ATIKOKAN GENERAL HOSPITAL

QIP II Final Report April 1, 2013

Quality dimension	Priority	Objective	Measure/Indicator	Target for 2012/13	Target justification	Final Report	Target Status	Comments
Safety	3	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. 2011, consistent with publicly reportable patient safety data	0 cases of nosocomial transmission of CDAD within the facility	The target will measure the effectiveness of infection control practices. The occurrence of CDAD is expected in relation to certain conditions and treatments. Measuring the effectiveness of containment measures demonstrates performance.	0	Met target	
	1	Improve provider hand hygiene compliance	**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 - Jan-Dec. 2011, consistent with publicly reportable patient safety data	80%	This target will ensure that continued emphasis is placed on improving compliance with this indicator and further reduce risk to patients. The target exceeds previous years' performance and provincial average.	81%	Met target	
	1	Reduce incidence of 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 Q3 2011/12, CCRS	0 Cases	Current performance is at optimal level. Ongoing monitoring is required. Cases in which there are risk factors that cannot be mitigated will not be considered.	0 cases	Met target	
	1	Avoid patient falls	**Falls:** Reduce the incidents of patient falls in all patient care units. Measured in number of patient falls/1000 patient days.	2012 target 6.968 This represents a 20% reduction in falls across all patient care areas	Falls have been identified as the most common avoidable risk to patients and residents. Reduction in the frequency of falls will represent a reduction of risk to patients.	6.65%	Exceeded Target	The number of falls is relative to the cycle of residents/patient's mobility and cognitive levels. Over the year this rate fluctuates and in the near future we may see a slight increase with this rate, as our overall patient volume is quite low.
Effectiveness	1	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.	0.0% or greater	Maintaining a positive Total Margin represents the performance of the organization	0.97%	Exceeded Target	
Access	3	Reduce wait times in the ED	**ER Wait times:** 90th Percentile ER length of stay for Admitted patients. Q3 2011/12, NACRS, CIHI	4.5 hours	A reduction in LOS in the E.R. for admitted patients will indicate improved efficiency and patient flow.	4.6 hrs	Met target	This time frame is an aggressive target as some protocols for care can take approximately 6 hours to complete. The set target exceeds the HSAA standard.
	1	Reduce number of CTAS V patients admitted to the ED	Number of CTAS V patients admitted to the ED	The % of CTAS V cases will be reduced by 5% as a percentage of total cases.	Reduction in % of CTAS V as a total % of total cases demonstrates movement of patients to the appropriate provider site.	36%	Met target	The baseline target of 44% was used from historical data. The percentage includes registration for telehealth and all scheduled visits (ie. Dressing changes/injections etc). In future the data should be represented as LOS time rather than the number of visit. This will better reflect improved patient service.
Patient Centred	3	Survey of patient satisfaction	**In house survey:** "Overall, how would you rate the care and service you received at the hospital"	Positive scores will remain within +/- 2%	High performance area that requires ongoing monitoring	100%	Met target	NCR Picker was used to conduct surveys until 2012-13. Due to the low volume of replies the data was inaccurate. The baseline of 98% was used from the last data supplied from NCR Picker.
Integrated	1	Reduce unnecessary time spent in acute care	**Percentage ALC days:** Total number of inpatient days designated as ALC, divided by the total number of inpatient days. Q2 2011/12, DAD, CIHI	Performance target will remain less that NWLHIN average of 21.64%	Comparison with NWLHIN hospitals is best reflection of regional bed utilization patterns.	14.21%	Met target	The target was set from the NWLHIN and HSAA data. This standard target will change with the projections set by the above governing bodies taken from historical data provided by the hospital.