

**WEST NIPISSING GENERAL HOSPITAL**  
**725 Coursol Rd, Sturgeon Falls, ON P2B 2Y6**

Excellent Care for All

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

Priority Indicator	Performance	Performance Goal	Progress to date	Comments
ED Wait times: 90th percentile ED length of stay for Admitted patients. Hours ED patients Q4 2011/12 – Q3 2012/13 CCO iPort Access 3	7.10	7.10	6.97	Misinterpreted the definition. Used length of stay for CTAS levels 1 & 2 - instead of length of stay for Admitted patients from ED. Performance stated for ED length of stay for Admitted patients should have been 11.57 hours (90th Percentile) as the Progress to Date value.
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 2012/13 OHRS, MOH 3	10.32	10.42	0.00	Balanced budget for the metric should be 0, as indicated in the Evaluation of the 2013/14 Hospital QIP from Health Quality Ontario dated September 12, 2013. Staffing changes at the CFO level of three different candidate created confusion in reporting process.
HSMR: Number of observed deaths/number of expected deaths x 100. Ratio (No unit) All patients 2011/12 DAD, CIHI 3	0.00	-444444.00		Not expected to report on this indicator.

Priority Indicator	Performance	Performance Goal	Progress to date	Comments
<p>Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. % All acute patients Q3 2011/12 – Q2 2012/13 Ministry of Health Portal Improve</p>	32.50	30.88	43.70	Limited access and long waiting list for Long Term Care beds in addition to lack of community resources to support patients upon discharge, there is an increase length of stay for our ALC patients.
<p>Readmission to any facility within 30 days for selected CMGs for any cause: The rate of non-elective readmissions to any facility within 30 days of discharge following an admission for select CMG's. % All acute patients Q2 2011/12-Q1 2012/13 DAD, CIHI 3</p>	15.00	15.00	9.00	Readmitted patients are due to repatriation of patients from surrounding hospitals - North Bay and Sudbury - beyond our control.
<p>In-house survey (if available): provide the % response to a summary question such as the "Willingness of patients to recommend the hospital to friends or family" (Please list the question and the range of possible responses when you return the QIP). % Other Other In-house survey 3</p>	98.00	98.00	97.10	Maintained our performance. Survey changed to Accreditation Canada approved survey in July 2013.

Priority Indicator	Performance	Performance Goal	Progress to date	Comments
Percent of complex continuing care (CCC) residents who fell in the last 30 days. % Complex continuing care residents Q2 2012/13 CCRS, CIHI (eReports) Improve	5.20	4.94	10.00	Two patients having fallen in the last 30 days from a total of 19 patients. Initiatives adopted in Interim Long Term Care beds (Zero occurrences of having fallen in last 30 days) will be adopted in Complex Continued Care to eliminate these occurrences. Will be monitoring this indicator in the 2014/15 QIP as an improvement.
Falls: Percent of long term care residents who fell in the last 30 days Months Population Period Source Improve	10.40	9.88	0.00	
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 (e.g. Q2 2012/13, Q3 2012/13 etc) Hospital collected data 3	96.00	96.00	94.70	Turnover of HFO Physicians in our Emergency Department as a source of decreased compliance. Will be enhancing our teaching/re-education to HFO Physicians.

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<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 3</p>	0.00	0.00	0.30	<p>Occurrences during reporting period after four years of no occurrences. Implemented enhanced cleaning procedures, training/teaching/re-education programs, more hand hygiene surveillance. Will roll out Ministry of Health Core Competency Training on hand hygiene and routine practices in 2014.</p>
<p>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.</p> <p>% Health providers in the entire facility 2012 Publicly Reported, MOH Improve</p>	83.41	84.24	83.52	<p>Target not achieved. Did not maintain from previous reporting period. Initiatives undertaken to increase compliance - surveillance, education sessions, Ministry of Health Core Competency Courses, poster campaign and in-house video production to play in waiting rooms.</p>

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<p>VAP rate per 1,000 ventilator days: the total number of newly diagnosed VAP cases in the ICU after at least 48 hours of mechanical ventilation, divided by the number of ventilator days in that reporting period, multiplied by 1,000 - consistent with publicly reportable patient safety data. Rate per 1,000 ventilator days ICU patients 2012 Publicly Reported, MOH 3</p>	0.00	0.00		Not expected to report on this indicator (no ventilator).
<p>Rate of central line blood stream infections per 1,000 central line days: total number of newly diagnosed CLI cases in the ICU after at least 48 hours of being placed on a central line, divided by the number of central line days in that reporting period, multiplied by 1,000 - consistent with publicly reportable patient safety data. Rate per 1,000 central line days ICU patients 2012 Publicly Reported, MOH 3</p>	0.00	0.00		Not expected to report on this indicator.

Priority Indicator	Performance	Performance Goal	Progress to date	Comments
Percent of complex continuing care (CCC) residents with a new pressure ulcer in the last three months (stage 2 or higher). % Complex continuing care residents Q2, 2012/13 CCRS, CIHI (eReports)3	5.20	4.68	0.00	Acheived performance goal set.
Rate of 5-day in-hospital mortality following major surgery: The rate of in-hospital deaths due to all causes occurring within five days of major surgery. Rate per 1,000 major surgical cases All patients with major surgery 2011/12 CIHI eReporting Tool 3	0.00	-444444.00		Not expected to report on this indicator.
Surgical Safety Checklist: number of times all three phases of the surgical safety checklist was performed ('briefing', 'time out' and 'debriefing') divided by the total number of surgeries performed, multiplied by 100 - consistent with publicly reportable patient safety data. % All surgical procedures 2012 Publicly Reported, MOH Improve	0.00	-111111.00	100.00	Compliance with established best practices.

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Physical Restraints: The number of patients who are physically restrained at least once in the 3 days prior to a full admission divided by all cases with a full admission assessment. % Mental health/addiction patients Q4 2010/11 - Q3 2011/12 OMHRS, CIHI 3	0.00	0.00		Not applicable to our facility.
Physical restraints: The percentage of long term care residents in daily physical restraints. Months Population Period Source 3	0.00	0.00	8.33	Change in population - more dementia. Unsecured unit as Interim Long Term Care Unit.
Medication incidents: Total number of medication incidents divided by the total number of medication prescribed multiplied by 100. (Reported current and target values as # cases/incidents in Y 2012, encompassing all severity levels) Cases Population Period Source Improve	72.00	64.80	0.29	Performance reported as the # of incidents. Unable to determine the number of prescribed medication at time of publication of 2013/14 QIP. Computerized system in pharmacy as of April 1, 2013 now allows for this data. Progress reported as # incidents divided by total number of medication prescribed multiplied by 100 = 0.29%

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Antipsychotics: The percentage of long term care residents on antipsychotics without a diagnosis of psychosis. Q3 FY 2012-2013 Percentage Population Period Source 3	6.25	5.63	0.00	Ensure the prescription of Antipsychotic medication is validated by a diagnosis of psychosis.
Pressure ulcers: The percentage of long term care residents who had a pressure ulcer that recently got worse. Percentage Population Period Source 3	4.00	3.80	8.33	More sedentary patients. Implementation of Wound Care Protocol to eliminate and/or reduce severity of pressure ulcers. Will be monitoring this indicator in the 2014/15 QIP as an improvement.
Antipsychotics: The percentage of complex continued care residents on antipsychotics without a diagnosis of psychosis. Q3 FY 2012-2013 Months Population Period Source 3	0.00	0.00	0.00	Ensure the prescription of Antipsychotic medication is validated by a diagnosis of psychosis.