

Excellent Care for All

**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	2012-2013 Actual	2013-2014 Actual	Baseline Performance for QIP14/15	Target for QIP 14/15	Current Performance	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	17.7	9.3	9.58	8.50	10.38	Despite our inability to achieve an Admitted patient wait time of 8.5 hours, we have been able to achieve #2 top wait time performances for all Pay for Results hospitals. We implemented Joint Discharge Operational Rounds in 2013.
2	ED Wait times: 90th percentile ED Length of stay for complex conditions (hours) ED patients Q4 2012/13– Q3 2013/2014 CCO iPort Access	5.4	4.9	5.00	5.00	4.94	We have been able to sustain our overall #2 Top Pay for Results Wait time performance for the past 17 months.
3	"ED Wait times: 90th percentile ED Length of Stay for non-complex conditions (hours) ED patients Q4 2012/13– Q3 2013/2014 CCO iPort Access	3.4	2.9	3.00	3.00	2.78	We have been able to sustain our overall #2 Top Pay for Results Wait time performance for the past 17 months.
4	90th percentile Physician Initial Assessment for all ED patients (hours) ED patients Q4 2012/13– Q3 2013/2014, CCO iPort	3.5	2.9	2.50	2.20	2.40	While we have been unable to achieve our initial target, we continue to be the 2nd Highest Performer with overall ED wait times in the province
5	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 2013/14, OHRS, MOH	.376	.66	..39	0.00	0.25	1) We generate a surplus plan ( GASP) every year, targeting 2 % overall reduction 2) We vacancy managed a Manager role ( 1 FTE) this past year 3) We found operational and financial efficiencies with our OR utilization review resulting in significant savings.

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							4) We developed a combined Medical – Surgical and Obstetrical combined staffing model. Combined, we are confident that our year -end Total Margin will be better than the .25 achieved at the end of the 3 <sup>rd</sup> quarter.
6	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	20.9	19.5	18.45	15.00	20.09	We continue to work collaboratively with the CCAC and community partners, Without increased homecare and Long Term care access, we will be unable to reduce this further
7	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	13.5	15.4	17.70	15.00	16.99	
8	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	93	95	92.00	92.00	93.00	** Please note that these measure reflect “ Overall Positive Scores” – not “ Would you recommend as a performance indicator” This has been discussed with HQO
9	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.	n/a	n/a	CB	75.00	86.90	CB- means collecting baseline

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	% All patients Most recent quarter available (e.g. Q2 2013/14, Q3 2013/14 etc) Hospital collected data						
10	C Difficile 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, and 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	.17	0.00	0.00	0.00	X	X- data sample is too small to report
11	Rate of Falls with Outcomes per 1000 inpatient days: Total number of falls with a severity rating of moderate, severe or critical divided by the number of inpatient days multiplied by 1000. Data Source: Internal Safepoint Incident Reporting System. ( Rate per 1,000; All acute patients; Q1-Q3 2013-2014; Hospital collected data)	1.09	.64	0.00	0.00	X	X- data sample is too small to report