

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 Improve	11.80	11.40	17.30	Performance stated was for Chatham 1223 site. Conducted department reviews and assessments this year under new leadership team with many initiatives planned for implementation in 2014/15
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	19.80	8.30	10.60	Improved documentation for post fall. Implemented "Call, Don't Fall" orange arm bands. Leadership vacancies affected ability to plan for hourly rounding initiative. Post- fall huddles trialed but unable to be sustained with number of other quality initiatives. Falls risk assessments continue to be done well. Did not complete monthly audit of prevention strategies and reporting process to Quality Committee - affected by committee restructuring and leadership vacancies. Monthly analysis of falls reports for medicine and rehab/CCC units showing frequency of fallers and severity of harm, provides greater understanding of data for improvement opportunities.

<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. % Health providers in the entire facility 2012 Publicly Reported, MOH Improve</p>	83.00	85.00	84.00	<p>Able to achieve education with 90 staff per quarter April - October. Then attention shifted to focus on outbreak management education. Incomplete roll out and monitoring of ABHR point of care audits related to Quality Committee restructuring.</p>
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