

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2016/17 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
1	<p>“Would you recommend this hospital (inpatient care) to your friends and family?” add the number of respondents who responded “Yes, definitely” (for NRC Canada) or “Definitely yes” (for HCAHPS) and divide by number of respondents who registered any response to this question (do not include non-respondents). (%; All patients; October 2014 – September 2015; NRC Picker)</p>	968	78.50	80.00	66.20	<p>This target was not met. MAHC is strategically integrating patient and family centered care into the MAHC culture. PFCC has been part of our onboarding process for the past 12 months and will continue. The 10 and 5 Rule has been implemented, a family presence policy has been implemented, leader rounding on patients has been implemented, post care calls has been implemented, and AIDET has been implemented. As well, MAHC has implemented a Patient and Family Advisory Committee this fiscal which will assist in elevating the patient voice and experience in order to drive change.</p>

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2016/17)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
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Elevate patient and family engagement at MAHC. Yes

Improve return rate of surveys. Yes

All of the change ideas were implemented. Implementation of the various patient and family centered care tactics has been a positive experience for those on the PFCC committee as well as front-line staff and physicians. Work to improve this metric is ongoing.

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2	ED Wait times: 90th percentile ED time from triage/registration (whichever is first) to Physician Initial Assessment (PIA) for CTAS 2 (Hours; CTAS 2; January 1, 2016 to December 31, 2016; Hospital collected data)	968	1.30	0.50	1.90	MAHC continues to diligently work toward this metric. We have engaged the ED Committee to have this metric as part of the yearly work plan; evaluating patient distribution policy and bed rounds discussion; working on data collection for other flow strategies; trialing of alternate patient flow options through the ED.

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Implement leading practices related to patient flow and resource utilization in ED.	Yes	Currently trialing this change idea.

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3	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 (Rate per total number of admitted patients; Hospital admitted patients; most recent quarter available; Hospital collected data)	968	44.70	80.00	78.70	This target was not met. MAHC is implementing the following mitigation strategies: - Hired Permanent Technicians and extended their hours to an additional 28 hours of coverage per week. - Pharmacists have re-prioritized work

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Streamline Medication Reconciliation process and documentation to improve efficiency and accuracy of BPMH.	No	It was a confluence of multiple projects that were of equal priority.

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4	Percentage of readmissions to own facility within 30 days for selected HBAM inpatient grouper conditions (HIG). (%; selected denominator; July 2015 - June 2016; CIHI DAD)	968	13.80	13.50	12.30	This target was exceeded! We continue to work with our internal stakeholders to always complete the associated QBP order sets and pathways.

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QBP implementation for pneumonia, COPD and CHF.	Yes	
Work collaboratively with CCAC to increase the number of patients (COPD and CHF) enrolled in the CCAC Tele homecare monitoring program.	Yes	
Streamline Medication Reconciliation process and documentation.	Yes	In Progress.

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5	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; Q3 FY 2014/15 (cumulative from April 1, 2016 to December 31, 2016); OHSR, MOH)	968	0.00	0.00	0.89	This target was not met. MAHC is focused on operational efficiencies although it is already a lean organization. The cascade of ongoing challenges and risks associated with provincial funding allocation combined with the increase in mandatory initiatives could result in declining opportunities due to financial and resource restrictions.

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Submit the HIP (Hospital Improvement Plan) and remain on target with submission.	Yes	
Ensure balanced budget	No	Provincial funding allocation model adjustments need to be considered for smaller organizations.

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6	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data (Rate per 100 inpatient days; All inpatients; July 2015 – September 2015; WTIS, CCO, BCS, MOHLTC)	968	20.80	20.00	10.84	We have seen drastic improvements in this metric as a result of a reinvestment in education on home first to our physicians and nursing staff, because of a change in practice around planning for discharge upon admission and by an increased focus on admission avoidance in our ED.

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Continue to collaborate with CCAC on Home First initiative.	Yes	
Monitor successful implementation of ALC Designation Policy	Yes	In progress with the NSM LHIN.
Continue to participate/partner in LHIN system-wide service developments including ALC Planning Steering Committee, Regional Specialized Geriatric Services, Primary Care, Community/Outpatient and Regional Rehabilitation Planning to impact on patient flow.	Yes	
Continue to utilize the Health Links system and process already established to facilitate discharges from hospital to home for ALC and complex medical patients.	Yes	

