

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2014/15 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQP) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
1	ED Wait times: 90th percentile ED length of stay for Admitted patients. Hours ED patients Q4 2012/13 – Q3 2013/14 CCO iPort Access	12.55	11.00	13.33	The Emergency Department was challenged with an additional 5.7% increase in patient volumes, resulting in over 72,500 patient visits in 2014. While only 6% of visits were admitted, this increase activity resulted in delays for triage, registration and physician initial assessment (PIA). Our performance on the admission metric was further complicated by surges of activity at various times in the year caused by infectious diseases, which result in the need to isolate a higher proportion of our admitted patients. This effectively reduces our inpatient capacity and results in prolonged LOS in the ED waiting for a bed.
2	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 Q3 2013/14 OHRS, MOH	-0.70	0.00	-0.50	By year end, as mandated by legislation, CHEO will achieve a balanced operating budget for 2014/15.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
3	Readmission to any facility within 8-28 days for same/related diagnosis(relevant to the pediatric environment). The rate of non-elective readmissions to any facility within 8-28 days of discharge following an admission. % All acute patients Q4 2013/14 - Q3 2014/15 DAD, CIHI	3.00	2.10	3.00	The change idea related to readmission was to collect data to understand trends and identify opportunities for improvement. No formal change intervention was planned for the 2014-2015 QIP.
4	From NRC Picker: "Would you recommend this ED to your friends and family?" (add together % of those who responded "Definitely Yes" or "Yes, definitely") % ED patients 2013 NRC Picker	81.10	90.00	78.10	Efforts were made to increase survey response rates through electronic distribution, and engagement efforts were enhanced with CHEO's Family forum & Youth forum. Despite efforts CHEO was unable to meet the 2014-2015 target.
5	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 2013 Publicly Reported, MOH	95.00	95.00	96.00	CHEO has a well-established hand hygiene program. 2014-15 improvement efforts involved minor enhancements to the program, but focused primarily on training, auditing and reporting of compliance.
6	Percentage of active and eligible physicians and employees in all disciplines who receive seasonal influenza vaccination reported March 15, 2015. (vaccination season Q3 & Q4 2014/15)	76.59	80.00	67.90	We failed to surpass our vaccination uptake from the prior year. We feel this was due in part to the poor match of this year's vaccination to the circulating strains of Influenza A, as heavily reported in the

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
	% active and eligible physicians and employees Q3 & Q4 2014/15 Hospital collected data				media, resulting in our staff questioning the utility of obtaining the vaccine this year. CHEO continues to have a higher than average vaccination rate among peer hospitals, however was unsuccessful in 2014-2015 in increasing the numbers of physicians and employees vaccinated.
7	total number of patients with medications reconciled as a proportion of the total number of patients transferred from select units % PICU transfers Q4 2013/14 - Q3 2014/15 Hospital collected data	50.00	80.00	90.00	CHEO has seen a significant increase in the number of patients with medications reconciled as a proportion of total number of patients transferred from the pediatric intensive care unit (PICU). A transfer checklist from PICU to the inpatient floors was created as well as training and support provided to clinicians.
8	# of respiratory infections / # of 1000 patient days Rate per 1,000 patient days All acute patients Q4 2013/14 - Q3 2014/15 Hospital collected data	0.16	0.00	0.27	CHEO has implemented a "Peak Season" plan to address the high volume of patients (many of whom have communicable infections) between December 2014 and March 2015. The plan was implemented later than intended. CHEO did not meet the 2014-2015 target but will continue with implementation of the peak season plan.
9	# of enteric infections / 1000 patient days Rate per 1,000 patient days All acute patients Q4 2013/14 - Q3 2014/15 Hospital collected data	0.46	0.00	0.09	CHEO has implemented a "Peak Season" plan to address the high volume of patients (many of whom have communicable infections) between December 2014 and March 2015. The plan was implemented later than intended. CHEO did not meet the 2014-2015 target but will continue with full implementation of the peak season plan.