

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 (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 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment ( %; PC organization population (surveyed sample); April 2017 - March 2018; In-house survey)	91486	84.00	85.00	88.78	Questionnaires were fully implemented and data collected with tablets. As 427 clients completed the survey, the survey statistically achieved a confidence level of 95% and margin of error of 5%.

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 2018/19)	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?
Revised brief client survey with QIP, MSAA and accreditation for use on hard copy or on a tablet.	Yes	Client survey was revised and improved. Questionnaires were fully implemented and data collected with tablets. As 427 clients completed the survey, the survey statistically achieved a confidence level of 95% and margin of error of 5%.

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
2	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed. ( %; PC organization population (surveyed sample); April 2018 - March 2019; In-house survey)	91486	39.00	45.00	37.37	Access was affected in 2018/19 by vacancies in NP+MD positions. Client survey were revised and improved. Questionnaires were fully implemented and data collected with tablets. As 427 clients completed the survey, the survey statistically achieved a confidence level of 95% and margin of error of 5%.

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3	Percentage of patients who have had a 7-day post hospital discharge follow up for selected conditions (CHCs, AHACs,NPLCs). ( %; Discharged patients ; Last consecutive 12 month period; See Tech Specs)	91486	98.00	98.00	CB	We are collecting a new baseline for this indicator as we identified gaps in the data collection process that will be rectified this year. We are implementing a new process to collect, analyze, and use post-discharge information for clinical follow-up. It will bring major improvements in data accuracy and considerably expand our capacity to manage post-discharge data and proceed with timely follow-up.

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Investigate options for getting data from the regional hospital for clients being discharged if living in the Armstrong or Longlac.	Yes	We identified gaps in the data collection process that will be rectified this year. We are implementing a new process to collect, analyze, and use post-discharge information for clinical follow-up. It will bring major improvements in data accuracy and considerably expand our capacity to manage post-discharge data and proceed with timely follow-up.

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4	Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge. ( %; Discharged patients ; Last consecutive 12 month period; EMR/Chart Review)	91486	98.00	98.00	CB	We are collecting a new baseline for this indicator as we identified gaps in the data collection process that will be rectified this year. We are implementing a new process to collect, analyze, and use post-discharge information for clinical follow-up. It will bring major improvements in data accuracy and considerably expand our capacity to manage post-discharge data and proceed with timely follow-up.

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Audit of clients who have a 7 day post discharge follow up for our Thunder Bay and Longlac site.	Yes	We identified gaps in the data collection process that will be rectified this year. We are implementing a new process to collect, analyze, and use post-discharge information for clinical follow-up. It will bring major improvements in data accuracy and considerably expand our capacity to manage post-discharge data and proceed with timely follow-up.

