

Excellent Care for All

Quality Improvement Plans (QIP): CCH Progress Report for 2012/13 QIP

Priority Indicator (2012/13 QIP)	Performance as stated in the 2012/13 QIP	Performance Goal as stated in the 2012/13 QIP	Progress to date	Comments
Left Without Being Seen Percentage of total unscheduled visits to ER that left without being seen by a physician.	4.20%	4.00%	3.34% (Q3 12/13)	■ Target achieved.
Admitted ER LOS (Hrs) 90th Percentile ER length of stay for Admitted patients. NACRS, CIHI	34.8	33.1	38.5 (Q3 12/13)	■ Despite overall increase observed, 7/9 monthly data points at or better than target.
PIA (hrs) 90th percentile time to Physician Initial Assessment (within ER)	2.8	2.66	2.4 (Q3 12/13)	■ Target achieved.
Falls: Acute Inpatient Units Acute inpatient units (2011, Q3 = 73 patient falls RL Solutions/1,730 cases)	4.2%	4.0%	2.4% (Q3 12/13)	■ Target achieved.
Patient Satisfaction ED (NRC+ Picker: "Overall, how would you rate the care you rec'd in the ED.")	80.9%	85.0%	85.3% (Q3 12/13)	■ Target achieved.
Patient Satisfaction Inpatient (NRC+ Picker: "Overall, how would you rate the care you rec'd at the hospital?")	89.4%	93.8%	96.9% (Q3 12/13)	■ Target achieved.
Performance Appraisal Completion Rate Percentage of employees having received a performance appraisal within the last 12 months	73%	75%	69% (Q3 12/13)	■ Performance management systems including performance appraisal tool under review.

Priority Indicator (2012/13 QIP)	Performance as stated in the 2012/13 QIP	Performance Goal as stated in the 2012/13 QIP	Progress to date	Comments
ED Mental Health Visits Percent of repeat emergency visits following a visit for a mental health condition. A visit is counted as a repeat visit if it is for a mental health condition, and occurs within 30 days of an index visit for a mental health condition. This indicator is presented as a proportion of all mental health emergency visits.	15.7%	Range: 14.9% - 16.5%	15.2% (Q3 12/13)	<ul style="list-style-type: none"> ■ Reduced by 3%. ■ Target range (\pm 5%) established due to the variability observed in baseline performance.
ED Substance Abuse Visits Percent of repeat emergency visits following a visit for a substance abuse condition. A visit is counted as a repeat visit if it is for a substance abuse condition, and occurs within 30 days of an index visit for a substance abuse condition. This indicator is presented as a proportion of all mental health emergency visits.	12.0%	Range: 11.4% - 12.6%	10.6% (Q3 12/13)	<ul style="list-style-type: none"> ■ Target achieved. ■ Target range (\pm 5%) established due to the variability observed in baseline performance.
Hand Hygiene Compliance – McConnell Site 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.	59%	80%	41% (Q3 12/13)	<ul style="list-style-type: none"> ■ Carried over into QIP3 as a P1 indicator. ■ CCH Hand Hygiene Program has been restructured with gains already being observed.
Hand Hygiene Compliance – Second Street Site 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%	80%	100% (Q3 12/13)	<ul style="list-style-type: none"> ■ Target achieved.
Surgical Cancellation Rate Inpatient/outpatient same day cancellations and cancellations due to hospital resources, i.e., no beds	2.6%	5.0%	2.3% (Q3 12/13)	<ul style="list-style-type: none"> ■ Target achieved.

Recommended reporting periods and methodologies for core recommended indicators used to populate “Progress to date”

Indicator	Reporting period
Safety	
CDI rate per 1,000 patient days: consistent with publicly reportable patient safety data	Jan-Dec. 2012
VAP rate per 1,000 ventilator days: consistent with publicly reportable patient safety data	Jan-Dec. 2012
Hand hygiene compliance before patient contact: consistent with publicly reportable patient safety data	Jan-Dec. 2012
Rate of central line blood stream infections per 1,000 central line days: consistent with publicly reportable patient safety data	Jan-Dec. 2012
Pressure Ulcers: CCRS	Q2 2012/13
Falls: CCRS	Q2 2012/13
Surgical Safety Checklist: consistent with publicly reportable patient safety data	Jan-Dec 2012
Physical restraints: CIHI OMHRS	Q4 FY 2010/11 - Q3 FY 2011/12
Effectiveness	
HSMR: CIHI. Refer to the CIHI HSMR eReporting tool.	FY 2011/12 as of Dec. 2012
Total Margin (consolidated): OHRS. Refer to the MOHLTC Health Data Branch web portal.	Q3 2012/13
Access	
ER Wait times (Admitted): NACRS, CIHI	Q4 2011/12 – Q3 2012/13
Patient-centred	
NRC Picker / HCAPHS: "Would you recommend this hospital to your friends and family?"	
NRC Picker: "Overall, how would you rate the care and services you received at the hospital?"	Oct 2011 – Sept 2012
In-house survey (if available): "Willingness of patients to recommend the hospital to friends or family"	
Integrated	
Percentage ALC days: DAD, CIHI. Refer to the MOHLTC Health Data Branch web portal.	Q3 2011/12 – Q2 2012/13
Readmission within 30 days for selected CMGs to any facility: DAD, CIHI. Refer to the MOHLTC Health Data Branch web portal.	Q2 2011/12 – Q1 2012/13