

Quality Improvement Plans (QIP): 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
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. 2011, consistent with publicly reportable patient safety data	0.56	0.39	Jan-Dec 2012 = 0.44 <u>Breakdown</u> Jan-Mar (Q4) = 0.49 Apr-Jun (Q1) = 0.32 Jul-Sep (Q2) = 0.52 Oct-Dec (Q3) = 0.24	We continued our work to reduce our CDI Rate through a focus on the 25 recommendations made by the ICRT Team in their external review (See Website http://www.stjoes.ca/)
Total Margin (consolidated): Percent, 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. Q3 2011/12, OHRS	0.16%	0%	On Target for 0% by year end (0.12% at Q3)	We successfully implemented an integrated care model with St. Joseph's Home Care for three patient groups, in partnership with the Ministry of Health, our LHIN, and our CCAC. We are playing a leadership role in performance based funding for kidney dialysis patients and have reduced waste in laboratory program.

<p>ER Wait times: 90th Percentile ER length of stay for Non-Admitted patients. Q3 2011/12, NACRS, CIHI</p>	<p>8.1 hours CTAS 1-3</p>	<p>7.3 hours CTAS 1-3</p>	<p><u>Performance</u> Q4 = 8.1: Q1 = 7.9: Q2 = 8.1: Q3 = 8.3hrs</p>	<p>This continues to be a challenge. The time to physician assessment was improved, and most recently a physician now works in the waiting room at peaks to ensure that patients see a physician as quickly as possible.</p>
<p>Patient Voice and Engagement: This indicator represents a continuation of our work to include patients and family as members of our Clinical Program Quality Councils, our Patient and Family Advisory Council, and in quality improvement projects. These are now well established at SJHH. New this year is a trial of patient membership on our Board Quality and Mission Committee as recommended by Reinertsen and Orlikoff at the IHI National Forum 2011. Fiscal Year 2011/12.</p>	<p>20 Projects</p>	<p>20 Projects</p>	<p>20 projects were completed</p> <p>All of the Quality Committees of our major clinical programs have patient and/or family representatives.</p> <p>The Quality Committee of the Board is presently conducting a trial with two patient representatives as voting community members.</p>	<p>This has been a very successful initiative. Patients and family members have influenced many important projects and are now placed on board and management quality committees.</p>

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

Indicator	Reporting period
<i>Safety</i>	
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 OHMRS	Q4 FY 2010/11 - Q3 FY 2011/12
<i>Effectiveness</i>	
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
<i>Access</i>	
ER Wait times (Admitted): NACRS, CIHI	Q4 2011/12 – Q3 2012/13
<i>Patient-centred</i>	
NRC Picker / HCAPHS: "Would you recommend this hospital to your friends and family?"	Oct 2011 – Sept 2012
NRC Picker: "Overall, how would you rate the care and services you received at the hospital?"	
In-house survey (if available): "Willingness of patients to recommend the hospital to friends or family"	
<i>Integrated</i>	
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