

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



WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

Windsor Regional Hospital | 1995 Lens Avenue | Windsor

Priority Indicator	Performance at start of 2011-2012 QIP	Performance Goal as stated in 2011- 12 and 2012- 13 QIP	Performance at start of 2012-2013 QIP	Comments
Patient Specimen Incidents: the total number of irreplaceable specimens (those which would be difficult or impossible to recollect) rec'd by the lab	3.2 (Average/month for Jan-Dec. 2010)	0 irreplaceable specimens	1.6 (average/month Jan - Dec 2011)	Improvement initiatives stated in Yr 1 QIP have been successfully implemented and continue to sustain improvement.
High Alert Medication Incidents: the total number of medication errors/month occurring involving high risk drugs (insulin, anticoagulants, chemotherapy agents, sedation and narcotics)	18 (Average/month for Jan-Dec. 2010)	0	53 (average/month Jan – Dec 2011)	Yr 1 improvement initiatives were implemented and focused on increasing reporting of medication incidents including near misses and completing Root Cause Analysis (RCA) to understand system and human factors leading to med incidents. Many improvements have been implemented as a result i.e. computerized Medication Administration Record, high risk medication are checked by 2 nurses (double checks), pyxis (Automated medication dispensing system) upgrades and various safeguards.
Medication Reconciliation Error resulting in Medication Incidents: This indicator includes the number of medication incidents (reaching the patient) resulting from medication reconciliation errors.	54 (Average/mon for Sept-Dec. 2010)	0	93 (average/mon Jan – Dec 2011)	The priority rating for this indicator has shifted organizationally. The high risk med team has included med reconciliation process within their process improvement plan. As part of the initial improvements this team has focused on increasing the reporting of errors caused by medication reconciliation errors and included additional auditing throughout various stages of the patient stay ie admission, transfers and discharges . Previous current performance level was based on med

				reconciliation on admission.
HSMR FY 2009/10, CIHI	101 FY 2009/10, CIHI	90	80 FY 2010-11 as of Dec. 2012	Improvement initiatives stated in Yr. 1 QIP have been successfully implemented and continues to sustain improvement.
Actual vs Expected Cost Per Equivalent Weighted Case:	6.0 Sept - Dec 2010	-1.0	-3.1 (Apr- Dec 2011)	Improvement initiatives stated in Yr. 1 QIP have been successfully implemented and continue to sustain improvement.
Readmission within 30 days for selected CMGs to any facility Q1 2010/11, DAD, CIHI	16.9%	14.4	13.04% Based on Q1 2011/12 interim data, extracted January, 2012	The priority rating for this indicator and start date was shifted to 2012 and since the new year an intra organization/agency Readmission team has been established and are currently identifying specific improvement initiatives.
Percentage ALC days: Total number of inpatient days designated as ALC, divided by the total number of inpatient days. Q2 2010/11, DAD, CIHI	13.2	9%	13.2% Based on Q2 2011/12 interim data, extracted January, 2012	Improvement initiatives stated in Yr. 1 QIP have been successfully implemented. Continue to work with CCAC and other outside organizations /programs to facilitate discharge planning options. A number of pilot projects are underway to support Home First strategies and early discharge planning.
Total Margin (consolidated):	4,800,000 Q3 2010/11, OHRS	0	1,516,000 Q3 2011/12, OHRS	Improvement initiatives stated in Yr. 1 QIP have been successfully implemented and continues to sustain improvement. This indicator aligns with internal indicator Actual vs Expected Cost Per Equivalent Weighted Case
ED Length of Stay - High Acuity - Admitted: The ED LOS for admitted patients is the length of time from triage in the ED until the admitted patient leaves the ED department for an inpatient bed. It is the proportion of admitted patients completed within 8 hours.	63.7%	79%	59% Q3 2011-2012	These indicators were based on the P4R indicators established for the fiscal year 2010-2011 which were focused on "percent within" ED performance improvements.
ED Length of Stay - High Acuity Non Admitted: The ED LOS for non-admitted, high acuity patients (CTAS1-3) is the length of time from triage in the ED until	92.7%	92%	92% Q3 2011-2012	Based on the performance in the fiscal year 2009-2010, there was a 10 percentage point improvement targeted. Since these were not achieved, we maintained this target and continued with the same indicator on our 11-12 QIP.

those patients leave the ED department. It is the proportion of non-admitted high acuity patients completed within 8 hours.				At the start of 2011-2012, the 90 th percentile indicator was introduced as the measureable for the fiscal year 11-12. Although we continue to monitor “percent within target” it is no longer a priority because we are focusing on 90 th percentile LOS and improvements based on those metrics. (see indicators below)
ED Length of Stay - Low Acuity Non Admitted: The ED LOS for non-admitted, low acuity patients (CTAS 4-5) is the length of time from triage in the ED until those patients leave the ED department. It is the proportion of patients completed within 4 hours.	88.5	93	84% Q3 2011-2012	
% Discharged by 1100 and 1400: average % Med Surg inpatients discharges that occur before 1100 /month	26	32	29.4	This indicator has been impacted by % ALC. Improvement initiatives have been implemented and are ongoing.
	68	70	69.4	
ER Wait times: 90th Percentile ER length of stay for Admitted patients.	26.8	32.2	25.2 Q3 2011-2012	Due to an continuing increase in ALC patients, timely access and flow to inpatient beds is impacted and Also resulting in an increased number of ER Holds . All three ER indicators are impacted by the system-wide issue.
ER Wait times: 90th percentile ER Length of Stay for Complex conditions.	7.5	7.5	9.6 Q3 2011-2012	In addition, WRH has ongoing difficulties with ER Physician shortages as well as NP staffing shortages, which limit the service providers working in the ER and impact out throughput and timeliness.
ER Wait times: 90th percentile ER Length of Stay for Uncomplex conditions.	4.2	3.8	4.6 Q3 2011-2012	WRH continues to create strategies and action plans to impact these indicators and patient experiences.
NRC Picker / HCAPHS: "Would you recommend this hospital to your friends and family?" (Specific to Inpatient Acute Care) Reporting Oct 2010 – Sep 2011	75.88	90	74.7 Oct 2010 – Sep 2011	The priority rating for this indicator and start date was shifted to 2012 and since the new year Patient satisfaction steering groups have been established and are identifying improvement initiatives.