Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2015/16 QIP

The Progress Report is a tool that will help understand linkages between change ideas and improvement, and gain insight into how their change ideas are moving forward.

Measure/Indicator from 2014/2015	Initial Performance on QIP15/16	Target on QIP 15/16	QIP 15/16 FINAL REPORT	Comments
ED Wait times: 90th percentile ED length of stay for Admitted patients. Hours, ED patients, (Jan 1/14-Dec 31/14/ CCO iPort Access)	32.35h	27.5h	**21.70h**	P4R initiatives continue to move forward with planning underway for the 16/17 year. CGMH has made excellent progress in reduction of ED waits, specifically the wait for an inpatient bed.
Fractured Hip Trauma Repair Wait-time: Hours / All patients requiring non-elective surgical Hip repair (Q1-3 2014/15/ Hospital collected data)	43.4h	39h	**28.53h**	MSK program continues to focus on strategies to improve timely access to care. An additional Ortho Surgeon at CGMH has increased local and regional surgical capacity
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 / Q3 FY 2014/15 (cumulative April 1, 2014 to December 31, 2014))	- 1.6	- 3.0	**-2.7**	Focus to identify and eliminate waste utilizing LEAN methodologies is ongoing. Work continues to manage the current deficit and the structural funding concerns as outlined in a business case submitted for discussion with the LHIN.
Percent of Staff Engagement Plan Initiatives implemented (% / Action Plan Initiatives) Focus on Rounding on Direct Reports (Hospital collected data / April 2015 - Mar 2016)	0%	90%	**90.0%**	'Together We Can' (Studer) tactics to engage staff through Rounding is well underway with positive feedback from staff. Our Physicians have also joined our journey and have recently commenced Rounding practices.
Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. *100 (% / All acute patients) (Ministry of Health Portal / Oct 1, 2013 - Sept 30, 2014)	23.96%	20.0%	**21.7%**	Projects to facilitate patient transition planning - such as Home First with the CCAC, Hospice Campbell House and the SGB HealthLink continue to realize improvements in patient flow. Work continues to focus on increasing community capacity to support patient on discharge from the hospital.
ALC-LTC hospital waits: Total number of newly designated ALC-LTC patients required to wait in hospital for discharge directly to LTC. Number of new ALC-LTC determined to required wait in hospital for LTC (Counts / All patients)(Hospital collected data Jan 1 2014-Dec 31 2014)	49	40	**17**	Home First initiatives continue such as CCAC 'Hospital to Home' (H2H) program for patients D/C to community to as they wait for their next care destination. The number of patients waiting in hospital for extended periods for LTC has decreased resulting in increased access for patients waiting for admission in the ED
Readmission within 30 days for Selected Case Mix Groups (% / All acute patients) (DAD, CIHI / July 1, 2013 - Jun 30, 2014)	15.61%	15.5%	**16.09%**	Improvements in care to prevent readmission have included focus on 'Best Practice' care including COPD, Endoscopy, and Surgical Care. (Please note system lag time for this data)
From NRC Canada: "Overall, how would you rate the care and services you received at the ED?" (add together % of those who responded "Excellent, Very Good and Good")(% / ED patients)(NRC Picker / Oct/13- Sept/14)	87%	89%	**92.61%**	Patient/family Advisory Council provides 'patient-voice' perspective on changes. Initiatives to focus on 'ED Wait-time' reduction and improved Transition planning continue. ED Redevelopment is in early stages to manage significant space limitations

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In-house survey (if available): provide the % response to a summary question: "Overall, how would you rate the care and services you have received while in hospital (inpatient care)?" (% / All patients)(Hospital collected data / Q4 13/14 - Q3 14/15)	90%	93%	**94.5%**	Real time Patient Survey through system at bedside. Volunteers available to facilitate patient/family completion. Patient/family Advisory Council, new Accreditation and OHA information on Satisfaction Surveys will be implemented over coming year.
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)	98.13%	98.25%	**97.7%**	A consistent Medication Reconciliation process has been implemented through the hospital for all admitted patients.
Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.(% / All patients)(Hospital collected data / Most recent quarter available)	CB	25%	**8.33%**	Pharmacy continues to develop processes to manage DC Med Rec provision. Site visits, review of opportunities to automate and the development of a Task group which includes internal and external MDs and Pharmacists is in progress
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 HQO's public reporting.(Rate per 1,000 patient days / All patients)(Publicly Reported, MOH / Jan 1, 2014 - Dec 31, 2014)	0.73	0.5	**0.40**	This metric has large variability due to hospital size. The hospital has had no CDI outbreaks for more than 3 years. Monitoring and public reporting of this indicator will continue.
Hand hygiene compliance before patient contact: The number of times that hand hygiene was performed before initial patient contact divided by the number of observed hand hygiene indications for before initial patient contact multiplied by 100 - consistent with HQO's public reporting. (% / Health providers in the entire facility) (Publicly Reported, MOH / Jan 1, 2014 - Dec 31, 2014)	77.3%	83%	**77.1%**	Significant focus continues with Hand Hygiene (HH) initiatives for both the staff and patient/family/visitor. 2015/16 HH initiatives included a larger internal team of trained Auditors, a focus on supporting patients who are not able to self-perform HH and engaging Patients/Family/Visitors this important safety measure. The Patient/Family Advisory Council has been consulted to provide patient perspective on methods to engage further.
VAP rate per 1,000 ventilator days: the total number of newly diagnosed VAP cases in the ICU after at least 48 hours of mechanical ventilation, divided by the number of ventilator days in that reporting period, multiplied by 1,000 - consistent with publicly reportable data. (Rate per 1,000 ventilator days / ICU patients)(Publicly Reported, MOH / Jan 1, 2014 - Dec 31, 2014)	0	0	**0**	Strategies are in place to effectively manage this care concern. Practices continue to be reviewed and support 'best practice'. Monitoring and public reporting of this indicator will continue.
Rate of central line blood stream infections per 1,000 central line days: total number of newly diagnosed CLI cases in the ICU after at least 48 hours of being placed on a central line, divided by the number of central line days in that reporting period, multiplied by 1,000 - consistent with public reportable data. (Rate per 1,000 ventilator days / ICU patients) (Publicly Reported, MOH / Jan 1, 2014 - Dec 31, 2014)	0	0	**0**	Strategies are in place to effectively manage this care concern. Practices continue to be reviewed and support 'best practice'. Monitoring and public reporting of this indicator will continue.
Surgical Safety Checklist: number of times all three phases of the surgical safety checklist was performed (briefing; time out; and debriefing) divided by the total number of surgeries performed, multiplied by 100 - consistent with public reportable data (% / All surgical procedures)(Publicly Reported, MOH / Jan 1, 2014 - Dec 31, 2014)	99.79%	99.8%	**99.85%**	Strategies are in place to effectively manage this important safety practice. Practices continue to be reviewed and support 'best practice'. Monitoring and public reporting of this indicator will continue.