

Quality Improvement Plans (QIP): 2017/18 QIP Progress Report



Indicator	Performance stated in previous QIP	Performance Target as 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. 2015, consistent with publicly reportable patient safety data</p>	0.36	0.22	0.28	<p>We have not achieved target however we have improved over last fiscal year's performance.</p> <p>Strategies to reduce CDI will continue by supporting our Antimicrobial Stewardship Program (AMSP) and by the use of a vapour spray technology to sanitize isolation rooms. In addition, Southlake has implemented the "Assure System" cleanliness auditing to measure the effectiveness of our environmental cleaning and identify improvement opportunities.</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.	68.1%	80%	85.7%	We have achieved better than target and will continue to monitor compliance.
The number of times that hand hygiene was performed before initial patient contact during the reporting period, divided by the number of observed hand hygiene observations for before initial per reporting period, multiplied by 100. (Jan 2015-Dec 2015 MOH)	80%	100%	92%	<p>Our current performance has been sustained for the current fiscal year.</p> <p>In 2015/16 we implemented “anonymous” auditing with 74% compliance and our “champion” compliance was 88%. In 2016/7 YTD “anonymous” compliance has risen to 91% and “champion” to 93%</p>
Percent of patients with new pressure ulcer (stage 2 or higher). Include adult acute care, complex care and rehab. (Q3 FYYTD)	3.1%	3.1%	3.1 %	We have sustained and are better than target for the first 3 quarters of the current fiscal year.
ED Wait times: 90th percentile ED length of stay for Admitted patients. (Jan-Dec 2015)	30.0 hrs	30.0 hrs	32.0 hrs	There are a number of factors that drive this performance – for example, the ED has worked in the past few years to reduce the number of admissions. The number of ALC and long stay care patients throughout the building drives the performance of this indicator.

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Risk-Adjusted 30-Day All-Cause Readmission Rate (Southlake only) for QBP. (All acute patients Q1 15/16-Q2 15/16)	18.9%	17.0%	14.7%	Currently better than target ending October year to date.
The percent of completed or on target recommendations of Incident Management/ (Quality Care Committee) QCC reviews	98%	100%	90%	Our Q3 performance has brought down our overall year to date performance to 90%. We anticipate meeting target by the end of the fiscal year. The senior executive sponsor has been effective.
The number of workplace violence incidents that result in lost days is a count of the number of violent incidents in which an employee has lost more than the day of the actual incident (also known as a lost time incident). (Q1 15/16-Q3 15/16)	4.0	0.0	1.0	Our current performance has improved from last year. Our “theoretical best” target remains as zero. Focus will continue to be on prevention strategies using a collaborative approach with internal and external partnerships in the development of best practices in violence prevention.

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ED Patient Satisfaction using EDPEC survey tool. (Collecting Baseline)	CB	CB	53.3	Due to the introduction of a new survey tool, methodology and change in indicator question, our current 16/17 performance cannot be compared to our previous QIP.

March 28, 2017