

Quality Improvement Plans (QIP): Progress Report for 2014/15 QIP



Indicator (2014/15 QIP)	Performance stated in previous QIP	Performance Target stated in previous QIP	Current Performance	Comments
<p>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 - Current Performance Jan-Dec. 2013, consistent with publicly reportable patient safety data</p>	<p>0.33</p>	<p>0.22</p>	<p>0.45</p>	<p>The AMSP philosophy has been to review patient therapy, and we have proceeded based on Patient Care Unit. As we expand beyond the critical care areas of the hospital, we plan to keep focus on broad spectrum antimicrobial use.</p> <p>We have assigned dedicated equipment to our medicine level 6 unit including blood pressure monitors and oxygen saturation monitors. In addition, we have implemented bleach cleaning across 4 units where CDI cases are highest. These units are targeted with specific protocols for cleaning (surfaces & equipment) so we can learn of their effectiveness and apply the learning to other units.</p>

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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. Current Performance FY2012/13 YTD Q3	79%	90%	63% (15/16 baseline)	Our Current Performance 63% is our baseline for 15/16 and now reflects hospital wide admissions. Our previous QIP performance was based on admissions through the Emergency Department only, and did not include patients directly admitted to the hospital. For the purpose of comparison, our 2105 current performance for patients admitted through ED, per previous QIP indicator definition, was 80%.
Percent of Independent Double Check (IDC) for HYDRomorphone administration: Number of completed IDC divided by the number of HYDRomorphone administrations. Current performance Q3 YTD 2014/15	Collecting Baseline	80%	95%	We have sustained performance above target and continue to investigate preventable errors from IDC data.
Hand hygiene compliance before patient contact: The number of times that hand hygiene was performed before initial patient contact divided by the number of observed hand hygiene indications for before initial patient contact multiplied by 100 - consistent with publicly reportable patient safety data. Current performance Jan – Dec 2014	92%	100%	90%	Hand Hygiene remains a priority for improvement as we continue to strive towards the 100% stretch target.

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Percent of patients with new pressure ulcer (stage 2 or higher). Include adult acute care, complex care and rehab. Current Performance Q3 YTD 2014/15	4.3%	3.9%	6.4	Although our performance shows an unfavourable increase from 4.3% to 6.4%, the difference is not statistically significant, which indicates our performance has not significantly changed. Our 13/14 best performance was 5.2%.
ED Wait times: 90th percentile ED length of stay for Admitted patients. Current Performance Q4 13/14 – Q3 14/15	27.7 hrs	27.7 hrs	32.02 hrs	Medicine patient population has increased in complexity and has increased patient LOS (length of stay) and this has been compounded by increasing ALC patient days in medicine and mental health. Another significant challenge is our mental health program demand exceeds our capacity by 12 beds. This represents huge challenges with placement and causes a ripple effect by unfavourably affecting patient flow and ultimately increasing patient wait times.
Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year. Current Performance Q3 YTD 2014/15	2.0%	2.0%	3.25%	Our current performance is better than last year's performance. Our goal is to maintain this performance going forward.

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Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. *100 Current Performance Q3 13/14 – Q2 14/15	11.83%	11.83%	13.09%	Because performance of this indicator is largely affected due to "Community" reasons that are beyond the Hospitals control, we monitor our performance of the "Hospital reasons" that influence ALC days as a separate performance indicator. We have reduced Hospital reasons to 0% and our goal is to sustain this performance.
Readmission within 30 days for Selected Case Mix Groups Current Performance Q2 13/14 – Q1 14/15	16.26%	16.26%	14.34%	Following best practices for these COHORTS and in particular COPD has contributed to our success with an improved overall readmission rate.
From NRC Canada: "Overall, how would you rate the care and services you received at the ED?" (Add together % of those who responded "Excellent, Very Good and Good"). Current Performance Oct 2013 – Sept 2014	86%	86%	87.2%	We are pleased we have sustained our patient satisfaction year over year score. This is especially notable given some ED wait times have increased slightly over last year.
Combined (questions) percent positive score: focusing on improving trust within the organization. Staff quarterly survey, 5 key questions. Current Performance Internal Staff pulse Survey FY13/14 Q1+Q2	38.4%	54.5%	N/A	Staff expressed concerns over the frequency of the quarterly pulse surveying. The question content reflects a cultural change which is difficult to measure from quarter to quarter. In addition we had scheduled the NRC full bi-annual survey in September. We discontinued pulse surveying in Q4 2013/14. We learned to focus on other engagement factors that build "trust" over time.

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Combined (questions) percent positive score: focusing on improving trust within the organization. Physician quarterly survey, 4 key questions. Current Performance Internal Physician pulse survey FY13/14 Q1+Q2	20.7%	67.7%	N/A	Overall, our Physicians have shown an increased interest in discussions and decisions related to the Hospitals finances and foundation grants. We decided to discontinue the quarterly pulse surveying in anticipation of the full Physician NRC survey in September 2014.