

**Bluewater Health Progress on QIP Year 1 (2011/12)**

Priority Indicator (Year 1)		Performance as Stated in Year 1 QIP	Performance Goal as Stated in Year 1 QIP		Progress to Date	Comments
Name	Definition		Processes and Outcomes to be Achieved by End of 2011/12 Fiscal Year (i.e. Mar 31, 2012)	Target		
<b>Safety</b>						
Hand Hygiene	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.	45% (Corporate Rate: Apr 2009- Mar 2010)	Increase compliance amongst nurses, support staff, and physicians within 2 targeted areas to 75% or better.	75%	82.76% (Corporate Rate: Jan-Dec 2011)	<ul style="list-style-type: none"> <li>• Focus on sustaining gains and making further improvements through education, a contest, continued audits and feedback/recognition.</li> <li>• Strategies to improve the capture of physician opportunities was focus of Q3.</li> <li>• Development of a second physician information package.</li> <li>• Continue further improvements with Year 2 QIP</li> </ul>
Falls	Organizational falls for Level 2 and 3: Severity Level 3 - Event/error results in permanent harm/damage. Additional monitoring, prolonged stay and extensive follow-up required - total reported events for 2010. Severity Level 2 - Event/error results in temporary minor harm/damage. Additional monitoring or follow-up required - total reported events for 2010	165 (level 2) 4 (level 3) (Jan-Dec 2010)	Weekly review of safety crosses in 100% of 9 RTC™ units and implementation of 2 strategies to reduce falls within the Acute/Palliative/ Telemetry Medicine Programs.	100%	Ongoing in 100% of units	<ul style="list-style-type: none"> <li>• Fall Risk assessment completed on admission for 100% of patients and completed daily if at-risk and weekly if identified as a potential for risk of fall.</li> <li>• Patients at risk of falling are identified on unit white board to effectively communicate to all staff.</li> <li>• Spread releasing Time to Care (RTC™) to 9 inpatient units in 2011/12 with patient falls as a core measurement and implementation and weekly reviews of safety crosses in all medical units.</li> <li>• Continue further improvements with Year 2 QIP</li> </ul>
Medication Reconciliation	Medication Reconciliation: % complete within 24hr of admission	62.2% (Corporate 2010/11 Q3); 32% (Target Units 2010/11 Q3)	Improve reliability with medication reconciliation process within Acute and Telemetry Medicine (from Q3 baseline of 32%)	75%	75% (Corporate 2011/12 Q3); 65% (Target Units 2011/12 Q3)	<ul style="list-style-type: none"> <li>• Conducting weekly meetings to address challenges.</li> <li>• Medication Reconciliation Technicians in Emergency Department.</li> <li>• Communication to public about need to bring medications or list from home to support process.</li> <li>• Medication Reconciliation Technicians visiting community pharmacies to improve communication/collaboration in sharing lists.</li> <li>• Continued improvements expected with latrics software implementation.</li> <li>• Continue further improvements with Year 2 QIP</li> </ul>

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<b>Access</b>						
Wait Times in the Emergency Department (ED)	ED Wait times: 90th Percentile ED length of stay for Admitted patients.	19.9hr Sarnia (ED Process Improvement Program (PIP) Site) (Q3 2010/11)	Successful completion of 100% of the following improvement processes: Daily Access Reporting Tool (DART) data entry process initiated, daily DART review, indicator analysis, completion of standardized admission/discharge processes through Releasing Time to Care™ in 6 of 9 units, use of 10-point checklists in 6 of 9 units.	100% complete	100% of processes completed	<ul style="list-style-type: none"> <li>• ED Process Improvement Program (PIP) on-track.</li> <li>• Integrating ED PIP work with Releasing Time to Care (RTC)™ Admission/ Discharge module.</li> <li>• Continue further improvements with Year 2 QIP</li> </ul>
Wait times for Cancer Surgery	Wait Times for Cancer Surgery: % of surgeries completed within priority access targets for breast, bowel, and prostate cancer surgery.	78% (Q3 2010/11)	Maintain wait times for prostate surgery at 90% or greater of cases completed within the provincial target	90%	85% (Prostate 64%; Breast 92%; Colorectal 85%) (Q3 2011/12)	<ul style="list-style-type: none"> <li>• Increase in OR time x6 months for prostate cases, in order to reduce prostate waits. To be re-evaluated.</li> <li>• Diagnostic Assessment Programs (DAPs) refreshed.</li> <li>• Surgeons' offices in-serviced.</li> <li>• Engagement plan for GPs developed by Operational Team.</li> <li>• Continue further improvements with Year 2 QIP</li> </ul>
			Improve wait times for breast surgery to 85% or greater of cases completed within the provincial target	85%		
<b>Patient-Centred</b>						
Patient Satisfaction	% responding "Definitely Yes" to the NRC Picker Survey question: "Would you recommend this hospital to your friends and family?"	68.4 (Q2 2010/11 Inpatient)	Achieve the Ontario Community Hospital Average (69.4 from Q2 2010/11) for definitely recommending.	69.4	77.2 (Oct '10-Sep '11 Inpatient)	RTC™ and PIP communication to patients and families begun using whiteboards. Bullet rounds initiated across organization. Bright new healing environment. Improved staff satisfaction scores reflect impact of team renewal and Healthy Workplace strategies. In turn, patient satisfaction is positively impacted.
<b>Effectiveness</b>						
Total Margin	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.	-0.28% (Q3 2010/11)	Achieve greater than -.5% for fiscal year 2011/12.	> -0.5%	.51% (Q3 2011/12)	The slight decline from the 2nd Quarter was anticipated. The last 2 quarters of the fiscal year tend to show increased expenditures resulting from increased activity, more sick time, and overtime etc. Bluewater Health is forecasting a slight decline in our Total Margin from our Q3 results (forecasted Total Margin of 0.09% for year-end).