

## Quality Improvement Plans (QIP): Progress Report for 2015/16 QIP



Indicator (2015/16 QIP)	Performance stated in 15/16 QIP	Performance Target stated in 15/16 QIP	Current Performance 16/17 QIP	Comments
<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 - Current Performance Jan-Dec. 2014, consistent with publicly reportable patient safety data</p>	0.45	0.22	0.36	<p>We have not achieved target however we have improved over last fiscal year's performance.</p> <p>Improvement Initiatives:</p> <ol style="list-style-type: none"> <li>1. Implement ATP (Adenosine Triphosphate) monitoring system. Not implemented for budgetary reasons.</li> <li>2. Purchase NOCO Spray Machine. Was purchased and is in use on regular basis.</li> <li>3. Twice weekly review of all inpatients. Completed with reviews occurring every Tuesday and Friday.</li> </ol>

<b>Indicator (2015/16 QIP)</b>	<b>Performance stated in 15/16 QIP</b>	<b>Performance Target stated in 15/16 QIP</b>	<b>Current Performance 16/17 QIP</b>	<b>Comments</b>
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.	63%	70%	68.1%	<p>Although we have not met target, we have improved over last year's performance and have targeted to continue on this trend through 2016/17.</p> <ol style="list-style-type: none"> <li>1. Compliance campaign for use of BPMH – Was partially completed. Quarterly reviews of Med Rec indicator at QURM.</li> <li>2. Formal Process Mapping review – not completed. Instead we focused resources on developing a robust measurement indicator for Med Rec on admission with drill down data to unit, encounter and Physician.</li> </ol>
Rate of reported medication incidents (excluding near-miss) per 10,000 Narcotic dispenses (HYDROmorphone, Morphine & Fentanyl) measured monthly.	4.6	2.3	2.1	<p>We have achieved better than target performance.</p> <ol style="list-style-type: none"> <li>1. Monthly audit (24 hr medication check) partially implemented. We are targeting to implement fully in 16/17.</li> <li>2. Implement IDC of Morphine, Hydromorphone on targeted units. Completed successfully.</li> </ol>

<b>Indicator (2015/16 QIP)</b>	<b>Performance stated in 15/16 QIP</b>	<b>Performance Target stated in 15/16 QIP</b>	<b>Current Performance 16/17 QIP</b>	<b>Comments</b>
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.	90%	100%	80%	<p>Hand Hygiene remains a priority for improvement as we continue to strive towards the 100% stretch target.</p> <ol style="list-style-type: none"> <li>1. Implement anonymous audits on selected units. We have successfully implemented anonymous auditing and we are using this information to improve our methodology.</li> </ol>
Percent of patients with new pressure ulcer (stage 2 or higher). Include adult acute care, complex care and rehab.	6.4%	3.9%	3.1%	<p>We have achieved better than target performance with an impressive performance improvement of 52% over last year's performance.</p> <ol style="list-style-type: none"> <li>1. Implement year 1 of Corporate Bed plan. We have implemented a large portion of the year 1 plan, with a plan to roll out remaining items in 16/17.</li> <li>2. Implement a chart audit for all patients (stage 2 &amp; higher). We have successfully implemented the audit as planned.</li> <li>3. Engage with peer hospitals to share &amp; compare incidence data. Partially completed, this process is continuing.</li> </ol>

<b>Indicator (2015/16 QIP)</b>	<b>Performance stated in 15/16 QIP</b>	<b>Performance Target stated in 15/16 QIP</b>	<b>Current Performance 16/17 QIP</b>	<b>Comments</b>
Staff Annual Voluntary & Involuntary Turnover Rate: The number of employees (ONA, SEIU, OPSIEU, Non-Union, Management) leaving SRHC during the period divided by the total workforce annualized. Included both voluntary and involuntary resignations and retirements.	6.8	8.2	5.7	Although our current performance is 5.7% we are comfortable with a rate of 8.2% which is the OHA 75P 15/16. We understand that turnover is a healthy indicator of a High Reliability organization.