

Quality Improvement Plans (QIP): Progress Report for 2013/14 QIP

Priority Indicator	Performance	Performance Goal	Progress to Date	Comments
<p>Congestive Heart Failure (CHF) 30 Day Readmission Rate: The percent of unplanned LHSC readmissions from previous acute care within LHSC for Congestive Heart Failure (CMG 196: Heart Failure without Cardiac Catheterization). Current Performance (April 1, 2012-December 31, 2012), Target Performance (April 1, 2013-December 31, 2013). (%; Population; Period; Source; Improve).</p>	21.40	19.30	21.20	<p>CHF 30 Day readmission rate did not meet this year's target. The CHF project team is still working on rolling out the new tools identified to improve the care including pre-printed orders, CHF pathway, patient contract, and physician algorithm. The team is also conducting analysis into the indicator's monthly variation to better understand the contributing factors, as the ability to explain improving or deteriorating performance month to month has been a challenge. CHF will be a priority for the 2014-2015 QIP, embedded in the 30 day readmission to any facility for selected CMGs indicator, as per Ministry of Health recommendations.</p>
<p>Methicillin-resistant Staphylococcus Aureus (MRSA): The rate of patients newly diagnosed with hospital-acquired MRSA blood stream infections per 1,000 patient days. Current Performance (April 1, 2012-December 31, 2012), Target Performance (April 1, 2013-December 31, 2013). (Rate per 1,000 patient days; Population; Period; Source; Improve).</p>	0.04	0.03	0.02	<p>The MRSA indicator for LHSC has been performing better than target in the last six consecutive months. The 0.03 target for this year was met and exceeded. Significant effort over the course of the past two years is a direct contributor to the positive performance.</p>
<p>Clostridium Difficile Infection (CDI): The rate of patients newly diagnosed</p>	0.49	0.44	0.38	<p>This year's CDI rate demonstrates a better than target performance as</p>

<p>with hospital-acquired CDI per 1,000 patient days. Current Performance (April 1, 2012-December 31, 2012), Target Performance (April 1, 2013-December 31, 2013). CORE-PERIOD CHANGED (Rate per 1,000 patient days; Population; Period; Source; Improve).</p>				<p>a result of the hospital's focused effort on infection control over the past two years. CDI will continue to be a priority on the 2014-2015 QIP, as per Ministry of Health recommendations.</p>
<p>ED Wait Times: 90th Percentile ED length of stay for Non-Admitted Patients, Low Acuity CTAS 4 & 5 (measured from triage to discharge). Current Performance (April 1, 2012-December 31, 2012), Target Performance (April 1, 2013-December 31, 2013). (Hours; Population; Period; Source; Improve).</p>	6.00	5.00	5.90	<p>The ED wait time target for non-admitted (CTAS 4&5) patients was not met this year, but significant efforts by way of the ED system transformation project are expected to deliver significant improvements over the next few months. The project target for this population of patients is to reach a wait time of 3 hours, which would mitigate the impact (in the long run) of not meeting the target this year. This indicator continues to be a priority for the 2014-2015 QIP, as per Ministry of Health recommendations.</p>
<p>Hospital Standardized Mortality Ratio (HSMR): The ratio of actual number of acute in-hospital deaths to the expected number of in-hospital deaths, for conditions accounting for 80% of inpatient mortality. Current Performance (April 1, 2012-December 31, 2012), Target Performance (April 1, 2013-December 31, 2013). CORE-PERIOD CHANGED. (%; Population; Period; Source; Improve).</p>	100.00	93.00	93.00	<p>The HSMR indicator met the set target for this year and is expected to further improve in the coming year. The clinical documentation improvement project along with a number of safety improvement initiatives (including VTE prophylaxis compliance, VAP Bundle Compliance, and reduction in C-Diff and MRSA) are aimed at improving the delivery of care across the hospital. Further initiatives which are in progress include sepsis management in the emergency department and the death review process improvement. HSMR will be reflected on the 2014-15 QIP.</p>

<p>From NRC Picker: "Overall, how would you rate the care and services you received at the hospital?" (percent of those who responded "Excellent"). Current Performance (April 1, 2012-September 30, 2012), Target Performance (April 1, 2013-December 31, 2013). (core-period changed)(core-overall) (%; Population; Period; Source; Improve).</p>	<p>49.00</p>	<p>50.00</p>	<p>48.00</p>	<p>The Inpatient Satisfaction indicator did not meet the 50% target. Timing related to the roll-out of the Patient Experience initiatives were strategically adjusted given other pressing corporate priorities, including the implementation of HUGO and the Clinical Services Renewal project. As a result, it was expected that this indicator would require more time to reach the established target. More effort has been spent in the past few months to integrate patient experience strategies into corporate priorities and invest in establishing the required infrastructure and resources to support clinical units in improving the patient experience. This indicator continues to be a priority for the 2014-2015 QIP, as per Ministry of Health recommendations.</p>
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