

Excellent Care for All Quality Improvement Plans (QIP): Progress Report for the 2015/16 QIP

ID	Measure/Indicator from 2015/16	Org ID	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
1	<p>"Overall, how would you rate the care and services you received at the hospital?" (inpatient), add the number of respondents who responded "Excellent", "Very good" and "Good" and divide by number of respondents who registered any response to this question (do not include non-respondents).</p> <p>(%; All patients; October 2013 - September 2014; NRC Picker)</p>	930	92.00	93.00	NA	<p>Grand River Hospital did not elect to use this indicator to collect overall satisfaction data for inpatient care in FY2015-16. The "Overall Satisfaction of Care" indicator was used for the emergency department which achieved a percent positive response of 82 percent from April to December 2015 against the target of 85 percent. Grand River Hospital sustained current practices for longitudinal surveys in the emergency department using post discharge telephone contact. In the inpatient units for medicine, surgery, intensive care, childbirth, children's, stroke and cancer programs. Grand River Hospital conducted a trial of the Canadian Institute of Health Information questionnaire using the face-to-face survey methodology on the day of discharge. A research study was conducted in the Mental Health and Addictions and Complex Continuing Care Programs to test the interRAI tool for patient experience.</p>

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 FY 2014/15 (cumulative from April 1, 2014 to December 31, 2014); OHRS, MOH)	930	0.11	0.00	-0.34	Hospital revenue is close to budget year-to-date. Expenses were offset by reduced spending on supplies and other discretionary expense categories. Grand River Hospital achieved Case Costing status in June 2015. Grand River Hospital continued to develop integrated health information through our data warehouse. Integration of laboratory data was completed in November 2015. Due to dependencies of other initiatives in the hospital, the integration of data from the Complex Continuing Care and Mental Health and Addictions Programs and human resources/payroll was placed on hold. Colorectal orders set implemented. Arthroplasty order sets were finalized. Pre-operative packages and patient discharge instructions completed.
3	Alternate Level of Care Days - Percentage of inpatient days where a physician has indicated that a patient occupying an acute care hospital bed does not require the intensity of resources/service provided in this care setting. (%; All acute patients; FY2014_15 December YTD; CCO iPort Access)	930	10.44	11.00	10.40	Grand River Hospital performance for FY2015-16 December YTD = 9.53%. Alternate level of care and assessment module for the wait times information system implemented June 3, 2015. Staff education completed in August 2015. Data accuracy improved by 44 percent from baseline. Home First practices implemented and sustained within daily practice within clinical programs.
4	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI during the reporting period, divided by the number of patient days in the reporting period, multiplied by 1,000. (Rate per 1,000 patient days; All	930	0.14	0.20	0.19	Grand River Hospital performance for FY2015-16 January year to date = 0.16 which fairs more favourably than that of the upper quartile performance of our identified peer group. Hand hygiene before patient contact FY2015-15 February YTD is 92 percent, 3 percent below the target of 95

	patients; Jan 1, 2014 - Dec 31, 2014; Publicly Reported, MOH)			
5	ED Wait times: 90th percentile ED length of stay for Admitted patients. (Hours; ED patients; Jan 1, 2014 - Dec 31, 2014; CCO iPort Access)	3734	15.73	14.00

18.90

percent. Hand hygiene audits are conducted and feedback is provided in real time. Results are published to the clinical program and services scorecards, discussed at clinical program and services quality and patient safety councils and reported against at senior quality team meetings. As part of the patient/family expanded program, hand hygiene sanitizers added to bedside/table units in patient rooms/patient stations in the surgery program and renal program. Grand River Hospital has not experienced any outbreaks due to clostridium difficile. We continue to use the dose optimization program in the critical care and medicine programs.

Grand River Hospital 90th percentile length of stay for admitted patients April 2015 - January 2016 is 17.4 hours. Practices such as daily bed meeting (organizational focus) and daily bullet rounds in clinical programs have been sustained. The medicine program created discharge lounges to support patient flow resulting in 11:00 am improvement of 3 percent in discharges from 11:00 am from the previous year. The program also implemented a new regional outpatient General Internal Medicine service that complements the academic internal medicine program and supports the clinical Teaching Unit. Since opening in April 2015, services have expanded to five days a week.

6	HSMR: Number of observed deaths/number of expected deaths x 100. (Ratio (No unit); All patients; April 1, 2013 to March 31, 2014; DAD, CIHI)	3734	72.00	83.00	72.00	Grand River Hospital's performance ranked in fourth place both provincially and nationally. In comparison to our Grand River Hospital identified peer groups, the result of 72 ranked in first place with one peer organization with the same result. The range of performance of our peers is 72-114.
7	Medication reconciliation Admission Daily Snapshot -the total number of patients with a length of stay greater than 24 hours with medications reconciled divided by the total number of patients admitted to hospital. (%; All patients; FY2014_15 Q3; In-house survey)	930	96.00	90.00	95.00	GRH FY2015-16 February YTD performance is consistent at 95 percent.Over the course of the year, our pharmacists supported by students have worked to sustain auditing of best possible medication histories in our medicine, surgery, mental health and addictions, complex continuing care programs and extended the program to our cancer care inpatient unit. This process has added to the ability to address gaps in the accuracy of best possible medication histories and improve patient safety.
8	Percent of complex continuing care (CCC) residents who fell in the last 30 days. (%; Complex continuing care residents; Q2 FY 2014/15 rolling 4 quarter average (October 1, 2013 - September 30, 2014); CCRS, CIHI (eReports))	3735	11.11	7.00	12.32	Grand River Hospital has conducted a review of our clinical documentation related to falls in the complex continuing care program. As a result of this review, the reported performance of this indicator has changed to 3.8 percent for the rolling four quarters October 2014 to December 2015. Over the year a significant workplan was implemented to address falls in the complex continuing care program. Activities to support organizational accountability and awareness included: 1) Falls Steering Committee is operational and sustainability planned for FY2016-17. 2) High risk falls daily reports are populated electronically and used during

9	Readmissions to Grand River Hospital within 30 days for selected case mix groups (%; All acute patients; FY2014_15 November YTD; DAD, CIHI)	930	12.80	12.00

patient safety huddles and as part of falls debrief sessions. 3) Standard signage for falls has been developed and installed at each patient bedside. Standard signage above each patient bedside includes key messages for patients/families on practices and actions to help reduce the risk of falling and falls. Sustaining application in FY2016-17. 4) Intentional rounding has been implemented in one unit with spread of this practice for FY2016-17. 5) Metrics boards have been established on all complex continuing care units and falls rates are posted on a monthly basis for staff and patient/family review. 6) Transfer of information has been implemented at the patient bedside and incorporates patient and family involvement. Transfer of information worksheets now include a checklist to ensure all fall safety measures are implemented and checked at the start of each shift. 7) Falls safety list and information is now part of the admission package.

11.60 FY2015-16 December YTD performance for readmissions to Grand River Hospital is 11.60 percent slightly below the target of 12 percent. Analysis of readmission data was conducted during the year with specific diagnoses identified to determine root cause analysis and health care continuum gaps. Review of patient health records has been initiated in the fourth quarter. Readmissions is an organizational priority for FY2016-17. Activities to prevent readmissions in FY2015-16 included the establishment of a

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General Internal Medicine Clinic that expanded services to five days a week during the fiscal year. Grand River Hospital implemented Hospital Report Manager, an eHealth solution, that enables clinicians using an Ontario MD-certified electronic medical records to securely receive patient reports electronically. The integration with the Ontario Laboratory Information System was put on hold due to completing priorities. Grand River Hospital is working towards the implementation of an Emergency Department Information System to support the delivery of patient care.