

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2014/15 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 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
1	ED Wait times: 90th percentile ED length of stay for Admitted patients. Hours ED patients Q4 2012/13 – Q3 2013/14 CCO iPort Access		21.60	17.00	Target was achieved. MAHC is no longer a P4R organization. We continue to manage LOS for admitted patients by continuously enhancing our flow process including daily bed meetings, and monitoring the utilization of QBP pathways for COPD, CHF and Stroke.

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Change Ideas from Last Years QIP (QIP 2014/15)	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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2	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 2013/14 OHRS, MOH	-1.16	0.00	0.00	Target achieved. Structural changes including bed reductions and the consolidation of CCC beds at one site were successfully implemented.

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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.	Yes	
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.	Yes	
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.	Yes	
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.	Yes	

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3	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. % All acute patients Q3 2012/13 – Q2 2013/14 Ministry of Health Portal		22.90	24.69	This multi-year project has not met target, although we are trending lower. It will continue to be an organizational priority. The partnership and integration with Health Links was not fully implemented because Health Links funding for the project was not received until December 2014. Following the receipt of the funding, CCAC went on strike further placing that change idea on hold.

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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.	No	
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.	No	
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	Yes	

awaiting placement.

Enhance the ALC strategy at MAHC through improved communication venues with all stakeholders.

Yes

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4	Percentage of acute hospital inpatients discharged with selected Case Mix Groups (CMGs) that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission. % All acute patients Q2 2012/13-Q1 2013/14 DAD, CIHI	17.29	15.00	15.44	Target almost met as a result of extensive working group efforts implementing patient order sets, clinical pathways, LACE scores, safe discharge checklists, and implementation of Patient Experience Flow Navigators.

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Admitted patients will have a post transition risk assessment(LACE) prior to discharge to optimize discharge practices for patients at high risk for readmission.	Yes	
Improved Medication reconciliation at discharge.	Yes	
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.	Yes	
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.	Yes	

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5	From NRC Canada: "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 Oct 2012- Sept 2013 NRC Picker	80.38	85.00	80.80	This target was not met. MAHC has enhanced its original plan for integrating patient and family centered care into the MAHC culture. PFCC has been part of our onboarding process for the past 8 months and will continue. Goals and objectives associated with embedding PFCC into MAHC's culture have been identified in the new strategic plan.

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Engagement and education of internal stakeholders on patient and family centered care (PFCC) and service excellence.	Yes	
Develop a communication plan to strengthen engagement regarding patient and family centered care(PFCC) and service excellence	Yes	
Develop goals and objectives specific to PFCC and service excellence during the strategic plan renewal in 2014/15	Yes	
Partnership for family presence at MAHC	No	

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6	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 Most recent quarter available (e.g. Q2 2013/14, Q3 2013/14 etc) Hospital collected data	92.00	92.00	89.00	This target was not met. There is, however, a positive improvement trend noted with this measure. In January 2015, the organization was demonstrating success with med rec on admission for 90% of all admitted patients. This will continue as a focus for improvement in 15/16.

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7	<p>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.</p> <p>Rate per 1,000 patient days All patients 2013 Publicly Reported, MOH</p>		0.31		This target was met and will continue to be a focus in 15/16. The target was achieved with a focus on decreasing antibiotic usage at MAHC through data sharing with all providers. As well, chart audits added to the data shared with all providers informing their practice and success in this area.

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Increase the compliment of acute care private rooms at each of the MAHC's sites	Yes	
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.	Yes	
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.	Yes	
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.	Yes	

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8	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. % Health providers in the entire facility 2013 Publicly Reported, MOH	91.40	91.40	93.10	This target was met at MAHC and continues to be a monthly item reported on our balance score card.

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9	The number of measureable quality/safety improvements implemented across the organization to eliminate waste and improve efficiencies. Counts N/a April 1st, 2014 to March 31st, 2015 Hospital collected data	200.00	200.00	200.00	This target was met.

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