Let's Make Healthy Change Happen.

Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

MUSKOKA ALGONQUIN HEALTHCARE

3/31/2014

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a quality improvement plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to HQO (if required) in the format described herein.

Overview

Muskoka Algonquin Healthcare (MAHC) is a two site, acute care community hospital with sites located in Bracebridge and Huntsville. The organization is currently undertaking a broad Master Program/Master Plan initiative and will also be renewing/revising the strategic plan in 2014/15. There is commitment to ensuring that alignment is achieved with provincial, LHIN and organizational priorities in the planning of the 2014/15 Quality Improvement Plan.

MAHC recognizes the importance of implementing the 2013/14 quality based procedure best practices. MAHC was recognized for selecting a number of stretch targets in the 2013/14 QIP and as of February, 2014 is achieving sixty seven (67) percent of its 2013/14 Quality Improvement Plan (QIP) objectives. The organization has also been putting great emphasis on some key transformational changes and will be honing our focus on some critical improvements and indicators that are contiguous with the transformation that is occurring. The quality and safety agenda at MAHC has been a driving force and the evidence of a shift in culture is evident. Strategies to advance Patient and Family Centered Care in conjunction with Service Excellence will help propel the organization towards what we believe is the next level of quality outcomes including patient safety, engagement and experience.

MAHC has been able to leverage the forward momentum of an overarching quality and safety culture and in 2013/14 developed a comprehensive Quality Based Procedure (QBP) implementation management approach. The effect of health system funding reform and LHIN/provincial priorities is well understood and the organization continues to position itself for success in the coming years. MAHC will also be undergoing accreditation in 2014 so preparation for the survey is also an ongoing organizational focus.

During the time frame of the 2014/15 QIP we will be entering a phase of continued quality improvement contiguously with a phase of sustainability for some of the key improvements that have been made to date. As an example the hand hygiene metrics have now trended to the level where sustainability of the vast improvements from 2013/14 will be the next vital step.

Integration & Continuity of Care

MAHC is committed to partnerships that seek the benefits of integration and of care continuity to achieve the vision of "*Healthy People, Excellent Care, One System*" (http://www.nsmlhin.on.ca/Page.aspx?id=9744). The organization actively seeks partnerships with internal and external partners including our patients and their families. We work extensively with our North Simcoe Muskoka (NSM) LHIN partners to successfully implement an integrated health system plan through Care Connections. We are supportive of and involved closely in Health Links in NSM which focuses on the care of seniors and others with complex conditions. The Health Links planning and some of the objectives have underpinned the development of our strategies to reduce the number of Alternate Level of Care (ALC) patients at MAHC. We review patients who are at risk of becoming ALC to Long Term Care weekly and this review occurs in partnership and collaboration with the NSM Community Care Access Center (CCAC).

MAHC recognized, in 2013/14 the importance of implementing quality based procedure best practices as defined in the Health Quality Ontario Clinical Handbooks. To achieve this we structured integrated

working groups which included membership of community partners like the CCAC and the local Family Health Teams. This work will continue in the coming year as we tackle some key issues like regional antibiotic stewardship.

Planning for partnerships with patients and families is a strategy that is being woven into many of our organizational priorities and will be forming some of the QIP change ideas for 2014/15. We have started to embed patient advisors in projects like accessibility strategies and clinical renovation projects. One of our 14/15 change ideas is for senior executive interviews with patients and families (one on one) that will attempt to explore what their hospital experience is and how preparation for safe discharge and care continuity is being structured individually for them. These initiatives are synergistic with the five stage strategy that is currently underway to encourage true patient and family centered care at MAHC.

Challenges, Risks & Mitigation Strategies

One risk that has been identified is the number of major initiatives that are currently organizational priorities for example accreditation preparation, Master Program/Master Plan and implementation of a new IT system. MAHC understands the obligation to look for alignment and synergy of goals and objectives as opposed to focusing on a myriad of aims simultaneously.

Financially, the organization will have some major challenges to address in the coming fiscal year, including loss of Pay for Results (P4R) funding which had enabled initiatives that have greatly improved ED wait times at both hospital sites and facilitated our ability to perform better than the provincial average for this indicator. Coupled with the uncertainties of the actual financial impact of Health System Funding Reform the organization is seeking creative mitigation strategies. The challenges that result from being a two site community hospital organization separated by forty two (42) kilometers requires an enormous amount of stakeholder engagement and creativity when planning and executing essential changes. We are confident that our LEAN journey and our substantial investment in quality improvement expertise and decision support will be ingredients to successfully navigate the challenges.

The mitigation strategy that we believe supersedes all others is our commitment to keeping patients and their families central to all decisions that are being made especially during times of change. We also have a demonstrated commitment to sustaining external partnerships and there is a keen organizational understanding of the need to continue to hone and strengthen these relationships. Supportive of our relationship with internal and external stakeholders and partners is a deep commitment to effective communication. A broad stakeholder consultation was conducted in 2013/14 which has been foundational to the commencement of Master Program/Master Plan and strategic planning.

In recognition of the many priorities which can fragment organizational focus, an “energy board rounds” is being planned for 14/15. This will ensure critical targets and projects are on track and organizational energy is being expended in a manner that bests positions us for success.

Information Management Systems

MAHC has been active in ensuring a good decision support management model for the organization. The importance of accurate and timely information and access to current metrics in terms of our quality and safety objectives has been an ongoing organizational project. We currently utilize our patient information system to its maximum potential and have partnered with the current vendor to institute a number of creative solutions in terms of information management.

In 2014/15 an ongoing electronic patient health record project will be culminating and the organization will be taking the final steps towards the implementation of an electronic health record. This will allow us to achieve an EMRAN Score of 3.4. Some early adoption of electronic best practice is occurring including an electronic medication administration record (CMAR project). This is closely aligned with our QIP objectives regarding medication reconciliation.

Engagement of Clinical Staff & Broader Leadership

The coming fiscal year will be focused on sustaining some key engagement strategies and on embarking on some new and critical ones. An important quality culture change idea that was initiated in 2013/14 was the *200 Quality Initiatives Project* and the MAHC Quality Tree. This visual reminder to all stakeholders regarding the importance of the quality and safety lens in all that we do has been very successful and will be maintained in the 2014/15 QIP.

The quality based procedure working groups at MAHC have been inter-professional and also multi-agency. These clinically focused working groups have allowed for understanding of an engagement in changes required to meet current evidence-based best practices. These groups will continue to form and meet depending on what QBP work is necessary.

There have also been new avenues explored at MAHC, which look for ways in which to involve our stakeholders. The executive team now meets with physicians monthly to discuss any and all issues that are topical. The executive team weekly walk around will also continue with a quality, safety and patient/family experience focus in 2014/15. These have proven successful in engaging our point of care staff in important conversations. There will also be continued presence of selected executive staff at daily bullet rounds. This strategy has allowed real time conversations and discourse on a frequent basis.

Engagement at the governance level of the organization is also viewed as a critical success factor at MAHC. The Board of Directors has and will continue to focus on proportion of the agenda and the education sessions toward quality, safety and experience. The Board is very visible and attends a multitude of venues, which demonstrates their commitment to engagement of stakeholders. They are often present at an informal physician leadership rounds and at key meetings where either staff or the public can interact with them. The Board is also developing new strategies to connect with and engage the LHIN leaders and other health service provider Boards.

Engagement of clinicians requires accurate and meaningful data, which has been a priority for the organization. The new model of decision support will continue to be honed and will incorporate all of the 2014/15 QIP metrics. This access to information has proven successful to date and the excellent results regarding hand hygiene at MAHC are in part credited with the ability to share outcomes and statistics with our stakeholders. Engagement also occurs as a result of sharing information regarding patient safety incidents and near misses, which are celebrated at MAHC as "good catches". A one page communication is crafted monthly and shared with all of our stakeholders that is focused strictly on quality and safety and is specific to our outcomes and environment.

The LEAN journey has also been a key strategy to engage our clinicians and to date there has been an

investment in many yellow belts and green belts at MAHC. This has also allowed us to engage on a more regional level with improvement initiatives and add value to external projects and partnerships.

Accountability Management

As per the *Excellent Care of All Act, June 2010* (ECFAA), MAHC business commitments, which form the performance based compensation structure of the executive team, are based on organizational priorities including the QIP. These commitments however, do not cease where the performance compensation line is drawn but are percolated through the organization into unit and individual, specific goals and objectives. All job descriptions and position profiles at MAHC highlight the roles each individual plays in terms of meeting quality and safety best practice and objectives. It is also important to note that the QIP objectives and change ideas have executive as well as manager leads, which ensures a clear accountability structure.

The organization maintains an ongoing approach to patient satisfaction surveys (NRC Picker) and will be formulating some new questions in 2014/15, which are specific to patient and family engagement/partnership in care. There has also been emphasis on physician and employee engagement and surveying and some research work has been completed at MAHC regarding patient safety culture improvement, which is currently being reviewed for presentation nationally and internationally.

We have reviewed our patient relations outcomes for 2013/14 and decided that the next phase of our patient relations journey will be to shift the patients and family members who say they would "probably yes" recommend the hospital to others to the "definitely yes" category. There is also focus on the patient safety incidents and in fact some of the root cause analysis work that occurred as a result of patient safety incidents/critical incidents in 2013/14 have informed the 2014/15 QIP planned improvement initiatives. Improved communication regarding patient admissions is an example of this under the ED wait times change ideas.

Health System Funding Reform

In 2014/15 the organization will continue to educate stakeholders regarding health system funding reform and we will continue to look for partnerships and strategies to improve our financial viability. There has also been a conscious effort to look for QIP objectives and measures, which align with HSFR.

Other

MAHC has achieved some tremendous success in aligning quality and safety with the QIP and other regional and provincial priorities. We have, over the past two QIP cycles, moved a number of initiatives forward, surpassing targets. For example, the hand hygiene metrics, which we now look to sustain, have become engrained in the organizational culture of safety.

The investment in quality improvement and patient safety that has been made is something we believe to be foundational for success in the future and to meet the challenges and risks we currently face.

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan

Larry Saunders, Board Chair

Charles Forret, Quality & Patient Safety Committee Chair

Natalie Bubela, Chief Executive Officer

Instructions: Enter the person's name. Once the QIP is complete, please export the QIP from Navigator and have each participant sign on the line. Organizations are not required to submit the signed QIP to HQO. Upon submission of the QIP, organizations will be asked to confirm that they have signed their QIP, and the signed QIP will be posted publically.

2014/15 Quality Improvement Plan for Ontario Hospitals
"Improvement Targets and Initiatives"

MUSKOKA ALGONQUIN HEALTHCARE

Muskoka Algonquin Healthcare 100 Frank Miller Drive

AIM		Measure								Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performa	Target	Target justification	Priority level	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
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 / Q4 2012/13 – Q3 2013/14	968*		21.6	Current performance is 18.84. MAHC is performing below the provincial average for ED Wait times and is no longer a P4R organization.	Maintain					
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 2013/14	968*	-1.16	0	This represents a balanced budget for MAHC.	Improve	1)To achieve a full years benefit from structural changes put in place at the end of 13/14. Acute care beds were decreased by a total of 10 acute care beds between the sites and there was a consolidation of CCC beds to one site, with a decrease in total number by 6 beds.	Full implementation of bed structural changes and consolidation of CCC beds completely in place and operational by January 30, 2014.	Monitor quarterly total margin data to assess effects on total margin. Monitor bed counts to assess for percentage of over census days Monitor number of regional CCC patients awaiting placement Monitor ED wait times to admitted bed	Balanced budget for 14/15.	
										2)MAHC explore all opportunities for service realignment over our two sites, to ensure the right care, for the right patient, at the right time and the right cost.	Completion of master program planning process. Initiation and completion of a strategic plan renewal for the next 3years. Ongoing stakeholder engagement processes to strengthen our commitment to our community partners. MAHC will utilize patient advisors to assist in realignment processes to ensure we are making the right decisions based on the experience of our patients.	Completion of a master program plan by the end of 2014 Completion of a renewed strategic plan by 2015 Inclusion of two patient advisors on two master planning sessions at MAHC	Every opportunity for efficiencies has been fully explored and discussed both internally and externally, with a patient experience focus and in alignment with our master planning.	
										3)Explore opportunities to enhance services and optimize efficiencies that align with provincial and regional priorities(care closer to home) and that improve organizational efficiencies by maximizing utilization of services.	Collect data on costs per service/per patient episode/utilization of services, focused on QBP's. Analyze data to establish opportunities for improved efficiencies and share data to stimulate innovative solutions from across the organization and from stakeholders on how to improve efficiencies. Solicit opportunities for improved efficiencies	Monitor utilization data of all MAHC services and share data. Explore two opportunities for enhanced services at MAHC by Mar 31st, 2015.	All MAHC services will be utilized to maximum efficiencies.	
										4)MAHC will continue to educate and engage our internal and external stakeholders around the effects of HSFR to continue to strengthen our stakeholder engagement and position us for better buy in/support with future changes.	Complete a comprehensive Master program planning exercise by the end of 2014. Provide educational opportunities through communications around Health System Funding Reform. Utilize ever opportunity with internal/external stakeholders to educate and engage in system challenges and potential opportunities for improvements/efficiencies in the future.	There will be five communications by Mar 31st, 2015 on HSFR and the effects on MAHC with internal and external stakeholders. Master program planning will be completed by Mar 31st, 2015.	50% of our internal stakeholders/external stakeholders will be able to share what HSFR is and what the potential effects for MAHC are by mar 31st, 2015.	
Integrated	**Reduce unnecessary time spent in acute care**	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days.	% / All acute patients	Ministry of Health Portal / Q3 2012/13 – Q2 2013/14	968*		22.9	Current performance is 25.29.We are doubling our improvement target for 14/15 to 10% and in alignment with our NSM LHIN target request. This indicator is complex for MAHC and requires system improvements with multiple stakeholders across the	Improve	1)Participate in the development of a central intake with key stakeholders(CCAC, FHT's, NP led clinics, etc.) for seniors in Muskoka, as a partner in Health Links. As seniors represent our top 1-5% of users of acute care services in Muskoka we need to enhance our care plans for seniors that incorporates a wrap around philosophy. The strategy envisioned to provide this involves understanding the needs of our seniors in a more comprehensive fashion.	A key organizational representative(senior executive)will report on timeline for implementation and on participation and attendance at Health Links meetings. Once implemented, then functional audits will be performed to measure % of newly admitted patients that are registered with the intake service and will report monthly on the progress to the executive team.	MAHC will participate in 80% of the planning meetings to ensure that the service is established and functional by the end of 2014, as supported by the Health Links proposal, as a key initiative and one that supports the needs of MAHC's ALC population.	100% of newly admitted patients 65 and over whom are high risk of becoming ALC will be registered with the central intake by Mar 31st, 2015 and will be tracked post discharge.	

								stakeholders across the LHIN. MAHC will focus our attention on supporting our Health Links initiatives in order to support improvements in this indicator for 14/15		2)Identify and develop dedicated care plans(clinical pathways that are developed by patients/families/physicians) for the top 10 (individual patients who are most frequently admitted)inpatient users of services at MAHC, by site.	Data will be collected to determine who MAHC's top ten users are by site and a "story" of their usage. Once the top ten users are identified then MAHC will work on ensuring that the dedicated care plans are developed, in place, fully implemented and adhered to.	Identification of the top ten users by site by May 2014. Comprehensive care plans in place for each user group by Dec 2014. Roll out of mandatory usage of standardized care plans by Jan 2015 and ongoing monitoring and reporting of utilization data monthly starting in Jan 2015.	By Mar 31st 2015 the top ten users at each MAHC site will be identified and will have a dedicated care plan utilized at least 75% of the time.	
										3)MAHC will co lead with the District of Muskoka and the CCAC the development of a comprehensive list of housing resources for seniors and share with all Health Links stakeholders. The vision is to identify "idle" resources that can be accessed as transition areas that will be able to provide 24/7 cluster care for our potential ALC patients awaiting placement.	Identification of resources that are available and what services they can provide and how they can be accessed. There will need to be development of an intake process to ensure ease of access.	List of potential resources will be shared with all Health Link partners by January 30th 2015.	An listing of all housing resources in the District will be developed and shared with all Health Links partners by January 2015. The resource will be utilized to transition ALC patients back to the community and provide "cluster care" while they await placement in another facility.	
										4)Enhance the ALC strategy at MAHC through improved communication venues with all stakeholders.	Joint ALC rounds to continue weekly Education through a developed communication strategy for the community, community partners, physicians and staff across the Muskoka catchment area.	Weekly ALC rounds will be performed and tracked Six communications will occur by Mar 31st,2015 on MAHC's ALC strategy, utilizing at least two communication modalities	There will be 100% compliance with weekly ALC rounds.	
	Reduce unnecessary hospital readmission	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 CMGs.	% / All acute patients	DAD, CIHI / Q2 2012/13-Q1 2013/14	968*	17.29	15	Better than provincial average	Improve	1)Admitted patients will have a post transition risk assessment(LACE) prior to discharge to optimize discharge practices for patients at high risk for readmission.	Integrate into all clinical pathways and incorporate as a standing item at bullet rounds.	80% of admitted patients will have a LACE score shared on the unit white boards to guide discharge practices and identify high risk patients. 80% of QBP(CHF/COPD)patients will have a LACE score documented on clinical pathway	80% of all admitted patients will have a LACE score on discharge.	
										2)Improved Medication reconciliation at discharge.	Investigate the potential for an electronic process for discharge medication reconciliation. Track and monitor the percentage of patients that receive medication reconciliation at discharge.	Monitor compliance with discharge med/rec on clinical pathways for specific target population. 90% of bullet rounds will have a pharmacist in attendance. Two patients per month at each site will provide feedback to a senior executive prior to their discharge on their level of understanding on the medication care plan after discharge.	75% of all discharged patients will have a completed med/rec performed on discharge.	
										3)All high risk patients (LACE score of 10 or greater) will have a follow up appointment confirmed with their MRCP(Most Responsible Care Provider)within 7 days of discharge.	Discharge Follow up appointments will be incorporated into all clinical pathways to trigger confirmation of appointments prior to discharge. The flow navigation process will incorporate confirmation of discharge follow-up appointments within 7 days for those at high risk of readmission	80% of patients identified as high risk for readmission will have a documented confirmed appointment, post discharge, on the clinical pathway.	80% of admitted patients, high risk for readmission(LACE of 10 or greater) will have a discharge appointment within 7 days of discharge.	
										4)Develop a tool to be used by an executive leader on weekly walk arounds that will require a one on one patient interview. The interview will cover discharge preparedness, as well as other indicators of patient experience.	Identify weekly one senior executive who will conduct the interview as part of the weekly executive walk around. Develop the interview questions/tool that will be utilized to guide the interaction. Share the qualitative information or patient "story" to guide improvements around discharge preparedness.	A weekly calendar will be developed which identifies which senior team member is responsible for a patient interview each week. A standardized tool for patient interviews focusing on experience and preparation for discharge will be developed by April 30th, 2014.	52 patients will have a interview with a senior executive member prior to discharge by Mar 31st, 2015.	
Patient-centred	**Improve patient satisfaction**	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").	% / All patients	NRC Picker / Oct 2012- Sept 2013	968*	80.38	85	Above benchmark-81.8	Improve	1)Engagement and education of internal stakeholders on patient and family centered care (PFCC) and service excellence.	Develop an education program. Identify champions to deliver education.	Education program will be developed by May 2014. 10 education opportunities are provided over 14/15 QIP Year.	Deliver initial education session to greater than 50% of all internal stakeholders.	
										2)Develop a communication plan to strengthen engagement regarding patient and family centered care(PFCC) and service excellence	Work with Communication Executive Assistant to formalize a communication plan. Develop a brand for PFCC and service excellence at MAHC. We will look for opportunities to share patient stories at all levels of the organization.	Five internal and external communications will occur by Jan 2015 about PFCC and service excellence at MAHC. Incorporate the PFCC and service excellence ideals into the "Board Award of Excellence" criteria by June 2014.	Fully implement the communication as developed by March 31, 2015.	

										3)Develop goals and objectives specific to PFCC and service excellence during the strategic plan renewal in 2014/15	Engage governance committees regarding the importance of PFCC and service excellence.	Two education sessions for the board of directors prior to the review and renewal of the strategic plan.	There will be a specific goal that focuses on PFCC and service excellence incorporated into the strategic plan that will guide the organization for the next 3-5 years.	
										4)Partnership for family presence at MAHC	Develop a task force to move forward with a family presence policy versus a visiting policy. Engage and educate providers about the importance of family presence as a fundamental of PFCC.	A task will be in place by the end of September 2014 that includes interprofessional members and a patient/family advisor. There will be three communications around family presence organizationally by Mar 31st, 2015.	An approved family presence policy at MAHC by March 31, 2015.	
Safety	**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 (e.g. Q2 2013/14,	968*	92	92	MAHC has been working on this indicator for two years and we have achieved a performance level we are satisfied	Maintain					
	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. 2013, consistent with publicly reportable patient safety data.	Rate per 1,000 patient days / All patients	Publicly Reported, MOH / 2013	968*		0.31	Current performance is 0.39. Target is 75th percentile for hospitals with 0-100 beds	Improve	1)Increase the compliment of acute care private rooms at each of the MAHC's sites	Assess current compliment of private rooms in the inpatient care areas and strategize on how to increase compliment of private rooms. With bed closures or care area changes ensure that instead of closing a room, that a semi private is converted to a private room.	Monitor bed counts and number of private rooms monthly	Target a 10% increase/improvement in the number of private acute care rooms across the organization over current infrastructure.	This target is based on historical data that illustrates that MAHC has functioned with a low percentage of private rooms. With organizational changes, like bed closures and revamping inpatient care areas there is an opportunity to strive to meet the standards of a "new" build which would have the majority of rooms(80%) designated as private to decrease infection control risks of transmission.
										2)Improve rates of healthcare acquired CDI by decreasing antibiotic usage at MAHC through the sharing of data with all providers on the usage of certain classifications of antibiotics, by Days of Therapy(DOT) and comparing our data with our LHIN colleagues.	Data will be collected by the Pharmacy department and shared at Pharmacy and Therapeutics committee(P and T), as well as Antibiotic Advisory Committee (AAC)quarterly. Data will be also shared at our Regional Antibiotic Stewardship Program(RASP) meetings.	Each quarter a report will be shared on DOT for select antibiotics	DOT for select antibiotics will decrease by 10% by March 31st, 2015.	This year we were able to initiate collecting baseline data on DOT for certain antibiotics internally and regionally. The next step for MAHC is to use the data and share it broadly to influence decreased usage.
										3)Participate in prospective chart audits on antibiotic usage for a specified classification of admitted patients and share data with providers real time on a monthly basis.	Enrol as a participant in a LHIN funded one time funded grant to obtain the infrastructure to develop an audit tool and system to collect data daily(Monday-Friday) on inpatients with specified admission diagnoses. Use the data to develop and distribute real time data versus retrospective data to our providers and monitor patterns of prescribing behaviours.	80% of inpatients for a specific admission criteria will have a prospective chart audit performed	Sharing of antibiotic prescribing behaviours and patterns will decrease antibiotic usage across the organization by 10% by Mar 31st, 2015.	To date we have not been able to share real time data with our providers to drive improvements in prescribing practices due to a lack of electronic infrastructure. This opportunity provides us with that capacity and the sharing of this data should enable decreases in antibiotic usage.

										4)Standardize order sets and patient management processes for patients that are at the greatest risk of antibiotic associated C-difficile infections, in relation to proton pump inhibitor usage and probiotics.	Complete a comprehensive review of all patients that develop healthcare acquired CDI at MAHC in 2013. Share the review organizationally with care committee's and obtain support for the recommendations of the Antibiotic Advisory Committee(AAC) for probiotic usage and proton pump inhibitor(PPI)usage for inpatients prescribed antibiotics that are high risk for the development of CDI.	The number of high risk patients that are assessed and that followed the recommendations for PPI and Probiotic use.	All patients at MAHC that are admitted and that are high risk for the development of CDI will be assessed for PPI usage and prescribed a probiotic, if not contraindicated.	The majority of our healthcare acquired cases in 2013 have been antibiotic associated and have been on PPI's. Review of literature to date by the AAC supports the addition of a probiotic to prevent the development of CDI is certain classifications of patients on antibiotics. AAC decision is pending.
		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 -	% / Health providers in the entire facility	Publicly Reported, MOH / 2013	968*	91.4	91.4	MAHC has put great emphasis on this indicator over the last three QIP years and we have demonstrated successful	Maintain						
	Increase the number of measurable quality/ safety improvements per year	The number of measureable quality/safety improvements implemented across the organization to eliminate waste and improve efficiencies.	Counts / N/a	Hospital collected data / April 1st, 2014 to March 31st, 2015	968*	200	200	Drive LEAN initiatives and quality and safety improvements as leader standard work embedded in daily practice, in all	Maintain						