



Quality Improvement Plans (QIP) 2012/13: Progress on QIP Year One (2011/12)

Priority Indicator (year 1)	Performance as stated in the year 1 QIP	Performance Goal as stated in the year 1 QIP	Progress to date	Comments
Hand Hygiene Compliance	2009 28% 2010 54% 2011 74%	Annual improvement of 10% year over year until the hospital performance Meets or exceeds the provincial average for our comparator group	Jan – Dec 2011 78%	
Avoid Falls	0% of CCC (Complex Continuing Care) patients	100% of CCC patients will have fall risk identified and preventative measures in place within 24 hours of admission	100% of CCC patients had fall risk assessments on admission	CCRS FY10-11 reports 7 falls, however 4 of these falls were prior to admission to hospital.
Reduce unnecessary Hospital readmission	18.5% Q1 2010/11 DAD (Discharge Abstract Database)	No increase in percentage	Health Data website did not report this percentage for AGH Q1 FY 11/12. Due to the small counts, readmissions are suppressed.	Fewer than 5 readmissions.
Financial Health	-0.04% Q3 2010/11 OHRs (Ontario Hospital Reporting System)	< 0% deficit	Q3 2011/12 OHRs 0.78%	