

Quality Improvement Plans (QIP) 2012/13: Progress on QIP Year One (2011/12)

	Priority Indicator (year 1)	Performance as stated in the year 1 QIP	Performance Goal as stated in the year 1 QIP	Progress to date	Comments
	<p>Reduce clostridium difficile associated diseases (CDI)</p> <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. 2010, consistent with publicly reportable patient safety data</p>	0.69	<p>Performance Goal was 0.39</p> <p>Target for the Year was 0.39</p>	<p>0.56</p> <p>Average of Monthly Rates January-December 2011</p>	<p>We achieved a 19% improvement in our rate for C-difficile, however we have not yet achieved our goal. We invited the ICRT to conduct an external review and implemented <u>all</u> 25 of their recommendations. This helped us introduce some leading edge clinical and infection control practices. We continue to work on improving infection control to reach our goal.</p>
	<p>Improve provider hand hygiene compliance</p> <p>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 - 2009/10, consistent with publicly reportable patient safety data</p>	63%	<p>Performance Goal was 90%</p> <p>Target for the Year was 85%</p>	<p>83%</p> <p>Average of Monthly Rates January-December 2011</p>	<p>We improved our hand hygiene rate by 20% and came close to our target for the year. Our staff, physicians and volunteers worked hard to a high level of performance. A patient from our Patient and Family Advisory Council joined our hand hygiene team to provide advice. We continue to work on improving hand hygiene to reach our goal.</p>

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	<p>Reduce mental health Seclusions</p> <p>Seclusions: Annual number of mental health inpatients who are placed in a secure secluded environment in response to a crisis during their care. Number of incidents for 2009/10</p>	614 with a Quarterly Number of 153	<p>Performance Goal was 200, with a Quarterly Goal of 50.</p> <p>Target for the year was 200, with a Quarterly Goal of 50</p>	The performance improved steadily to a Quarterly Performance of 56 in Q3	We came close to our target for Seclusions and our program has been recognized as a Canadian Leading Practice by Accreditation Canada. A standardized assessment tool and debriefings have allowed staff to anticipate and prevent the crises that lead to seclusion. A new electronic point of care data collection system and assessment tool will provide better clinical information.
	<p>Increase Standardization in surgery</p> <p>Increase standardization in surgery: Building on the success of the surgical checklist in the Perioperative Program, new surgical checklists will be introduced for the Minor Procedures Program and Endoscopy. % project completion</p>	N/A	100% Implementation	100% Implementation	We completed the expansion of our Surgical Checklist to encompass minor procedures outside of our main Operating Room Suite. This work was triggered by 2 critical incidents reported to the MAC and hospital Board. Compliance is now being measured and our target is 100% compliance.
	<p>Reduce Unnecessary time in acute care</p> <p>Percentage ALC days: Total number of inpatient days designated as ALC, divided by total number of inpatient days</p>	19.4%	11.0%	12.3%	We made significant progress towards our goal, using recommendations from the Auditor General's Report, projects with community partners to reduce ALC days, and completion of our change plan.

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	<p>Improve patient satisfaction in ambulatory care</p> <p>Ambulatory Care Patient Satisfaction: Implement a patient satisfaction survey for designated ambulatory care clinics. Ambulatory care patients are the largest patient group not reached by existing surveys. The goal for positive overall satisfaction is 85%</p>	N/A	85%	94.8% in Q3 October-December 2011	We serve hundreds of thousands of ambulatory patients every year. To learn from their experiences, we developed a satisfaction survey based on best evidence, with advice from faculty at McMaster University. Each survey is designed to give our quality teams timely data, so that they can investigate issues and make improvements. Data collection can be tailored to target specific populations (e.g. with mail-out, hand-out, & smart phone options).
	<p>Increase the "Patient Voice"</p> <p>Patient Voice: The number of projects involving in patients that have an impact on decision making</p>	N/A	20 Projects Involving Patients	20 Projects Involving Patients	Our patients and their families provide vital information to help us improve our services. This year we invited patients to join all of our major clinical program quality councils. Patients have now been recruited to 11 of our 13 quality councils and have engaged in more than 20 projects. Each patient representative has a role description, orientation, and 'buddy' on the quality council. An evaluation plan is also in place.