PART B: Improvement Targets and Initiatives

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Text in columns A, B & C was provided by the Ministry of Health & Long Term Care - shaded indicators were added by JBMH

Quality dimension	Objective	Outcome Measure/Indicator	Current performance	Performance goal 2011/12	Priority	Improvement initiative	Methods and results tracking	Target for 2011/12	Target justification	Comments
Safety	Reduce clostridium difficile associated diseases (CDI)	**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	0.15 per 1,000 patient days	0.15 per 1,000 patient days	3	sustain current Quality Improvement (QI) actions		0.15 per 1,000 patient days	Sustain the gain	Long term goal is: 0 per 1,000 patient days
						2)				
						... N)				
	Reduce incidence of Ventilator Associated Pneumonia (VAP)	**VAP rate per 1,000 ventilator days**: the total number of newly diagnosed VAP cases in the ICU after at least 48 hours of mechanical ventilation, divided by the number of ventilator days in that reporting period, multiplied by 1,000 - Average for Jan-Dec. 2010, consistent with publicly reportable patient safety data	1.22 per 1,000 patient days	1.22 per 1,000 patient days	3	sustain current QI actions		1.22 per 1,000 patient days	Sustain the gain	Long term goal is: 0 per 1,000 patient days
						2)				
						... N)				
	Improve provider hand hygiene compliance	**85%**	66.11%	75%	1	Enhanced auditing and sharing of audit results; use of Quality Boards to display results and increase awareness	# Audits per area; # Audits per category (nurse, physician, allied) # quality boards on units	75% of staff demonstrate compliance with hand hygiene prior to patient contact	Hospital-acquired infections (HAI's) remain an ongoing issue. Higher prevalence rates in the community contribute to spread opportunities and issues related to physical plant and overcrowding are also contributing factors. Best practices indicate higher rates of hand hygiene help to minimize risk of transmission from health care providers.	Long term goal is: 100%
						Education for staff and physicians to reinforce 4 moments for hand hygiene	# education sessions delivered and audience to show 80% staff trained	80% of existing staff have received training on hand hygiene		
						complete alcohol-based hand rub product evaluation and installation	review of placement of hand wash product according to JCYH guidelines			
	Reduce rate of central line blood stream infections	**Rate of central line blood stream infections per 1,000 central line days** : total number of newly diagnosed CLI cases in the ICU after at least 48 hours of being placed on a central line, divided by the number of central line days in that reporting period, multiplied by 1,000 - Average for Jan-Dec. 2010, consistent with publicly reportable patient safety data	0.55 per 1,000 patient days	0.55 per 1,000 patient days	3	sustain current QI actions		0.55 per 1,000 patient days	Sustain the gain	Long term goal is: 0 per 1,000 patient days
						2)				
						... N)				
	Avoid new pressure ulcers	**Pressure Ulcers**: Percent of complex continuing care residents with new pressure ulcer in the last three months (stage 2 or higher) - FY 2009/10, CCRS	5.88%	5.50%	3	sustain current QI actions		5.50%	Sustain the gain	Long term goal is: 0%
						2)				
						... N)				
	Avoid falls	**Falls**: Percent of complex continuing care residents who do not have a recent prior history of falling, but fell in the last 90 days - FY 2009/10, CCRS	13.79%	13.50%	3	sustain current QI actions		13.50%	Sustain the gain	Long term goal is: 0%
						2)				
						... N)				
	JBMH Indicator	**Falls:** with injury as determined by risk assessment categories contained in internal occurrence reporting systems (rating of 3 and above)	37 falls	35 falls	2	sustain current QI actions		35 falls	Sustain the gain	Long term goal is: 0 falls.
Effectiveness	Reduce unnecessary deaths in hospitals	**HSMR:** number of observed deaths/number of expected deaths x 100 - FY 2009/10, CIHI	76	75	3	sustain current QI actions		75	Sustain the gain	Long term goal is: <65.
						2)				
						... N)				
	Reduce unnecessary hospital readmission	**Readmission within 30 days for selected CMGs to any facility:** The number of patients with specified CMGs readmitted to any facility for non-elective inpatient care within 30 days of discharge, compared to the number of expected non-elective readmissions - Q1 2010/11, DAD, CIHI	10.67%	10.67%	3	sustain current QI actions		10.67%	Sustain the gain	Long term goal is: 0%.
						2)				
						... N)				

Quality dimension	Objective	Outcome Measure/Indicator	Current performance	Performance goal 2011/12	Priority	Improvement initiative	Methods and results tracking	Target for 2011/12	Target justification	Comments
	Reduce unnecessary time spent in acute care		24.50%	22.0%	2	Numerous initiatives underway including: discharge planning upon admission to hospital; daily rounds with multi-disciplinary team to plan care and focused reviews on complex patients; daily physician rounding;	Daily and weekly indicator review against targets;	22.00%	The indicator relies on effective parternships with CCAC, long-term care homes, and support at home in the community to maintain acute bed availability.	Long term goal is: 11%
						2)				
						... N)				
	Improve organizational financial health	**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. **YTD** Q3 2010/11, OHRS	0.44%	0%	3	sustain current QI actions		0.44%	Sustain the gain	Long term goals is: 0%
Access	Reduce wait times in the ED	**ER Wait times:** 90th Percentile ER length of stay for Admitted patients. Q3 2010/11, NACRS, CIHI	78.95 hours	75 hours	2	Initiatives underway include:patient flow policy and processes supporting optimium patient placement for required services; enhanced communication strategies among providers to expedite care needs; care plan/maps and order sets to organize care and services; use of surge plan for changes in patient volumes;admission avoidance through specialty clinics such as GAITE; ongoing operational planning and service design will support improvements in the ER.	Daily and weekly indicator review against targets;	75 hours	The indicator relies on effective parternships with CCAC and other agencies for necessary home supports in the community; high volumes of frail elderly patients with multiple conditions can impact length of stay in acute beds.	Long term goal is: 49.9 hours
						2)				
						... N)				
		ER Wait times: 90th percentile ER Length of Stay for Complex conditions. Q3 2010/11, NACRS, CIHI	7.8 hours	7.7 hours	2	sustain current QI actions	Daily and weekly indicator review against targets;	7.7 hours	Emergency volumes impacts the ability to move patients through to discharge.	Long term goal is: 7.5 hours
						2)				
						... N)				
Patient-centred	Improve patient satisfaction	*Please choose the question that is relevant to your hospital:*	ER=51.19% IP=67.58%	ER=52% IP=68%	3	1)		ER=52% IP=68%		Long term goal to meet best performer targets: ER=75% IP=75%
		NRC Picker / HCAPHS: "Would you recommend this hospital to your friends and family?" (add together percent of those who responded "Definitely Yes")				see below for targeted improvement				
		In-house survey (if available): provide the percent response to a summary question such as the "Willingness of patients to recommend the hospital to friends or family" (Please list the question and the range of possible responses when you return the QIP)				... N)				
	JBMH Indicator	Patient "yes definitely" response to the question, "In general, after you used the call button, was the time you waited for help reasonable?"	IP= 65%	IP=70%	1	Education program to all staff - how to answer call bells, how to offer help, accessing resources	# staff trained, # educational sessions offered to target of 80% staff trained	80% of staff have received education and demonstrate understanding of call bell response times; satisfaction rate of ≥ 70% on response time	As part of creating a culture focused on service and safety, call bell response times are an indicator of service levels provided to our patients	Long term goals is: 100% satisfaction with response time to call bells.
						Set expectations for response times and audit results; spot audits with patients	#audits conducted; # response times meeting target			