

Excellent Care for All

Quality Improvement Plans (QIP) 2012/13: Progress on QIP Year One (2011/12)

Template for Reporting

The following template has been provided to assist with completion of the Progress Report on Year 1 QIP. Please review the information provided in the first row of the template which outlines the requirements for each reporting parameter.

	Priority Indicator (year 1)	Performance as stated in the year 1 QIP	Performance Goal as stated in the year 1 QIP	Progress to date	Comments
Guidance for completing the Performance Report	State the name and definition of the priority level 1 indicator listed in the hospital's year 1 QIP. Reporting on progress of other priority indicators (i.e. levels 2 and 3) is optional.	State the performance associated with the priority indicator that was included in the hospital's year 1 QIP.	State the performance goal that was included in your hospital's year 1 QIP. The stated performance goal indicates the outcomes that the organization expected it would be able to achieve for each priority indicator by the end of the 2011/12 fiscal year, i.e. March 31, 2012.	For each of the indicators listed, state the organization's current data associated with the priority indicator. Reporting periods should align with the periods used to develop the year 1 QIPs. Refer to Appendix 1a of the guidance document for recommended reporting periods for core indicators.	Hospitals should use this section to explain how the performance goals stated in their year 1 QIPs could be improved, describe the challenges faced with meeting their targets, and generally comment on the organization's commitment to meeting the performance targets outlined in their 2012/13 (year 2 QIP).
Priority '1' Indicators					
	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. FY - 2009/10, consistent with publicly reportable patient safety data. (Hand hygiene or hand washing is one of the best ways health care providers can prevent the spread of many infections)	53.6% (FY 2009-10)	80% compliance with the 1 st moment of care	90.75% (January – December 2011)	Performance currently is exceeding the target for 2010/11. The organization augmented the hand hygiene campaign with monthly regular audits, and feedback provided to staff to ensure ongoing shift in hand hygiene practices. The improvement has been substantive since 2009/10 and the organization is committed to improving and sustaining performance throughout 2012/13.
	Referral Wait Time: Number of referrals processed within 48 hours divided by total number of referrals processed multiplied by 100 (within the BIRT program)	Less than 1%	80% processed within 2 business days	32% (July to December 2011)	The organization has exceeded historical performance but did not meet the identified target for the 2011/12 QIP. The new initiative which was aimed to centralize referrals and process information within 48 hours. Part of the challenge which the organization has faced is the small number of referrals processed within this pilot which impacts the results. Since inception there has been progressive improvement and the enterprise wide project will continue over the next 12 months. Performance for individual quarters included:

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					Q2 = 25% Q3 = 38.9% Over Q4 we have seen ongoing improvement.
	Wait times : 80th percentile in length of wait times for patients. Measured in days. (The number of days 8 out of 10 patients with a query ASD wait to be seen by a physician or diagnostic team.) This does not include psychopharmacology and satellite clinics.	287 days FY 2009-10	≤182 days to first visit in physician and team based diagnostic clinics	304 days for the 80 th longest wait (January – December 2011)	The organization did not meet the performance for January – December 2011 nor the target set out for the 2011/12 QIP. We will continue to focus on our access challenges particularly around autistic assessment services. The prevalence of autism in the literature is 1 in 165 children in Canada (1 in 150 in the United States) which represents over 190,000 Canadians, with prevalence increasing worldwide (Fombonne et al 2006). Over the past 3 years the organization has seen a continued rise in the number of referrals for assessment of Autism Spectrum Disorders and Neuromotor conditions (from 473 referrals in 2008/09 to 838 referrals in 2011/12) and our assessments have increased 5 fold. We continue to embark upon improvement initiatives to positively impact access.
Priority '2' Indicators					
	Rate of UTI per 1,000 hospital days: Total number of Urinary Tract Infections (UTIs) in inpatients divided by the number of hospital days multiplied by 1,000. (UTI is a bacterial infection that affects any part of the urinary tract and is acquired in hospital settings)	0.42 per 1,000 patient days (Jan 1, 2010-Dec 30, 2010)	≤ 0.34 per 1000 patient days	0.59 per 1000 patient days (January – December 2011)	The organization did not meet the QIP target for 2011/12, however was well within the performance corridor of acceptability. As the numbers of UTI's are relatively low (e.g. 1 per month), and our performance corridors are quite tight, one additional infection will impact the rate. The organization continues to focus on UTI's and minimize the incidence through ongoing education and best practices implementation. Given the extremely low rate (less 0.3%) the target is extremely ambitious.
	Percent of inpatients with a completed Falls Risk Assessment on admission. (Using a Falls Risk Assessment on admission helps identify those clients at risk for falls so that health care providers can implement all possible measures to eliminate falls for patients within our hospital)	60% (Q3 FY 2010 - 11)	80% compliance	92.3% compliance (January – December 2011)	The organization exceeded the QIP target in 2011/12 secondary to targeted education and monthly audits to ensure compliance.
	Percent complete Med Rec on inpatient admission or outpatient clinic visit. (Medication reconciliation helps reduce medication errors at transition points of care. It ensures the best possible medication history is obtained in order to minimize discrepancies between medications ordered and	New practice in inpatient care no data available	80% compliance	96.35 % compliance (January – December 2011)	The organization exceeded the QIP target in 2011/12 on inpatients which was a concerted effort on nursing practice, and ongoing audits and one-on-one mentoring. The next stage for the organization is to sustain the performance.

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	medications taken.)	New practice in ambulatory care no data available	80% compliance	65 % compliance (August – December 2011)	The organization did not meet the QIP target for 2011/12 however has steadily improved. Ambulatory care medication reconciliation (Med Rec) is a relatively new practice within hospital settings. Holland Bloorview implemented the education, auditing and monitoring in Q2 of fiscal 2011/12 and the results have dramatically improved over the quarters with Q3 achieving target. Q2 fiscal 2011/12 = 43% Q3 fiscal 2011/12 = 87% The organization is committed to further improving performance and expanding the Med Rec across all outpatient clinics.
	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. Q3 2010/11, OHRS	'-1.55%' (FY 2009-10) 3.26% (YTD Q3 FY 2010 -11)	0.5% with a range of 0 - 1%	0.93% (Q3 Fiscal 2011)	The organization met the QIP target for fiscal 2011/12.
	Wait times: 80th percentile in length of wait times for patients Measured in days. (The number of days 8 out of 10 patients wait to be seen by the Neuromotor program.)	265 days (FY 2009-10)	≤137 days to first visit in paediatric rehab clinic	176 days (January – December 2011)	The organization did not meet the QIP target for the MOHLTC reporting period, however has been steadily improving performance over the past 6 months. In Q3 fiscal 2011/12, the 80 th percentile for longest patient wait was 92 days. Access continues to be a strategic focus for the organization with ongoing improvement initiatives to ensure timely access to services for families.
	Wait times: 90th percentile in length of wait times for patients Measured in days. (The number of days 9 out of 10 patients wait to be seen in Augmentative Communication.)	406 days (FY 2009-10)	≤122 days	209 days (January – December 2011)	The organization was near meeting the QIP target and performing within an acceptable performance corridor. Performance has been steadily improving with 3 out of 4 quarters surpassing target. Where there continues to be challenges are on sustaining performance. The organization is committed to ongoing process improvement initiatives to minimize process variations that may impact access.
	Number of clients and families trained through Family Leadership Program.	27 (April 1, 2010 - February 28, 2011)	60 families	55 families (January – December 2011)	The organization has exceeded the QIP target set out in the 2011/12 QIP as of February 2012 with 62 families. Holland Bloorview has developed its client and family centred care model to ensure families continue to be engaged in all aspects of care through their development as mentors, leaders and faculty. This will continue to be a strategic organizational focus.
	Number of families involved in quality and safety initiatives. (The Family Leadership Program gives family members an	Zero	100% involvement	92% involvement	The organization was near meeting the QIP target, but well within the acceptable performance

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	opportunity to advise Holland Bloorview on hospital policies and programs, share their health-care story and provide peer support to other families.)			(January – December 2011)	corridor. Over the past fiscal year families have been involved in over 158 events in all quality and safety initiatives. Where families have not participated in events was secondary to timing and the inability to schedule pro-actively their participation or where the need was immediate.
Priority '3' Indicators					
	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. 2010, consistent with publicly reportable patient safety data.(Commonly called C. difficile, is a bacterium that causes diarrhea and other serious intestinal conditions. It is the most common cause of infectious diarrhea in hospitalized patients in the industrialized world.)	0.095 per 1,000 patient days (Jan 1, 2010 -Dec 30, 2010)	Less than 0.1 per 1000 patient days	0.1025 per 1000 patient days (January – December 2011)	The organization met the QIP target for fiscal 2011/12 and will continue to implement best practices and incorporate antibiotic stewardship as it relates to CDI.
	Pressure Ulcers: Percent of inpatients (complex continuing care, rehabilitation and respite clients) with newly acquired pressure ulcer in the last three months (stage 2 or higher) while at Holland Bloorview - FY 2009/10. (A pressure ulcer is an area of skin that breaks down when constant pressure is placed against the skin. Pressures may result if you are confined to bed or chair for a period of time)	1.36% (FY 2009-10)	less than 3%	0.525% (January – December 2011)	The organization exceeded the QIP target for fiscal 2011/12. The improved performance has been a concerted effort on implementing best practices for wound care management.
	Wait times: 90th percentile in length of wait times for patients measured in days. (The number of days 9 out of 10 patients wait from date ready for admission to admission for rehabilitation.)	14 day (FY 2009-10)	Less than 3 days	2 days (January – December 2011)	The organization exceeded the QIP target for fiscal 2011/12 with performance over the past 3 quarters at zero days. While the performance has been exceptional, this can be partially explained by specific reductions in occupancy rate and referrals for specialized services. Part of the improvement is also attributed to development of a new model of service delivery with a 7 day admission process.
	Tell Us What You Think survey. Percent "yes" responses to Question: Would you recommend Holland Bloorview Kids Rehabilitation Hospital to family and friends? Rating Scale: Yes/No. (Holland Bloorview's Tell Us What You Think survey also includes a standardized questionnaire called the Measure of Processes of Care (MPOC-20) developed by the CanChild Centre for Childhood Disability Reserach (2004))	98% (January 1, 2010 - Dec 30, 2010)	≥95%	96.8% (October 2010 to September 2011)	The organization exceeded the QIP target for fiscal 2011/12 with performance well over 95%. Client centredness continues to be a strategic focus for the organization and we will be embarking on improving our patient satisfaction surveys to include more 'voices' of our clients.
	Tell Us What You Think survey. Percent 'excellent and good' rating by clients and /or families. Question: Overall, how would you rate Holland Bloorview? Rating scale: Excellent, Good, Fair, Poor	95% (January 1, 2010 - Dec 30, 2010)	≥95%	94.7% (October 2010 to September 2011)	The organization met the QIP target for fiscal 2011/12 with performance well over 95%. Client centredness continues to be a strategic focus for the organization and we will be embarking on improving our patient satisfaction surveys to include more 'voices' of our clients.