

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

The following template has been provided to assist with completion of reporting on the progress of your organization’s QIP. Please review the information provided in the first row of the template which outlines the requirements for each reporting parameter.

Priority Indicator	Performance	Performance Goal	Progress to date	Comments
<p>ED Wait times: 90th percentile ED length of stay for Admitted patients.</p> <p>ED patients Q4 2011/12 – Q3 2012/13 CCO iPort Access Improve</p>	23.60 hrs	19.00 hrs	22.45 hrs	<p>1. 2FTE Admissions Nurses now working 7 days/week to expedite admission process. MedRec supported by ED-assigned Pharmacy Tech (Mon-Fri).</p> <p>2. Creating/implementing new discharge processes to reduce the number of ALC patients waiting for LTC and decrease ALCs in acute beds.</p> <p>3. Collecting data to support increase in GEM Nurse hours as an admission avoidance strategy.</p>
<p>**Readmission to Bluewater Health within 30 days for Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF): The per cent of patients with specified COPD or CHF CMGs readmitted to Bluewater Health within 30 days of discharge. Q2 2011/12 – Q1 2012/13, DAD, CIHI (CORE - Population changed) Population Period Source Improve</p>	19.30 %	13.00 %	14.50 %	<p>1. Focused discharge education to promote chronic disease self-management.</p> <ul style="list-style-type: none"> - NP Chronic Disease Transitions Clinic/program implemented for inpatient discharge and follow-up. - All patients discharged from ED during Q1 received screening and follow-up including referral to community COPD teams. - Barriers (e.g. patient consent) discussed with LHIN Chronic Disease Management team. - All MedA/ MedG inpatients captured and discharge follow-up arrangements complete. - MedT to come on-line from January 2014. - CHF care pathway in progress: linked to LHIN-led pathway trial underway in Windsor-Essex (roll-out planned January 2014). - QBP-driven (BWH -developed) CHF order set to replace current; developed to match inpatient pathway (e-documentation development required). <p>2. Chronic Disease Program link to Sarnia-Lambton COPD Pathway Implementation.</p> <ul style="list-style-type: none"> - New work from July 2013; part of Chronic Disease Transitions Program pathways extending to community partner programs. - NP/Attending model planned for MedT (January 2014) will be a key contributor for access to acute/ consultant follow up. - Primary care follow-up is arranged as part of pathway (NP included in pathway model).

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<p>**From NRC Picker: Respect for Patient Preferences Dimension Score (roll-up score of "Treated you with respect/dignity", "Enough say about treatment", Drs & Nurses did not talk in front of you as if you weren't there"</p> <p>Population Period Source Improve</p>	80.90%	85.00%	80.90%	<p>1. Increase staff awareness of monthly NRCC data for their own area and link data to practice.</p> <ul style="list-style-type: none"> - Feedback MonitorPro brought to team Huddle Boards. - Patient Experience Dashboard and Scorecard Report (real-time feedback) for individual unit review - Target for Spring. - Reviewing customizable questions with NRCC for refreshed data to align with our goals. - Patient Family Centered Care surveys being conducted in ICU. - Discharge phone calls in Inpatient Surgery review in progress, to spread. <p>2. Engage BPSO Champions and Managers to implement client centered care, establishing therapeutic relationships, and supporting and strengthening families through expected and unexpected life events.</p> <ul style="list-style-type: none"> - 109 Best Practice Champions trained; 12 PEP. - Hospital-wide education plan in progress. - Client Centred Care Documentation to be initiated December 2014; asking the patient their preferred name, daily goals of care and daily concerns. - Audits in progress. <p>3. Engage patients and families in real time for "treated with respect", by clinical area.</p>
<p>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.</p> <p>All patients Most recent quarter available (e.g. Q2 2012/13, Q3 2012/13 etc) Hospital collected data Improve</p>	84.40%	90.00%	88.62	<p>1. Nurse Refresher training by pharmacists, nursing informatics and nurse educators.</p> <p>2. MedRec remains one of our three Strengthening our Capacity initiatives and completion remains consistent at 89%; target is sustainable. Two Late Career Nurses doing manual chart audits for quality and compliance with intentional and unintentional discrepancies. Reporting to Safer Health Care Now(SHN) for BWH corporately for the first time to compare ourselves with other hospitals.</p> <p>3. Increased Admissions Nurse in ER to 7 days per week.</p>
<p>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.</p> <p>Rate per 1,000 patient days/All patients 2012/Publicly Reported, MOH/Maintain</p>	0.41	0.34	0.23	

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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.

85.90%

90.00%

90.45%

Three specific provider type categories were targeted as part of our Hand Hygiene Improvement Plan. Data for the specified types for Jan-Dec 2013 period were:

Nursing: 91.97%

Physician: 82.79%

Support Services: 92.22%

Health providers in the entire facility
2012
Publicly Reported, MOH
Improve
