

## Executive Summary

### IRP's Quality Management Program - 2021

#### **Summaries and Analysis of Value-Added Performance Indicators for Quality Management of Integrated Rehab Professionals (IRP)**

1. **Training and education** initiatives are the vital components to having skilled therapists with critical judgement and abilities who are competent in their community work. Going to a course, reading an article and sharing information with peers gives a therapist a heightened professional competence and this goes forward to the patients that she/he assesses, treats and provides interventions.
  - a. **COVID 19 Variance Training/Vaccination uptake:** SPP of IRP continued with Covid training as different variants took hold in Ontario. SPP have been mandated to abide by vaccination guidelines for health care companies in Ontario and our SPP complied. They have provided proof of vaccinations/booster shots to the office of IRP.
2. **Timely Access to Service:** IRP uses “first required visit date by or on” the patient referral to measure this performance indicator. We survey all clients of IRP and determine:
  - a. How soon a therapist makes her initial assessment according to the Case Coordinators’ Date of Service Required by or on. This is written on the Referral.
  - b. Service Providers are required to provide documentation in client’s chart if visit cannot be made within the required visit date due to factors beyond their control. Some of these factors are patient choice for visit, patient wishing family member present, late DC from hospital etc.
3. **Patient Outcomes using Valid and Reliable Tools:** In 2021/2022, IRP’s outcome measures have changed due to the introduction of Automatic Provider Reporting so that in Physiotherapy, we still have some of the same tools used in the chart below and in Occupational Therapy, we have narrowed the outcome measures to Barthel, MACH-10, MOCA and Goal Attainment Scale.
4. **Goals Met divided by Goals Set:** IRP has collected goals met over goals set for all patients and has attained good results exceeding the target.
5. **Benchmarking of Service Provider Personnel’s performance review** outcomes. This is comprised of 11 indicator results compared between Service Provider Personnel.

6. **Post Discharge Survey by patients:** Three extra questions were asked of Patients in their Client Satisfaction survey. They were asked about their post discharge status: If they had any falls, ED visits, and medical status, i.e., the same, improving, or declining.
7. **“No Visits”** where service was declined.
8. **Risk Events** needing re-education/ management have been added to the performance indicators of IRP.
9. **Competency self-assessment** for therapists and areas of improvement.

## INTEGRATED REHAB PROFESSIONALS' SCORECARD - 2021

The Service Provider Personnel (SPP) at IRP are committed to quality of service, accountability, and continuous improvement. Results of the year 2020 indicate that Service Providers at IRP have continued to increase their commitment to their customers, clients and caregivers and they demonstrate this commitment through processes for ensuring client satisfaction, partnering with patients and their families, and quickly resolving client concerns. All areas show improvement over the years previous: 2021

| Indicator  | Goal of Each Indicator  | Quality Initiatives Results 2021  | Target 2021           | Target for Next Year 2022 | Progress towards Goals Meet/Exceeds/ Not Met | Methods of Calculation   |
|--|---|---|-----------------------|---------------------------|--|--|
| <b>Training and Education Initiatives: Including COVID 19 Training and Re-Training</b> | <i>IRP Service Providers Personnel shall attend more than 4 education/training initiatives annually.</i>                                  | <b>SPP of IRP completed 322 training and education initiatives in 2021 an average of 10 per therapist. COVID 19 training for variants required more instruction of protection against variants and fit testing.</b> | 4 initiatives per SPP | 5 initiatives per SPP     | <b>Exceeds</b>                               | <i>Number of education initiative are reported to IRP by the SPP. They are added and divided by all SPP for an average.</i>  |
| <b>Timely Access</b>   | <i>IRP SPP will visit their clients within the guidelines of the Case Managers' Service Priority Rating Tool in over 90% of the time.</i> | <b>Timeliness of Initial Assessment according to CC Rating by Dates on Referral. 2021 = 99.9%</b>   | 96%                   | 96%                       | <b>Exceeds</b>                               | <i>Case Coordinators (CC) assign a date for Service required by or on. Service Providers make their initial visit according to timelines given on the referral and according to client wishes. Dates are compared and percentages calculated</i> |

| Indicator                           | Goal of Each Indicator  | Quality Initiatives Results 2021  | Target 2021 | Target for Next Year 2022 | Progress towards Goals Meet/Exceeds/ Not Met | Methods of Calculation  |
|-------------------------------------|---|---|-------------|---------------------------|--|---|
| <b>Ratio of Visits to Referrals</b> | <i>IRP target is 4-8 visits per client depending on client priority risk evaluation as approved by case coordinator</i> | <b>Ratio of Visits to Referrals in 2021 was 4.0 visits per client.</b><br>PT = 5.5 OT = 2.9 SW = 3.2  | 3-6 Visits  | 3-6 Visits                | <b>N/A</b>                                   | <i>Ratio of visits to referrals is calculated by dividing total number of visits made by the total number of referrals received per service provider.</i>   |
| <b>Rejected Visits to Bad Debts</b> | <i>IRP will have less than \$1000.00 Bad Debts annually.</i>  | <b>97 visits in 2021 were rejected with 97 resolved 2021: 0 Visit bad debt</b><br>Physiotherapy: 2021: 28 Visits<br>Occupational Therapy: 2021: 61 visits - Social Work visits 2021 = 8 | \$1,000.00  | \$1,000.00                | <b>Exceeds</b>                               | <i>Rejected visits, resolved rejected visits and bad debts are calculated and the amount of bad debts in dollars are calculated.</i>  |
| <b>Report Submissions</b>           | <i>IRP Target is 10% or less late initial report submissions</i>  | <b>Number of Initial late Reports: In 2021 there were 26 Late reports which is 0.5%</b>   | 10% or Less | 10% or Less               | <b>Exceeds</b>                               | <i>A report is taken from Procura for new patients. The date of the initial assessment is compared to the date of the report submission. If over 5 days or requested date by CC, it is considered late. (Second weekend and stat holidays are taken into consideration.)</i>        |
|                                     | <i>IRP Target is 10% or less Discharge report submissions</i>   | <b>Number of Late Discharge Reports: In 2021 there were 41 late Reports which is 0.8%</b>   |             |                           | <b>Exceeds</b>                               | <i>Task are sent to administrators' computer when service providers complete reports. Date of Discharge assessment is compared to discharge date if over 5days or requested date by CC, it is considered late. (Second weekend and stat holidays are taken into consideration.)</i> |

| Indicator                          | Goal of Each Indicator  | Quality Initiatives Results 2021   | Target | Target for Next Year 2022 | Progress towards Goals Meet/Exceeds/Not Met | Methods of Calculation   |
|------------------------------------|---|--|--------|---------------------------|---|--|
| <b>Client Satisfaction Survey</b>  | <i>IRP would like to receive over 30% returned surveys.</i>   | <b>Number of clients called: 135</b>   | 30%    | 30%                       | <b>Exceeds</b>                              | <i>Client Satisfaction surveys are sent in the mail to random clients with a self addressed stamped envelope inside. Clients are asked to answer 12 questions, give comments and rate helpfulness and satisfaction with SPP. The survey answers are scored out of 12, helpfulness and satisfaction are out of 4 and 4 respectively and if the comments are marked as positive or not. IRP will revise our Client Satisfaction survey in 2021 by condensing the questions and by phoning patients rather than asking them to complete a written survey.</i> |
|                                    | <i>IRP will achieve over 90% client satisfaction in the twelve questions asked, two comment questions and the rated questions for helpfulness and satisfaction.</i> | <b>In 2021: 99.6 % of questions asked of clients were agreeably answered</b> | 90%    | 92%                       | <b>Exceeds</b>                              |  |
|                                    |   | <b>In 2021: Very Helpful, Mostly Helpful equals 97.2%</b>                    | 90%    | 92%                       | <b>Exceeds</b>                              |  |
|                                    |   | <b>In 2021: Very Satisfied, Mostly Satisfied equals 97.6 %</b>               | 90%    | 92%                       | <b>Exceeds</b>                              |  |
|                                    |   | <b>In 2021: Positive Comments equal 96.2%</b>                                | 90%    | 92%                       | <b>Exceeds</b>                              |  |
| <i>Overall Satisfaction Result</i> | <b>Combined results of the four sections above for overall satisfaction equals 98.2%.</b>   | 95%  | 96%    | <b>Exceeds</b>            |   |  |

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|-----------------------------------|--|---|------------------|---------------------------|---|---|
| Post Discharge Survey of patients | IRP will determine quality of services by responses of patients  | In 2021, 1. Falls since Discharge? 17 %<br>2. Trip to emergency department? 13%<br>3. Mobility Status? Improving & stable? 81.5 %<br>Or Declining? 13 %                         | < 20%<br><br>80% | <20%<br><br>82%           | Exceeds                                     | These questions appear on our Client Satisfaction Survey and patients complete the questions.   |
| Commendations                     | IRP will have commendations from clients addressing their services received from Service Provider Personnel of IRP | In 2021, 96.2 % of clients gave positive comments on the Client Satisfaction Survey   | 90%              | 92%                       | Exceeds                                     | See Client Satisfaction survey and Numbers of commendations telephoned into the Director or thank you cards written, and commendations left on 222 Voice Mail.  |
| Chart Audit                       | IRP SPP will achieve over 90% in their documented Charts which are audited by peers in the same discipline.        | In 2021: 34/35 therapists received between 90 - 100% Average Score of all therapists in 2021 is 98%   | 90%              | 90%                       | Exceeds                                     | Chart Audits with 28 Parameters and questions are marked by SPP. The questions are marked as satisfactory, not satisfactory, not satisfactory or N/A. A percentage of compliance is calculated.           |
| Risk Event Audit                  | IRP target is to have less than 1% with remedial action occurring.   | In 2021: 14 risk events 1/14 or 1/5074 (.02%) patients served had remedial action and 13/14 were not preventable. IRP was 100% responsive to 14 Risk Events in a timely manner. | less than 1%     | less than 1%              | Exceeds                                     | At the time of the risk event a report is written by the service provider. This is accessed and analyzed within 24 hours. Severity, type, causes, action and preventability are accessed by the director. |

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|--|---|--|------------|---------------------------|---|--|
| <b>Physiotherapy Outcome Measure Results from Valid and Reliable Tools</b> | <i>To have results better than 90% for any one outcome measure.</i>   | <b>2021: Outcome One Measures for Two Measures:<br/>Same or improved: 98.2 %<br/>Did not improve: 1.7 %</b>                  | 90%        | 90%                       | <b>Exceeds</b>                              | <i>Physiotherapy Outcome Measures results are reported in the APR Physiotherapy Discharge report. There are two questions specifically related to Outcome 1 and 2 results.</i> |
| <b>Occupational Therapy Outcome Measures</b>                               | <i>To have results better than 90% for any one outcome measure.</i>   | <b>2021: Outcome Measures for Two Measures:<br/>Same or improved: 97.6%<br/>Did not improve: 2.2%</b>                        | 91%        | 91%                       |   | <i>Occupational Therapy Outcome Measures are reported in the APR Occupational Therapy discharge report.</i>  |
| <b>Survey of IRP by Service Provider Personnel</b>                         | <i>Service Provider Personnel will respond positively to 7 questions 90% of the time.</i>                                       | <b>In 2021 IRP had 65% surveys returned by staff. Agency Management and Administration received 99.3% satisfaction rate.</b> | 90%        | 90%                       | <b>Exceeds</b>                              | Percentages are obtained from the survey results on each question.   |
| <b>No Visits/Refused Visits</b>  | <i>Each SPP will have less than 1.5% refused visits and less than 6% no visits. The refused visits are the most concerning.</i> | <b>In 2021, IRP had 66 refused visits (1.2%) and 333 “No Visits” (6.2%)</b>  | 1.6%<br>6% | 1.5%<br>5%                | <b>Exceeds</b>                              | Data is collected on “no visits” and refused visits. IRP tries to encourage SPP to avoid refused visits and explain their roles as they benefit their patients.                |

| Indicator                  | Goal of Each Indicator  | Quality Initiatives Results 2021   | Target | Target for Next Year 2022 | Progress towards Goals Meet/Exceeds/Not Met | Methods of Calculation  |
|----------------------------|---|--|--------|---------------------------|---|---|
| <b>Goal Attainment</b>     | <i>IRP will achieve over 85% in Service Provider Personnel goal achievement which is a decreased target from last year. This is because there is no availability to give a partial goal attainment.</i> | <b>Overall Result in 2021:<br/>Occupational Therapy: 96.6%<br/>Physiotherapy: 81.3%<br/>Social Work: 93.9%<br/>Overall Attainment of Goals: 90.6 %</b> | 85%    | 85%                       | <b>Exceeds</b>                              | <i>SPP complete a Goal survey on their discharged clients. Number of clients who the therapist can answer yes to "goals attained" over number of clients that goals are set for. Adjustments are made for hospital hold, deceased patients etc.</i> |
| <b>Issues / Complaints</b> | <i>IRP shall have less than 1% client/caregiver complaints annually.</i>  | <b>2021: 6 Complaints total<br/>1.5 Complaints were justified (.03%)<br/>4 Complaints were unjustified</b>   | 1%     | 1%                        | <b>Exceeds</b>                              | <i>Complaints are reported to the Clinical Supervisor, and she documents, investigates, and resolves them. A total is calculated per SPP and per agency.</i>  |
| <b>Privacy Audit</b>       | <i>IRP will have no breaches of Privacy annually.</i>   | <b>No breaches of Privacy</b>  | 0%     | 0%                        | <b>Exceeds</b>                              | <i>Breaches of privacy are determined twice annually by review of privacy and security parameters. They are documented and added up as a numerical number annually.</i>   |
|                            | <i>Privacy Audit: To determine if there are any PHI breaches of access rights occurring.</i>  | <b>No Breaches – 5 were followed up and determined to not be breaches.</b>   | 0%     | 0%                        | <b>Exceeds</b>                              | <i>An external auditor randomly looks at charts to examine if any SPP have accessed PHI of patients that they do not care for.</i>  |

|   |  |   |     |     |                |  |
|---|--|---|-----|-----|----------------|--|
| <b>Benchmarking of SPP by Performance</b> | <i>IRP can evaluate where improvements are needed.</i> | <b>In 2021, IRP received a 99.1 % for all SPP in overall performance. 7 SPP had a total of 8 areas that needed improvement.</b> | 95% | 95% | <b>Exceeds</b> | <i>SPP individual performance reviews are compared in a chart form with areas of improvement highlighted for a summary of IRP.</i> |
|---|--|---|-----|-----|----------------|--|