2014/15 Quality Improvement Plan for Ontario Hospitals
"Improvement Targets and Initiatives"

ATIKOKAN GENERAL HOSPITAL

Atikokan General Hospital 120 Dorothy Street

AIM		Measure								Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performa	Target	Target justificatic	Priority leve	Planned improvement initia	Methods	Process measures	Goal for change ide	Comments
Access	Reduce wait times in the ED	ED Wait times: 90th percentile ED length of stay for Admitted patients.	Hours / ED patients	CCO iPort Access / Q4 2012/13 – Q3 2013/14	600*	6.2	8	6.2 hours is significantly better than the HSAA (8) and the LHIN (25) We will strive to maintain a 6 hour ED wait time for admitted	Maintain	1)To reduce LOS in the ED for admitted patients to maintain or improve on our current performance.	Implement electronic order sets for physicians to improve efficiency and workflow.	# of admission using electronic order sets/Total # of admissions	To have all the physicians use the patient order sets	We have recently installed new servers which should alleviate barriers to access
Effectiveness	Improve organizational financial health	Total Margin (consolidated): % 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.	% / N/a	OHRS, MOH / Q3 2013/14	600*	1.43	0	Attempting to maintain a balanced budget with no increase in funding and an increase in expenses. Continuing to work with the NW Supply	Maintain	1)Maintaining performance	Maintaining performance	Maintaining performance	Maintaining performance	
	Reduce unnecessary deaths in hospitals	HSMR: Number of observed deaths/number of expected deaths x 100.	Ratio (No unit) / All patients	DAD, CIHI / 2012/13	600*	60	0	N/A because volume is too low to be statistically valid	Maintain	1)Maintaining performance	Maintaining performance	Maintaining performance	Maintaining performance	
Integrated	Reduce unnecessary time spent in acute care	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days.	% / All acute patients	Ministry of Health Portal / Q3 2012/13 – Q2 2013/14	600*	25.72	11.3	Because we are a small hospital the data in this metric should be reviewed with caution. Our low volumes can swing outcomes and often require an	Maintain	1)Maintaining performance	Maintaining performance	Maintaining performance	Maintaining performance	
	Reduce unnecessary hospital readmission	Readmission to any facility within 30 days for selected CMGs for any cause: The rate of non-elective readmissions to any facility within 30 days of discharge following an admission for select CMGs.	% / All acute patients	DAD, CIHI / Q2 2012/13-Q1 2013/14	600*	9.76	15	Our target of 15% will remain for our 14/15 QIP. This is below the provincial average. Discharge planning is a key topic for the	Maintain	1)Change ideas to address this indicator are all related to discharge planning and proposed activities. (See improved discharge	See improved discharge process	See improved discharge process	Explore initial results to determine feasible and appropriate targets for QIP	A group of small rural hospitals in the NW LHIN will monitor re-admission rates

	Improve discharge process	Percentage of patients for whom discharge is completed and sent to receiving primary care provider at time of discharge on chart or EHR audit/Total # of discharges	% / All acute patients	EMR/Chart Review / 2014/15	600*	CB	80	We aim to adopt this new tool for the large majority of patients in the first year of implementation and in subsequent years aim for 100%.	Improve	1)Conduct risk assessment for re-admission	% of patients for whom a risk assessment is completed on chart or on EHR audit	% of risk assessments/total # of admissions	80%	Participate in collaborative activities across small and rural hospitals in NW
										2)Provide written discharge instructions.	% of patients for whom written discharge instructions are completed and provided to the patient as noted on chart or EHR audit	% of written discharge instructions completed/total # of discharges	80%	See comments on Change #1
										3)Ensure timely follow-up with primary care provider.	% of high risk discharge patients who have followed up with the primary care provider within 7 days as noted on chart.	# of high risk discharge patients who have followed up with primary care provider/# of high risk discharge patients	80%	See Comments in Change #1
										4)Ensure timely follow-up with home care.	% of high risk patients who have confirmed follow-up with home care within 1 day as noted on chart or EHR audit.	% of high risk patients who have confirmed follow-up with home care.../total # of high risk discharges	80%	See comment change idea #1
										5)Ensure clinical best practices for common conditions followed at time of discharge.	% of patients with CHF, COPD, CAD or DM for whom the appropriate clinical best practices checklist has been completed on chart or EHR audit.	% of clinical best practices checklists completed/total # of discharges for case mix	80%	See comment change idea #1
Patient-centred	**Improve patient satisfaction**	From NRC Picker: "Would you recommend this hospital (inpatient care) to your friends and family?" (add together % of those who responded "Definitely Yes" or "Yes, definitely").	% / All patients	NRC Picker / Oct 2012- Sept 2013	600*	0	0	We do an in-house survey.	Maintain	1)We conduct an in-house survey.	We conduct an in-house survey.	We conduct an in-house survey.	We conduct an in-house survey.	
		From NRC Picker: "Overall, how would you rate the care and services you received at the hospital (inpatient care)?" (add together % of those who responded "Excellent, Very Good and Good").	% / All patients	NRC Picker / Oct 2012- Sept 2013	600*	0	0	We conduct an in-house survey	Maintain	1)We conduct an in-house survey.	We conduct an in-house survey.	We conduct an in-house survey.	We conduct an in-house survey.	
		In-house survey (if available): provide the % 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).	% / Other	In-house survey / Other	600*	100	98	Historically surveys have demonstrated a high level of patients willing to recommend AGH to family and friends. This is an aggressvie target that we	Maintain	1)Maintaining performance	Maintaining performance	Maintaining performance	Maintaining performance	
		Global: % of patients who would recommend the hospital to their families and friends or "overall would you rate the care and services you received at the hospital?"	% / All acute patients	In-house survey / twice a year	600*	100	98	Small rural hospital initiative to show a 5% improvement from baseline over 3 years as compared to all hospital within the SRN group.	Maintain	1)All of the change ideas related to discharge planning, communication, discharge transitions, will contribute to improvement	All of the change ideas related to discharge planning, communication, discharge transitions, will contribute to improvement in global patient experience.	All of the change ideas related to discharge planning, communication, discharge transitions, will contribute to improvement in global patient	All of the change ideas related to discharge planning, communication,	We suggest that we aim for consistency by selecting the same indicator

	Improve patient experience (communication)	% of patients who reported during their stay that doctors and nurses explained things in a way they could understand	% / All acute patients	In-house survey / twice a year	600*	CB	87	Aligned with 90th percentile, an 87% target is selected or 5% improvement from last scoring which will be determined in our first patient satisfaction	Improve	1)Adopt teach-back as a consistent approach to patient discharge discussions and planning	Have staff complete the teach-back template prior to patient discharge	# of patients with completed teach-back templates/total number of discharges	80% improvement in the number of patients who reported that doctors and nurses	Written discharge instructions described above will also	
	Improve patient experience (Discharge Transitions)	% of patients for whom they received adequate information on all of the following: - danger signs to watch for - purpose of medication - how to take medication - side effects to watch for - when to resume usual activities - who to call for help	% / All acute patients	In-house survey / twice a year	600*	CB	50	Baseline data is not available but provincial statistics suggest this rate is approximately 30%. Aim to reduce "defects in patient understanding of discharge care" by 1/3.	Improve	1)Adopt teach-back and written discharge instructions as described.	% of patients who received adequate information on danger signs to watch for as documented in discharge plan or EHR audit	# of documented patients who received the danger signs information/total number of patients discharged	80%		
										2)Adopt teach-back and written discharge instructions on purpose of their medications	% of patients who received adequate information on the purpose of their medication on their discharge plan or EHR audit	# of patients who received purpose of medication information/total # of discharged patients	90%		
										3)Adopt teach-back and written discharge instructions for adequate information for patients on how to take medication	% of patients who received adequate information on how to take medication as documented on discharge plan or EHR audit	# of patients with documented receipt of information on how to take medication/Total # of discharges	80%		
										4)Adopt teach-back and written discharge instructions for possible medication side effects	% of patients who received information regarding possible med side effects documented on discharge plan or EHR audit	% of patients who received information on possible side effects/total # of discharges	80%		
										5)Adopt teach-back and written discharge instructions on when patients may resume usual activities	% of patients who received information on resuming usual activities as documented on discharge plan or EHR audit	# patients who received the information/total # of discharges	80%		
										6)Adopt teach-back and written discharge instructions on who to call for help	% of patients who received information on who to call for help as documented on discharge plan or EHR audit	# of patients who received the information/total # of discharges	80%		
Safety	**Increase proportion of patients receiving medication reconciliation upon admission**	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.	% / All patients	Hospital collected data / Most recent quarter available (e.g. Q2 2013/14, Q3 2013/14 etc)	600*	100	100	Our actual 13/14 experience at Q3 (Dec/13) is 100%. Our target for the QIP was 80%. We think a target of 100% for the 14/15 QIP is achievable.	Maintain	1)Maintaining performance	Maintaining performance	Maintaining performance	Maintaining performance		
	Reduce hospital acquired infection rates	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. 2013, consistent with publicly reportable patient safety data.	Rate per 1,000 patient days / All patients	Publicly Reported, MOH / 2013	600*	0	0	Our historical data demonstrates that we have had such good infection control that has resulted in 0 cases of nosocomial transmission	Maintain	1)Maintaining performance	Maintaining performance	Maintaining performance	Maintaining performance		
		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.	% / Health providers in the entire facility	Publicly Reported, MOH / 2013	600*	80	80	Hand hygiene is still the most effective way to prevent the transmission of infections. Education and staff compliance needs to be more consistent	Improve	1)Offer incentives for hand hygiene compliance.	Conduct monthly audits to ensure our compliance rate remains at the target level throughout the year.	Conduct monthly audits to ensure our compliance rate remains at the target level throughout the year.	Conduct monthly audits for compliance. we need to education and promote hand		

Reduce incidence of new pressure ulcers	Percent of complex continuing care (CCC) residents with a new pressure ulcer in the last three months (stage 2 or higher).	% / Complex continuing care residents	CCRS, CIHI (eReports) / Q2, 2013/14	600*	0	0	There has been no change in the target. This is a good indicator to show optimal patient care.	Maintain	1)There has been no change in the target. This is a good indicator to show optimal patient care.	There has been no change in the target. This is a good indicator to show optimal patient care.	There has been no change in the target. This is a good indicator to show optimal patient care.	There has been no change in the target. This is a good indicator to show optimal	
Avoid Patient falls	Percent of complex continuing care (CCC) residents who fell in the last 30 days.	% / Complex continuing care residents	CCRS, CIHI (eReports) / Q2 2013/14	600*	0	6.96	There has been no change in this target as it is an aggressive target. Our volume is low therefore statistically not valid.	Maintain	1)There has been no change in this target as it is an aggressive target. Our volume is low therefore statistically not valid.	There has been no change in this target as it is an aggressive target. Our volume is low therefore statistically not valid.	There has been no change in this target as it is an aggressive target. Our volume is low therefore statistically not valid.	There has been no change in this target as it is an aggressive target. Our volume is low	
Improve medication reconciliation	% of patients with medication reconciliation completed and sent to receiving primary care provider at the time of discharge	% / All acute patients	EMR/Chart Review / First and third quarters	600*	CB	80	This is a new indicator. A baseline will have to be established.	Improve	1)Verify a standard process for obtaining best possible medical history (BPMH)at time of admission	Audit random sample of patients	# of BPMH standard processes used/total # of admissions	100%	In order to obtain BPMH it is important for hospitals to gather
									2)Implement a revised medication reconciliation form documenting medication changes, reasons for changes and	# of patients for whom a revised medication reconciliation form was completed	% of patients for whom the revised form was completed/total number of discharges	80%	Revised medication reconciliation form with this information