

2015/16 Quality Improvement Plan for Ontario Hospitals
 "Improvement Targets and Initiatives"



Stevenson Memorial Hospital 200 Fletcher Crescent P.O. Box 4000

AIM		Measure							Change	
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods
Access	Reduce wait times in the ED	ED Wait times: 90th percentile ED length of stay for Admitted patients.	Hours / ED patients	CCO iPort Access / Jan 1, 2014 - Dec 31, 2014	596*	10.38	10	For the past 18 months, Stevenson Memorial has achieved the distinction of rating #2 with respect to wait times as compared to other Pay for Result Organizations.	1)Joint Discharge Operational Round participants will refer all complex patients for Community Based Chronic Disease Management prior to discharge from the	Quarterly, we will review the number and % of complex patients that have been referred to Community Based Chronic Disease Management Programs
Effectiveness	Improve organizational financial health	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	OHRs, MOH / Q3 FY 2014/15 (cumulative from April 1, 2014 to December 31, 2014)	596*	0.25	0	We will continue to balance our budget for 2015-2016	1)Patient care model change will be implemented during 2015-2016	During daily bed rounds, medical-surgical patients will be identified that can be transferred to the Obstetrical-Medical-Surgical Unit
Integrated	Reduce unnecessary hospital readmission	Readmission within 30 days for Selected Case Mix Groups to Stevenson Memorial Only	% / All acute patients	DAD, CIHI / DAD, CIHI / July 1, 2013 - Jun 30, 2014	596*	13.9	13.9	We will continue to meet or exceed the provincial benchmark	1)1)CHF and or COPD patients will be referred for chronic disease management education prior to discharge. For example, these patients will be referred to the Community interprofessional programs as appropriate.	Quarterly, decision support will pull CHF and COPD patients with > 2 ED visits in the past 6 months and > 2 admissions in the past year.
Patient-centred	Improve patient satisfaction	From NRC Canada: "Overall, how would you rate the care and services you received at the hospital (inpatient care)?" (add together % of those who	% / All patients	NRC Picker / October 2013 - September 2014	596*	93	94	We are committed to sustaining our performance at SMH	1)1)Develop Patient and Family Advisory Committee to guide our Improvements with Patient Experience	During Patient and Family Advisory Committee, will ask council members to provide us with advice on what initiatives they believe will make the difference to our patients and families
SUSTAINING PERFORMANCE- see below										
Integrated	Reduce unnecessary hospital readmission	Readmission within 30 days for Selected Case Mix Groups	% / All acute patients	DAD, CIHI / July 1, 2013 - Jun 30, 2014	596*	n/a				

	Reduce unnecessary time spent in acute care	Readmission within 30 days for Selected Case Mix Groups	% / All acute patients	DAD, CIHI / July 1, 2013 - Jun 30, 2014					
	Increase proportion of patients receiving medication reconciliation upon admission	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	Hospital collected data / most recent quarter available	86.90%				
Safety	Reduce hospital acquired infection rates	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 - Average for Jan-Dec. 2014, consistent with HCO's Patient Safety public reporting website.	Rate per 1,000 patient days / All patients	Publicly Reported, MOH / Jan 1, 2014 - Dec 31, 2014	596*	0			

Goal for change		
Process measures	ideas	Comments
% of complex patients referred to Community based Chronic Disease Management programs	90% of all complex patients will be referred for Community Based Chronic Disease Management Programs	
Monday- Friday, the managers of Emergency , Medicine and Obs/Med-Surg unit will identify patients that can be transferred to Obs/Med-Surg Unit	The combined occupancy for the 38 acute beds will be 80%	In addition, 1) We will continue to generate a surplus plan (GASP) every year, targeting 2 % overall reduction 2) We will continue to look at administrative roles and efficiencies. 3) We will continue to streamline Operating Room processes resulting in financial gains
80% CHF and or COPD patients will be referred for chronic disease management education prior to discharge. For example, these patients will be referred to the Community interprofessional programs as appropriate.	80% of CHF and COPD patients will have been referred to CCAC and or the Medically Complex Clinic	
Will completed 4 patient and family centered care improvement ideas in 2015-2016	100% of patient and family centered care improvement ideas will be implemented by March 31 2016	
		We will continue to work with CCAC, Mathews House and other community partners to access increased homecare, Long Term Care and Rehabilitation Services for our patients

		<p>We will continue to participate with Health Links and referrals to our Medically Complex Clinic. Given the data for this indicator is not available within a timely manner, we will only be able to focus on improvements with patients that are readmitted to Stevenson Memorial</p>
		<p>The current provincial benchmark for medication reconciliation on admission was 67% (source Accreditation Canada Medication Reconciliation document, 2012). We have achieved an 86.8% year to date for this year.</p>
		<p>Infection Control Leader and Environmental Service Staff will continue to provide education on best practices for handhygiene and cleaning practices. We will continue to meet and exceed the provincial average of .23 cases per 1,000 patient days</p>