

2021/22 Quality Improvement Plan - Final Results Achieved 2021/22 (Q3) "Improvement Targets and Initiatives"



Hotel Dieu Shaver Health and Rehabilitation Centre 541 Glenridge Avenue, St. Catharines, ON, L2T4C2

*Targets for 2021/22 are unchanged from 2020/21 due to COVID.

AIM	Measure	BASELINE PERFORMANCE		CURRENT PERFORMANCE		Target justification*	External Collaborators	COVID-19 Pandemic Impact
		QIP Data Period (refer to Baseline under Measure/ Indicator)	Target for 2021/22	Achieved 2021/22				
Issue	Quality dimension	Measure/Indicator	Type					
Theme I: Timely and Efficient Transitions	Efficient	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. <i>Unit = %</i> <i>Baseline = Q2 2019/20 (Jul. - Sep. 2019)</i>	Priority HQO/HNHB LHIN Required	4.38	12.00	10.80	Niagara Health System ; LHIN Home and Community, Long Term Care Homes, Niagara Ontario Health Team - Equipe Sante Ontario Niagara (NOHT-ESON), Retirement homes, Patients' families and caregivers	
		Meet optimal wait times for internal inpatient to outpatient services based on stroke wait times <i>Unit = Days</i> <i>Baseline = Jan. - Dec. 2019</i>	Custom	6.00	6.00	25.00	Rehab Care Alliance, Ontario Stroke Network, Niagara Health System, Patients' families and caregivers	Wait times have significantly increased due to change from three teams of therapists per 36 patients to two teams of therapists (i.e. team caseload of 12 patients increased to 18 patients). Also impacted by process change whereby an outpatient start date is no longer provided at the time of inpatient discharge but instead a phone screening call is completed within one week of discharge after which the patient waits to be offered the next available appointment. Less intensity of rehab is offered per week of treatment (i.e. 7 visits rather than 14 visits in 7 weeks), resulting in slower progress and some program extensions to optimize recovery. Start and end dates for treatment are less predictable than prior to the pandemic.
	Timely	Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital. <i>Unit = %</i> <i>Baseline = Q3 2019/20 (Oct. - Dec. 2019)</i>	Priority HQO	65.79	68.00	65.14	Doctor's offices, College of Physicians and Surgeons , Family Health Teams	
Theme II: Service Excellence	Patient-centred	Percentage of complaints acknowledged to the individual who made a complaint within five business days *Executive Compensation <i>Unit = %</i> <i>Baseline = Jan. - Dec. 2019</i>	Priority HQO	100.00	95.00	100.00	Ombudsmans Office, Patient Families and Caregivers	
		Patient experience: Would you recommend inpatient care to your friends and family? *Executive Compensation <i>Unit = %</i> <i>Baseline = Q2 2019/20 (Jul. - Sep. 2019)</i>	Custom/HNHB LHIN Required	99.47	95.00	100.00	Comparator Hospitals, Patients' Families and Caregivers, Niagara Ontario Health Team - Equipe Sante Ontario Niagara	
		Survey question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital? *Executive Compensation <i>Unit = %</i> <i>Baseline = Q2 2019/20 (Jul. - Sep. 2019)</i>	Custom/HNHB LHIN Required	96.81	97.00	99.32	Patients' Families and Caregivers, Niagara Health Information Technology Systems Department	

2021/22 Quality Improvement Plan - Final Results Achieved 2021/22 (Q3)

"Improvement Targets and Initiatives"



Hotel Dieu Shaver Health and Rehabilitation Centre 541 Glenridge Avenue, St. Catharines, ON, L2T4C2

*Targets for 2021/22 are unchanged from 2020/21 due to COVID.

AIM		Measure							COVID-19 Pandemic Impact
Issue	Quality dimension	Measure/Indicator	Type	QIP Data Period (refer to Baseline under Measure/ Indicator)	Target for 2021/22	Achieved 2021/22	Target justification*	External Collaborators	
Theme III: Safe and Effective Care	Effective	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. <i>Unit = % Baseline = Q3 2019/20 (Oct. - Dec. 2019)</i>	Priority HQO	99.16	85.00	97.75		Accreditation Canada, Community Pharmacists, Niagara Health System, Patients' families and caregivers	
		Percent of complex care patients with a new pressure ulcer in the last 3 months (Stage 2 or higher). <i>Unit = % Baseline = Q2 2019/20 rolling 4 quarter average (Oct. 2018 to Sep. 2019)</i>	Custom/HNHB LHIN Required	0.00	5.40	0.00		Brock University I-Equip Students, Canadian Institute of Hospital Information - Comparator Hospitals	
	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. <i>Unit = # of incidents Baseline = Jan. - Dec. 2019</i>	Required by Law	43.00	50.00	113.00		Ministry of Health, Ministry of Labour, Patients' families and caregivers	