Quality Improvement Plans (QIP): Progress Report for 2014/15 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 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015 (as of Q3 14/15)	Comments
1	ED Wait times: 90th percentile ED length of stay for Admitted patients. Hours ED patients Q4 2012/13 – Q3 2013/14 CCO iPort Access	17.58	17.00	18.90	This target was a negotiated target with the CE LHIN. Funding for six days for Nurse Practitioner has been instrumental in improving patient flow for patients presenting as low acuity patients. Consequently the physicians have been able to devote their attention to the more complex patients. The third quarter we have been in surge since mid-December which ultimately affected our goal in obtaining this target. Our third quarter performance is 22.00 hours. We developed an algorithm which has the nursing staff documenting on a daily basis the reason for delay in the patient transfer from the Emergency Department to the Inpatient Unit. The rationale for this algorithm is to identify barriers to transfer and identify improvements in patient flow. It also promotes a consultative process with front-line staff who are aware of our target and more importantly cognizant of quality patient care.
2	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, I n a given year. % N/a Q3 2013/14 OHRS, MOH	-0.12	0.00	-0.14	CMH is within $20,000 of being balanced. The hospital experienced additional pressures associated with patient volumes, implementing Ebola guidelines and additional maternity leaves.

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3	HSMR: Number of observed deaths/number of expected deaths x 100. Ratio (No unit) All patients 2012/13 DAD, CIHI	115.00	100.00	86.00	We did not include HSMR as an improvement because our qualifying numbers are small and should be interpreted with caution. We have continued to carry out HSMR audits on all death charts on a quarterly basis.
4	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. % All acute patients Q3 2012/13 – Q2 2013/14 Ministry of Health Portal	20.07	12.80	24.72	This target is particularly challenging since we have been in surge since mid-December. Extra staff have been required to manage inpatients in the Emergency Department, ensuring efficient patient flow for the Emergency patients. We continue to use a nursing algorithm that tracks overtime and matches appropriate resources to patient acuity. We have seen a significant increase of ALC patients in the third quarter from the second. Our patients and families are required to choose five placement options (only five regional LTC facilities available). The average length of wait time for a nursing home bed is 98.4 days in our region. The increase in ALC patients also affects patient flow and contributes to our surge status in the third and fourth quarter. LTC facilities are experiencing an increase in outbreaks which also affects access.
5	Percentage of acute hospital inpatients discharged with selected Case Mix Groups (CMGs) that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission. % All acute patients Q2 2012/13-Q1 2013/14 DAD, CIHI	19.02	15.00	16.07	We continue to manage patients who present with COPD and CHF (top two CMGs for readmission) with a multidisciplinary approach. We have also reached out to patients in the community to provide education regarding managing their disease prior to a hospital admission.

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6	From NRC Canada: "Would you recommend this hospital (inpatient care) to your friends and family?" (add together % of those who responded "Definitely Yes" or "Yes, definitely"). % All patients Oct 2012- Sept 2013 NRC Picker	92.10	92.50	100.00	We continue to dedicate discharge resources (3 days per week) and conclude this is the most significant service that patients have expressed as important to them.
7	From NRC Canada: "Overall, how would you rate the care and services you received at the hospital (inpatient care)?" (add together % of those who responded "Excellent, Very Good and Good"). % All patients Oct 2012- Sept 2013 NRC Picker	89.00	93.20	97.20	We need to keep this indicator as a priority as it demonstrates our commitment to becoming a senior friendly hospital. Having timely feedback from patients and families has been challenging, which is the rationale for continuing with the Vocantas discharge process. Our goal is to implement change based on real-time input in a timely manner.
8	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital. % All patients Most recent quarter available (e.g. Q2 2013/14, Q3 2013/14 etc) Hospital collected data	100.00	100.00	100.00	We did not select this indicator as we continue to meet our performance target.

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9	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI, divided by the number of patient days in that month, multiplied by 1,000 - Average for Jan-Dec. 2013, consistent with publicly reportable patient safety data. Rate per 1,000 patient days All patients 2013 Publicly Reported, MOH	0.61	0.00	X	Given our low critical mass, one case puts us well above the provincial average. We have set our target to be 0.00. This target is in alignment with the CE LHIN. Our challenge is that one nosocomial patient, as seen in our third quarter, can equate to 0.43%.
10	The percentage of inpatients 65 years and older receiving delirium screening using a validated tool on admission to hospital. % All inpatients >65 years 2014-15 EMR/Chart Review	91.00	100.00	96.60	Based on RNAO Best Practice Guidelines detection of patients who present with delirium are considered a medical emergency. This continues to be a stretch goal for us and one that will be maintained in our 2015/16 QIP. We participated in a provincial pilot in 2012 which demonstrates our commitment to being a senior friendly hospital. The CAM assessment tool has been implemented in the Inpatient Unit and results reported quarterly to the Quality Committee and the Board. Continuing education has been instrumental in ensuring that any new onset delirium is treated as a medical emergency.
11	Barthel assessment within 48 hours of admission and upon discharge. % All acute patients 2014/15 EMR/Chart Review	96.60	100.00	100.00	The Barthel Assessment tool was an indicator that we participated in during the provincial pilot in 2012. We saw this as a priority for our organization since the majority of our patients are senior and vulnerable to deconditioning. We also recognize that the quality care was ensuring that our patient did not decondition during their hospital stay. Our restorative care program that is managed by a multidisciplinary team - physiotherapist, physiotherapy assistant and recreational therapist - provide services that not only decrease deconditioning but also strengthens the patients physical and cognitive needs.