

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2016/17 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. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

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 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
1	“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; October 2014 – September 2015; NRC Picker)	804	93.00	96.80	46.80	Norfolk General Hospital is currently using the new CPES rates which are different from the original NRC survey identified at the beginning of this QIP. Our current rate of care and services that is reflective of the Top Box response is 46.8% for the second quarter with a goal of the 75th percentile 68.6%

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2016/17)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Leadership Rounding for patient experience	Yes	Leadership rounding with staff at the unit level is incorporated into the 90 day plan for each leader. As a multi year initiative, rounding with patients will be initiated in 2017/18
Patients will identify that their care preferences have been respected	Yes	The CPES survey identifies that 60% of patients responded positively to the customized question in Q2 about sensitivity to personal preferences. Because this is a customized question there is no comparison for the 75th percentile

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2	<p>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.</p> <p>(Rate per 1,000 patient days; All patients; January 2015 – December 2015; Publicly Reported, MOH)</p>	804	0.21	0.00	0.23	All cases reviewed by the Infection Prevention and Control Team

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Reduce C. Difficile HAI	Yes	All cases of C.Diff HAI are reviewed by the Infection Control Committee including Pharmacy and IPAC Leads. In a rural community hospital the number of patient days has a significant impact on the rate.

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3	ED Wait times: 90th percentile ED length of stay for Admitted patients. (Hours; ED patients; January 2015 - December 2015; CCO iPort Access)	804	16.10	14.00	14.80	ED wait times are sustained as volumes increase in the ED.

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Introduce telemetry monitoring on the medical unit	Yes	Telemetry monitoring was introduced on the inpatient medical units
Maintain the improvements made to reduce wait time in ED for admitted patients	Yes	Wait times in the ED are tracked and reviewed at the committees each quarter. The wait time to an inpatient bed once the admission has been identified is 5 hours.

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4	Hand Hygiene compliance prior to patient contact (%; Health providers in the entire facility; April 2015 to March 2016; Ministry of Health Portal)	804	75.00	100.00	91.00	Reflective of compliance rates in January 2017.

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Refresh the Hand Hygiene Audit program	Yes	Hand Hygiene education has been refreshed throughout the organization
Leader Rounding	Yes	Leader rounding with staff includes a conversation about reducing preventable harm and the focus on hand hygiene

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5	Low Risk C-Section Rate (%; Maternity Patients; April 2015 to Dec 2016; Hospital collected data)	804	CB	15.20	23.00	

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Improve the documentation for Labor/Delivery and Newborn	Yes	Standardized documentation is implemented in the Labor and Delivery Suite
Decrease the number of C Sections prior to 39 weeks gestation	Yes	A review of all C Section cases is completed by the Obstetrical Committee

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6	Medication reconciliation completed at transfer (%; All acute patients; April 2015 to March 2016; Hospital collected data)	804	CB	100.00	98.00	We continue to be successful in our medication reconciliation at transfer from the ICU to the medical units

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Standardized approach for medication reconciliation on transfer for all programs	Yes	Medication reconciliation at transfer from ICU to the medical unit is standardized and an expectation for each transfer

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7	Percentage of acute hospital inpatients discharged with selected HBAM Inpatient Grouper (HIG) that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission. (%; Discharged patients with selected HIG conditions; July 2014 – June 2015 ; CIHI DAD)	804	18.11	16.00	15.76	

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Enhanced partnerships with LHIN Integrated Funding Model Project to support patients with COPD and CHF as they transition out of hospital	Yes	Norfolk General Hospital has partnered with the LHIN to embed the Integrated Funding Model Project in to daily practice for patients with the diagnosis of COPD or CHF
Standardize opportunities for patient and family education related to self management of COPD and CHF	Yes	Standardized education for patients and families is introduced on our medical units for patients with the diagnosis of COPD or CHF

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8	Sepsis Rate (%; All acute patients; April 2014 to March 2015; CIHI DAD)	804	CB	0.00	2.80	

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Develop and implement Sepsis Order Sets for ED	Yes	Order set for Sepsis is introduced in the ED
Develop and implement an ICU Sepsis Order Set	Yes	Order set for Sepsis is introduced in the ICU

