

Quality Improvement Plans (QIP): Progress Report for 2013/14 QIP

Priority Indicator	Performance	Performance Goal	Progress to date	Comments
ED Wait times: 90th percentile ED length of stay for Admitted patients. (Hours) 2012-2013Q3/4-2013-2014Q1/Q2	19.70	18.90	9.60	Achieved Target
ER Wait times:90th Percentile Physician Initial Assessment (Hours) 2012-2013Q3/4-2013-2014Q1/Q2	3.30	2.50	2.50	Achieved target
ER Wait times: 90th Percentile Length of Stay for Non Admitted Complex Patients (CTAS 1-3) 2012-2013Q3/4-2013-2014Q1/Q2	6.10	6.00	5.00	Achieved target
ER Wait times: 90th Percentile Length of Stay for Non-Admitted Non Complex Patients (CTAS 4-5) 2012-2013Q3/4-2013-2014Q1/Q2	3.70	3.70	3.00	Achieved target
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. OHRS MOH Q1-Q3	0.00	0.00	0.39	Achieved target
Readmission rate within 30 days for Chronic Obstructive Pulmonary Disease (COPD) to Stevenson only: The number of patients with COPD re-admitted to sMH for non-elective inpatient care within 30 days of discharge for a similar condition. Current Performance = 2013-2014 Q1-Q3.	14.10	12.70	13.00	This is a multi-year Quality Improvement Project We have started to enroll our Medically Complex Patients to the South Simcoe Northern Northern York Health Link Program (SSNYHL) in Sept. 2014 The SSNYHL has established a Telehome Care program that began accepting patients in Dec. 2013 We have participated with the Central LHIN Quality Based Procedure Working group to develop Clinical Pathways, Order Sets and Passports. We will begin to roll this out in 2014-2015 The Alliston Family Health Team has just been awarded funding to set up a Pulmonary rehab program in 2014-2015.
Readmission rate within 30 days for Congestive Heart Patients (CHF) Disease o Stevenson only: The number of patients with CHF re-admitted to sMH for non-elective inpatient care within 30 days of discharge for a similar condition. Current Performance = 2013-2014 Q1-Q3	26.80	24.09	18.00	This is a multi-year Quality Improvement Project. We have started to enroll our Medically Complex Patients to the South Simcoe Northern Northern York Health Link Program (SSNYHL) in Sept. 2014 The SSNYHL has established a Telehome Care program that began accepting patients in Dec. 2013 We have participated with the Central LHIN Quality Based Procedure Working group to develop Clinical Pathways, Order Sets and Passports. We will begin to roll this out in 2014-2015 The Alliston Family Health Team has just been awarded funding to set up a Congestive Heart Failure Clinic in 2014-2015.

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From NRC Picker: "Overall, how would you rate the care and services you received at the hospital?" (add together percent of those who responded "Excellent, Very Good and Good")	92.00	92.00	92.93	Achieved target
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, and multiplied by 1,000 Rate per 1,000 patient days	0.00	0.00	0.00	Achieved target
The number of times that hand hygiene was performed before patient contact divided by the number of observed hand hygiene indications multiplied by 100.	88.90	100.00	91.30	Improved over last year. Progress towards theoretical target
Percent of Adult Patients discharged on the Med-Surg receiving medication reconciliation on discharge.	61.50	80.00	66.00	This is a multi-year project. This information was obtained using random audits of all discharged patients identified as Quality Based Procedure Patients (QBP) or patients with CHF, COPD, and Stroke. Quarter 1 indicated this was completed 33% of the time. This has improved in Quarter 3 to 76% compliance
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. Current Performance rate per 1,000 patient days	1.50	1.35	0.42	We have achieved our target