Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for the 2015/16 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 2015/16	Org Id	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
1	% Hand Hygiene Compliance Before Patient Contact (all patients) (%; All patients; YTD 14-15; internal audit tool /Mariner)	927	52.00	95.00	83.00	There continues to be significant improvement compared to 14-15 baseline results. The Just Clean your Hands education continues , as well as continued focused HH exercise/training sessions with all staff. Implementation of "recognition" programs to staff who are doing well is in progress and has been successful initiative so far. New sinks are being installed in Q4 . HDGH uses the "anonymous" audit model so that results are true and reflective rates.
2	% of Rehab patients transferred within two days (%; Rehab; Q3; Hospital collected data)	927	42.00	60.00	56.00	There has been continued improvement in transition wait times from acute to post acute services . In Q3 , we reached 56% from a low of 19% in Q1, 14/15. We are very close to reaching YTD target of 60% and we predict continued improvements with this indicator in Q4 due to the opening of our new REhab Unit (30 bed unit) in mid January, 2016. We have partnered with our LHIN and acute care partners to continue to collaboratively work towards common definitions related to wait time data points and have

						created a transparent wait list database through our Patient Flow system partner, Oculys.
3	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. (%; N/a; Q3 FY 2014/15 (cumulative from April 1, 2014 to December 31, 2014); OHRS, MOH)	927	-2.50	0.00		Many components have been worked on throughout the year to minimize the deficit by year end. The key components affecting this years end results are : - Detailed benchmarking review identifying savings to incorporate into 15/16 and fully into 16/17 - Focused efforts to minimize sick and overtime costs via the Attendance Management Process /Program - Negotiating changes with the Ministry with regards to the most advantageous use of our PCOP dollars - CORE team focus on reducing supplies costs with front line staff engagement - FMM (financial management meetings) , ESM budget reporting tool , budget buddies structure in finance to review results with each management group.
4	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI during the reporting period, divided by the number of patient days in the reporting period, multiplied by 1,000. (Rate per 1,000 patient days; All patients; Jan 1, 2014 - Dec 31, 2014; Publicly Reported, MOH)	927	0.17	0.14	0.06	Continued focus Just Clean Your Hands Education to all staff , as well as a continue focused HH exercise/training session with all staff. Environmental services started doing all cleaning with the Oxivir TB wipes in December 2015. The introduction of Oxivir TB wipes as the main disinfection tool for point of care cleaning by clinical staff started in January 2016. The key benefits were a one minute contact time for disinfection instead of ten min (ES: Virex 256) or 3 min (Clinical: Clorox). This has reduced complaints from

						patients & staff regarding odour, less damage to surfaces & equipment and environmentally friendly. Implementation of "recognition" program to staff who are doing well is in progress . There is considerable communication and discussion of results and audit results with staff at safety huddles and various committee meetings with shared learning's . HDGH practices "anonymous" hand hygiene audits so that results are true and reflective. Rates improved in 15-16 from the baseline of .17 to YTD .06.
5	FIM efficiency Indicator : Discharge FIM - Admission FIM / LOS (Ratio (No unit); Rehab; YTD 14-15; NRS-CIHI)	927	0.94	1.10	0.96	The target was met in Q3 with 1.11 . The overall YTD is .96 which is just under our target for 15-16. This improvement demonstrates the successful implementation and monitoring of the action plans for this indicator including improved timely capture of Admission/discharge FIM scores. There has also been a focus on ensuring staff receive the appropriate training and certification on FIM .
6	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; Hospital collected data)	927	23.00	40.00	46.00	We have exceeded our target of 40% with a YTD of 46%. This is significant improvement from the benchmark starting point of 23% last year. There continues to be a focus on multi-disciplinary approach and planning to the implementation of Medication Reconciliation with the biggest impact being the full recruitment in place for pharmacists in Q3

						/Q4. This indicator will continue to improve through 16-17 .
7	Overall, How would you rate the care and services you received at the hospital (Complex Continuing Care) (%; Complex continuing care residents; Q3 - 14/15; Internal Survey)	927	97.10	95.00	96.40	The Patient Family Engagement Committee (PFEC) was implemented in Q3. Executive Walkabouts were piloted and tested in 15-16 and the question database is in development to support more robust reporting. The internal survey will be reviewed in 16-17 with the new OHA contract.
8	Overall, How would you rate the care and services you received at the hospital(NRC - Rehab) (%; Rehab; YTD; NRC Picker)	927	89.30	95.00	93.75	Current Performance is based on Q2 - 15/16 results. We are just under the target of 95% but shows improvement over the 14-15 YDD of 91.25%. The Patient Family Engagement Committee (PFEC) was implemented in Q3. Executive Walkabouts were piloted and tested in 15-16 and the question database is in development to support more robust reporting. The internal survey will be reviewed in 16-17 with the new OHA contract.
9	Wait time for Outpatient Rehab Services - Referral to Initial Outpatient admission- % meeting target (discharge to initial OP initial appointment) (%; Rehab; monthly; Hospital collected data)	927	0.00	30.00	29.10	This indicator is close to meeting the target of 30% for 15-16. This indicator started with a baseline of zero and has already had an improvement of 30% with focus on process for booking therapy appointments and process, as well as real time monitoring of a wait time database. Wait times and % of appointments booked prior to discharge are indicators that are monitored within this outcome indicator.