

2023/24 QUALITY IMPROVEMENT PLAN (QIP) - FINAL RESULTS

2023/24 Indicator/Measures - FINAL Results		Baseline	Target	Q1	Q2	Q3	Q4	Status
Patient / Client / Provider Experience	Percentage of respondents (Inpatients) who responded positively (Yes) to the following question: "During this hospital stay, did you get information in writing about what symptoms or health problems to lookout for after you left the hospital?"	44%	75%	100% n=1	100% n=1	No responses	90% n=22	Met
	Percentage of residents who responded positively (Agree) to the statement: "I feel listened to."	HW 87.5% HC 75%	HW 85% HC 85%				HW 90% HC 80%	Met / Improved
	Percentage of clients who respond positively to the question, "I was told about other programs and services at CSS that might meet my needs."	72%	85%	77%	77%	81%	85%	Met
	% of staff responding good, very good, excellent to the question, "Overall, how would you rate the organization as a place to work?"	74.40%	74.40%	55% (2023)	-	-	57% (2024)	Improved
Safe and Effective Care	Proportion of patients discharged from hospital for whom medication reconciliation is provided.	74%	75%	85%	96%	100%	100%	Met
	Percentage of residents with a worsened stage 2 to 4 pressure ulcer.	HW 3.2% HC 6.3%	HW 2.5% HC 2.5%	HW 3.8% HC 4.8%	HW 1.9% HC 5.1%	HW 1.98% HC 3.41%	HW 2.1%* HC 3.8%*	Met *Prelimin data
	% of LTC staff completed mandatory IPAC education. (HW & HC LTC Homes)	53%	75%	-	51%	81%	81%	Met
	First Visit for a MHA condition in the Emergency Department as a percentage of all MHA presentations in ED. (Unable to collect this data.) *Planned initiative: Increase prevalence of depression screening as part of frailty screening in the ED.	N/A	25	3	5	8	10 Total=26	Met

Status Legend:

	Improved performance and met target
	Room for improvement – performance has improved but did not meet target
	Room for improvement – did not meet target and performance has declined
	On hold due to extenuating circumstances