



Sioux Lookout Meno-Ya-Win
 Health Centre 69 Front
 Street P.O. Box 909
 2014/15 Quality Improvement

AIM		Measure								Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Priority level	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Effectiveness	Improve organizational financial health	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	OHRs, MOH / Q3 2013/14	964*	-1.52	0	Theoretical best	Improve	our budget process to align with operational and strategic planning process. Implementation was delayed	PDSA	% Completion	100% Completion	This change is in place and will be used for the 2014-2015 planning cycle
	Promote and improve employee effectiveness	Performance measurement completion	% / N/a	Hospital collected data / 2014/2015	964*	35	50	Progressive, internal target. Second year of implementat	Maintain	Competencies guide to assist management in assessing performance and completing the performance review process.	training & support	developed. # of training sessions. % management participation in training (each of training	1 guide developed 100% completion. 100 % participation.	
	Reduce Staff Turnover	Turnover rate: number of full time employees whose employment has ended divided the number of full time employees x 100%.	Rate per 100 / Health providers in the entire facility	Hospital collected data / 4th	964*	15	12	Progressive internal target.	Improve	1)Improve planning for growth (new programs) and attrition to avoid gaps as much as possible.	enhanced access to decision support tools	Establish attrition plan for all departments	100% completion.	
										2)Improve employee satisfaction as identified in the Worklife Pulse and HR surveys.	engagement: huddles & unit councils	% of staff who respond positively to the question: management acts on staff feedback	>75%	
Integrated	Reduce unnecessary time spent in acute care	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days.	% / All acute patients	Ministry of Health Portal / Q3 2012/13 – Q2 2013/14	964*	13.96	24.01	Maintain current performance	Improve	1)Work with CCAC and Health Canada from admission to transition to ALC patients out of the hospital.	Increased collaboartion	Capture any changes in systems/processes that result from enhanced communication with partners	To reduce percentage of ALC days.	the hospital can do until there is funding for more long term care beds in Sioux
	Reduce unnecessary hospital readmission	Percentage of patients for whom discharge plan is completed and sent to receiving Primary Care Provider at time of discharge on chart or EHR audit.	% / All acute patients	EMR/Chart Review / Apr 1/14 - Mar 31/15	964*	CB	80	Aligned with 90th percentile	Improve	existing checklist to ensure consistent data capture and execution of discharge planning. Explore alignment to order set initiative of NW	TBD - this change is part of the rural quality improvement project	TBD - this change is part of the rural quality improvement project	patients identified as high risk with documentation that supports their primary care	

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Patient-centred	Improve patient satisfaction	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	In-house survey / Other	964*	CB	100	Progressive internal target for inpatients. This will be our second year.	Improve	patient satisfaction survey (Accreditation Canada) with patients at discharge via Patient Bedside Monitor Terminals, hard copy and/or	communication, engagement: huddles & unit councils, PDSA	# of huddles attended, # of promotions, # of boards updated quarterly	5 huddles/unit attended, 1 promotion per unit, 100% of boards updated quarterly	transition year, changing the tool and increasing staff engagement. For the would you
		Average percentage of patients who know: - danger signs to watch for - purpose of medication - how to take medication - side effects to watch for - when to resume usual activity - who to call for help	% / All acute patients	EMR/Chart Review / Apr 1/14 - Mar 31/15	964*	CB	80	80% would exceed the 90th percentile	Improve	ideas to ensure a consistent template is being used to guide the discussion between provider and patient to ensure	management, provide effective education to patient and caregiver	TBD - this change is part of the rural quality improvement project	difficult to detect in one year. The intent is to average across the 6 points. From Technical	
		Percentage of patients who reported during their stay, doctors & nurses explained things in a way they could understand.	% / All acute patients	In-house survey / April 1, 2014-March 31, 2015	964*	75	87	Aligned with 90th percentile	Improve	1)TBD - this change idea is part of the rural quality improvement project	in house survey	TBD - this change idea is part of the rural quality improvement project	TBD - this change idea is part of the rural quality improvement project	
Safety	Increase proportion of patients receiving medication reconciliation upon admission	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	Hospital collected data / Most recent quarter available (e.g. Q2 2013/14, Q3 2013/14 etc)	964*	59	80	Progressive, internal target.	Improve	and information to nursing staff and physicians regarding medication reconciliation requirements and performance.	increased awareness & staff-led PDSA	# and type of communications. Huddle and unit council participation.	Staff and physicians understand the importance.	
										3)Perform real time audits to increase opportunities for teaching and access to performance data.	audits	% completion. % of inpatient charts audited. % of deficiencies identified that are reconciled.	25% of inpatient charts audited weekly 100% of deficiencies reconciled.	Performance will be posted on huddle boards
Safety	Reduce hospital acquired infection rates	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.	Rate per 1,000 patient days / All patients	Publicly Reported, MOH / 2013	964*		0	Maintain at current level	Maintain	1)Complete audits online to reduce manual data entry and increase access to performance measurement data.	audits	% completion	100% completion	improvement initiatives to improve hand hygiene compliance

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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.	% / Health providers in the entire facility	Publicly Reported, MOH / 2013	964*	71.37	80	Progressive target, aiming for high performing peer.	Improve	2)Change to electronic auditing via tablet/mobile devices.	medium change	% completion	100% completion	
										3)Post unit/department specific compliance on improvement boards	communication	# of months updated data is posted. % completion.	12 months. 100% completion	
										4)Implement innovative messaging for staff and care providers throughout the facility.	communications	% completion. # of new messages developed.	100% completion. 2 new messages developed.	
	Reduce rates of deaths and complications associated with surgical care	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	Publicly Reported, MOH / 2013	964*	98.79	100	Theoretical best	Improve	reporting audit results to surgical staff, sharing performance within the hospital via the intranet, and externally via the	information dissemination	% completion for all 3 phases of all surgeries.	100%	performance is very close to target, but we could improve on communicating