information and potential changes. A hybrid approach to the meetings supported attendance and engagement in the committee.

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	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences."	5158	86.36%	90%	100%	

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