

Quality Improvement Plans (QIP): Progress Report for 2013/14Q3

The following template has been provided to assist with completion of reporting on the progress of your organization's QIP. Please review the information provided in the first row of the template which outlines the requirements for each reporting parameter.

Priority Indicator	2012-13 Performance	2013-14 Performance Goal	2013-14Q3 Year to Date	Comments
Average length of stay in hours for Emergency patients- LVGH site: Current performance is Q3 2012/13	1.99	1.95	2.06	Increase in Length of Stay (LOS) due to increase in visit volume but remains under provincial average. Will continue to monitor internally but recommend not to include on QIP for 2014/15.
Average length of stay in hours for Emergency patients - Rainy River site: Current performance is Q3 2012/13	2.72	2.60	3.26	Increase in Length of Stay (LOS) due to increase in visit volume but remains under provincial average. Will continue to monitor internally but recommend not to include on QIP for 2014/15.
Number of Level 4 & 5 patient visits: Number of triage level 4 (less urgent) and level 5 (non-urgent) patients seen in our Emergency/Urgent Care Departments as a percentage (%) of the total number of patients seen. Current performance is Q3 2013	52.00	50.02	43.00	Exceeded target, continue monitoring.
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.	0.79	0.00	-0.87	Unanticipated expenses in 2013-14. Implementation of significant austerity and revenue generation measures deferred to 2014-15. Currently in negotiation with NW LHIN.
Current Ratio: The ratio of current assets divided by current liabilities	1.44	1.24	1.19	As above.
Percent of approved capital equipment: Percentage (%) of capital equipment purchases that are made in the quarter planned. Q3 FY 2012/13	85.00	100%	89.10	Participation in St Joseph buying group has been financially beneficial but has lengthened the purchasing process, taking some aspects of timing of purchases out of our control.
Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days.	13.00	12.10	19.00	Approval of Rainycrest CCP was anticipated in 2013-14Q2. Beds were not approved until late Q3 and operationalized early Q4.

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Percentage Readmission to any facility within 30 days for selected CMGs for any cause: The rate of non-elective readmissions to any facility within 30 days of discharge following an admission for select CMG's.	9.00	9.00	9.00	Indicator reflects in-house data collection and readmissions only.
Percentage number of repeat unplanned ED visits within 30 days for Mental Health conditions as a percent of all ED visits. - FYE 2011/12	18.30	13.60	17.90	Improvement over previous performance but continued effort required with partners.
From NRC Picker: "Would you recommend this hospital (inpatient care) to your friends and family?" (add together % of those who responded "Definitely Yes" or "Yes, definitely").	68.61	81.78	71.70	Positive responses increased by 4.5%, lower than set target amount (20%). Low results/sample size impact the validity of the survey results.
From NRC Picker / HCAPHs: ""Would you recommend this hospital to your friends and family?"" (add together percent of those who responded ""Definitely Yes"" or ""Yes, definitely") (core-overall)	68.61	81.78	71.70	As above
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") (core-overall)	93.43	96.42	94.55	Positive responses increased by 1%, lower than 3% set target amount.
Steps to complete in the progression of an employee engagement process that will establish a baseline for future focused improvements.	100.00	100.00	100.00	Process completed
Steps to implement the revised review process for patient-oriented concerns and complaints handling, or "Service Recovery".	100.00	100.00	100.00	A new service recovery process was implemented in 2013-14 that allows us to respond quickly and consistently to patient/client concerns/complaints. The new process is designed to ensure that the response is commensurate with the level of complexity of a complaint and that we are able to track the types of complaints and our timeliness in responding to them. Another full year of data collection will allow us to determine whether further changes are required.

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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.	85.50	100.00	96.73	(Theoretical best is 100%). A 13% increase in noteworthy.
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. 2013, consistent with publicly reportable patient safety data.	0.00	0.00	0.00	No cases to report.
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 publicly reportable patient safety data.	82.10	86.21	85.45	A continuing challenge is with employees who exhibit an allergic reaction causing a dermatitis, that are then less likely to use the alcohol base hand rub (ABHR). Staff Health Nurse and Infection Control Practitioner are working together in trialing other products that were less invasive and still meet the guidelines. These products are only used on an individual basis with employees who exhibit dermatitis to the ABHR, continuing to research better products. This is still a work in progress, as we have not been successful in finding an alternate product at this point. Through purchasing contract changes we have also changed products and there seems to be more cases of dermatitis. This winter being one of the coldest has had an impact as well. Moving forward we have kept hand hygiene on the 2014/15 QIP as an indicator with a goal to improve our current level of compliance.
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 publicly reportable patient safety data.	98.00	100.00	99.93	Represents a 2% increase and closes the gap with theoretical best.