Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2012/13 QIP

The following template has been provided to assist with completion of reporting on the progress of your organization's QIP. Please review the information provided in the first row of the template which outlines the requirements for each reporting parameter.

	Priority Indicator (2012/13 QIP)	Performance as stated in the 2012/13 QIP	Performance Goal as stated in the 2012/13 QIP	Progress to date	Comments
Guidance for completing the Progress Report	State the name and definition of the **priority level 1** indicator listed in the 2012/13. 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 2012/13 QIP.	State the performance goal that was included in the 2012/13 QIP. The stated performance goal indicates the outcomes that the organization expected it would be able to achieve for each priority level 1 indicator by the end of the current (e.g., 2012/13) fiscal year.	For each of the indicators listed, state the organization's current level of performance associated with the priority indicator. Refer to the reporting periods included below for guidance on completing this section.	Describe how the QIP was implemented for the priority level 1 indicator. Please consider the following topics when completing this section: - What did you learn about the root causes of the current performance? - Were the proposed change ideas implemented? Why or why not? - If implemented, have the changes helped you to achieve or surpass the target? - What will you do to further improve on this indicator?
	1. Safety: Reduce Clostridium Difficile Associated Diseases (CDI).	0	**<5**	0	Our rate remains below our target. This reflects our hospital's use of Best Practices. This continues to remain a high priority for our organization.

2. Safety: Improve provider hand-hygiene compliance	100%	100%	100%	Hand hygiene is a top priority for our hospital. We continuously monitor compliance. Each employee completes hand-hygiene education annually. Sanitizers situated throughout facility. High-risk areas have hands-free units.
3 Effectiveness: Reduce unnecessary deaths in hospital	0	<=100	42	An HSMR equal to 100 suggests that there is no difference between local mortality rate and the average national experience given type of patient cared for. We are below out stated goal.
4. Effectiveness: Improve Organizational Financial Health	1.28%	-2.00 to 0%	1.07%	The Hornepayne Community Hospital has met and exceeded its performance goal. We continue to monitor and work together with our stake holders to achieve a balanced budget. Priority 1 indicator.

5. Patient-Centered: Improve patient-satisfaction willingness to recommend hospital to family and friends.	90%	80%	90%	The Hornepayne Community Hospital has met and exceeded its performance goal. We focus on patient-centered care. Patients are our #1 priority. Empathy, compassion coupled with Best Practices contributes to a caring nurturing environment.
6. Patient-Centered: Improve Patient Satisfaction Overall how would you rate care = Excellent	75%	50% (80%)	90%	The Hornepayne Community Hospital has met and exceeded its performance goal. Patients are our #1 priority. We provide the best possible care within our means. Please note that Performance goal for 2012/13 should have been 80% not 50%

7. Integrated: Reduce unnecessary time spend in acute-care (Reduce ALC)	62%	Reduce 2%	33.33%	Although we have met and exceeded our performance goal out ALC% is artificial due to patients physically occupying two unfunded beds, staffed and in operation before physically occupying acute care beds. We have petitioned the LHIN and MoHLTC to have these beds classed as Eldcap to no avail. If these unfunded beds were reclassified as Eldcap, our actual ALC% would be 4.26%.

Quality Improvement Plans (QIP): Executive Compensation Linked to Performance Report for 2012/13 QIP

Priority Indicator (2012/13 QIP)	Performance as stated in the 2012/13 QIP	Minimal Threshold	Progress to date	Comments
1. Year-End (Margin) Operating	0	-2-0%	+1.07	The Hornepayne Community Hospital met and exceeded its performance. Therefore, no reduction of executive compensation for Indicator #1
2. CDI	<5	5	0	The Hornepayne Community Hospital met and exceeded its performance. Therefore, no reduction for executive compensation for Indicator #2.
3. Patient Satisfaction % of Patients who rate care "Excellent"	60-70%	50%	90%	The Hornepayne Community Hospital met and exceeded its performance. Therefore, no reduction of executive compensation for indicator #3.

Recommended reporting periods and methodologies for core recommended indicators used to populate "Progress to date"

Indicator	Reporting period
Safety	
CDI rate per 1,000 patient days: consistent with publicly reportable patient safety data	Jan-Dec. 2012
VAP rate per 1,000 ventilator days: consistent with publicly reportable patient safety data	Jan-Dec. 2012
Hand hygiene compliance before patient contact: consistent with publicly reportable patient safety data	Jan-Dec. 2012
Rate of central line blood stream infections per 1,000 central line days: consistent with publicly reportable patient safety data	Jan-Dec. 2012
Pressure Ulcers: CCRS	Q2 2012/13
Falls: CCRS	Q2 2012/13
Surgical Safety Checklist: consistent with publicly reportable patient safety data	Jan-Dec 2012
Physical restraints: CIHI OHMRS	Q4 FY 2010/11 - Q3 FY 2011/12
Effectiveness	
HSMR: CIHI. Refer to the CIHI HSMR eReporting tool.	FY 2011/12 as of Dec. 2012
Total Margin (consolidated): OHRS. Refer to the MOHLTC Health Data Branch web portal.	Q3 2012/13
Access	
ER Wait times (Admitted): NACRS, CIHI	Q4 2011/12 – Q3 2012/13
Patient-centred	
NRC Picker / HCAPHS: "Would you recommend this hospital to your friends and family?"	Oct 2011 – Sept 2012
NRC Picker: "Overall, how would you rate the care and services you received at the hospital?"	
In-house survey (if available): "Willingness of patients to recommend the hospital to friends or family"	
Integrated	
Percentage ALC days: DAD, CIHI. Refer to the MOHLTC Health Data Branch web portal.	Q3 2011/12 – Q2 2012/13
Readmission within 30 days for selected CMGs to any facility: DAD, CIHI. Refer to the MOHLTC Health Data Branch web portal.	Q2 2011/12 – Q1 2012/13