Bluewater Health Quality Improvement Plan Progress Report for the 2015/16 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2015/16	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
1	"Overall, how would you rate the care and services you received at the ED?", add the number of respondents who responded "Excellent", "Very good" and "Good" and divide by number of respondents who registered any response to this question (do not include non-respondents). (%; ED patients; NRC Picker)	88.30 (October 2013 - September 2014)	90.00	87.50 (October 2014 - September 2015)	Changes in electronic signage in ED waiting rooms were updated to include messaging on who to call with concerns. Patient Experience Partners reviewed patient experience data to increase awareness and input. A Patient Experience Partner has been invited to be a member of the ED Program Council. The manager and the business director have shared patient experience score cards and priority matrix and comment reports with their team. Organizationally, my promise to Emily focus groups including participation of staff, volunteers, physicians and patient experience partners to identify the elements of an exemplary healthcare experience. Addressing anxiety and fear was identified as one of the top four promises we can make to Emily, our patient, and these four elements will be the focus of our 2016/17 patient experience QIP indicators. Patient comments were extracted and themes were identified related to fear, anxiety and feeling safe, and a summary of key patient comments related to anxiety and fear was created and shared with the organization.
2	"Overall, how would you rate the care and services you received at the hospital?" (inpatient), add the number of respondents who responded "Excellent", "Very good" and "Good" and divide by number of respondents who registered any response to this question (do not include non-respondents). (%; All patients; NRC Picker)	93.70 (October 2013 - September 2014)	97.00	95.40 (October 2014 - September 2015)	Patients were engaged in the medicine units to learn what information they required if they were worried or concerned. These findings were utilized to create information posters for patient rooms. It was determined that a better method of communication was to include this information in a prominent place in the unit welcome package. Inpatient units continue to ask patients daily if they are worried or concerned. Organizationally, my promise to Emily focus groups including participation of staff, volunteers, physicians and patient experience partners to identify the elements of an exemplary healthcare experience. Addressing anxiety and fear was identified as one of the top four promises we can make to Emily, our patient, and these four elements will be the focus of our 2016/17 patient experience QIP indicators. Patient comments were extracted and themes were identified related to fear, anxiety and feeling safe, and a summary of key patient comments related to anxiety and fear was created and shared with the organization. The priority matrices were brought to the Patient Experience Council and Collaborative Practice Council who each identified that communication especially about anxiety and fear, and speaking understandably continue to be key themes going forward.

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3	"Would you recommend this ED to your friends and family?" add the number of respondents who responded "Yes, definitely" (for NRC Canada) or "Definitely yes" (for HCAHPS) and divide by number of respondents who registered any response to this question (do not include non-respondents). (%; ED patients; NRC Picker)	67.60 (October 2013 - September 2014)	70.00	67.00 (October 2014 - September 2015)	Transferring Emily and the Patient Access and Flow committee are focusing on working to improve transitions and monitoring the patient experience specific survey questions. The Quality and Patient Experience Committee is now monitoring the survey questions related to physician discussed anxiety and fear. Teach back education was provided to all ED nurses and the Patient Access and Flow Committee and following a related custom survey question.
4	"Would you recommend this hospital (inpatient care) to your friends and family?" add the number of respondents who responded "Yes, definitely" (for NRC Canada) or "Definitely yes" (for HCAHPS) and divide by number of respondents who registered any response to this question (do not include non-respondents). (%; All patients; NRC Picker)	76.00 (October 2013 - September 2014)	80.00	73.60 (October 2014 - September 2015)	Two information sessions were held with NRCC on discharge phone calls. Discharge phone calls by nurses were spread from IP surgery to day surgery. The PEPs designed a PEP Talk to bring to the inpatient surgical huddle board to highlight the patient perspective of the NOD and white board communication. Custom question data is shared at the Collaborative Practice Council where an Appreciative Inquiry exercise was completed to identify what supports doing the NOD and completing the white board.
5	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; Q3 FY; OHRS, MOH)	-0.09 (2014/15 cumulative from April 1, 2014 to December 31, 2014)	0.00	-1.13 (2015/16 cumulative from April 1, 2015 to December 31, 2015)	Change ideas for the total margin indicator on this QIP have been implemented in attempt to balance the budget. The impact from healthcare system funding reform has resulted in over 7 million dollars in funding reductions over the past 4 years. We continue to maintain our core services and make improvements on quality metrics such as wait time and readmission rates.
6	Readmission within 30 days for Selected Case Mix Groups (%; All acute patients; DAD, CIHI)	15.55 (July 1, 2013 - Jun 30, 2014)	12.80	12.67 (based on HIG to CMG calculation where 1 HIG = 0.97 CMG)	Change ideas for this indicator have been implemented. Changes to the indicator methodology from Case Mix Groups (CMG) to HBAM Inpatient Groupers (HIG) in 2014/15 require organizations to compare Q2 2013/14 to Q1 2014/15 HIG and CMG data to determine the variation between the 2 calculation methodologies. During this time period 1 HIG equals 0.97 CMG. Our current performance for readmission within 30 days for HIG is 13.06%. Based on this calculation, readmission within 30 days for select CMG is 12.67%.
7	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI during the reporting period, divided by the number of patient days in the reporting period, multiplied by 1,000. (Rate per 1,000 patient days; All patients; Publicly Reported, MOH)	0.38 (Jan 1, 2014 - Dec 31, 2014)	0.23	0.17 (Jan 1, 2015 - Dec 31, 2015)	Pharmacy has continued to review and identify antibiotic use in BWH. Continue to use a prevention protocol for C-Diff transmission. Review and updating product reduce C-Diff spores in the environment. These measures have allowed us to meet and exceed our proposed target for the 15/16 QIP.
8	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; most recent quarter available; Hospital collected data)	92.30 (2014/15 FY Q3)	95.00	96.30 (2015/16 FY Q3)	The primary change idea that influenced the improved performance is optimizing and increasing the role of medication reconciliation pharmacy technician. The medication reconciliations completed by pharmacy technicians for all admissions has increased to 52%. This role is currently staffed as 2 full-time techs Monday - Friday + 1 tech added to weekends and stat holidays.

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9	Total number of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his or her treatment, divided by the total number of inpatient days in a given period x 100. (%; All acute patients; DAD, CIHI)	13.11 (October 2013 – September 2014)	15.30	9.74 (October 2014 – September 2015)	Majority of goals set for ALC were met and the performance target was exceeded. One initiative for the 15/16 QIP was to put high risk, complex patient rounds in ED. Understanding that there is variability and unpredictability with complex patients in the ED; it is difficult to optimize resources. The decision was made to utilize technology and move forward with a complexity screening tool to identify these patients, effectively triggering resources more appropriately. This implementation of a complexity screening tool will be a change idea for the 16/17 QIP ALC Rate indicator.
10	ED Wait times: 90th percentile ED length of stay for Admitted patients. ED length of stay is defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED to a hospital bed. Measured in hours. The 90th percentile is the maximum length of time in which 9 of 10 patients have completed their ED visit. (hours/ED patients; CCO iPort Access)	22.00 (January 2014 – December 2014)	20.00	23.80 (January 2015 – December 2015)	Change ideas for the ED Wait time indicator have been implemented. The performance in from January to May 2015 was above 20 hours, largely influenced by the influenza outbreak in the community, the high volumes in ED and the inability to transfer patients from inpatient units back to long term care homes. An integrated approach with ED wait time mitigation strategies, bed management and patient flow initiatives resulted in this indicator being met for 4 out of the final 7 months of 2015. The target for the 2016/17 indicator will remain 20 hours.