

QIP Progress Report 2011/2012

| Priority | Priority Indicator (year 1) | Performance as stated in the year 1 QIP | Performance Goal as stated in the year 1 QIP | Progress to Date | Comments |
|----------|-------------------------------------|---|--|--|--|
| 1 | Fewer rejected laboratory specimens | 206 (2009 & 2010- two years data) | 165 or 20% reduction | 100 (Jan 2011 to March 2012) | Continuous improvement noted with this initiative. Mandatory education completed in December 2011. Yearly education on specimen handling to be included with point of care certification processes for front line staff. Worked with laboratory partners to improve courier system which greatly impacts rejected specimen rates. Our organization has improved our performance on this priority initiative to date and have made significant process changes to meet this goal. Nine more months of data is required for completion of this initiative. HHHS will continue to monitor this priority to maintain desired performance levels. Tracking of results to date indicate that goal will be met. |
| 2 | Improve patient satisfaction. | 91% (Nov to Dec 2010) | Goal=100% Target = 91% | 80% combined site average “yes, definitely” 11% “yes, probably” | Patient satisfaction survey data represents a high level of patient satisfaction. 91% responded that they would recommend HHHS’ ED to family and friends. |
| 3 | Reduce wait times in the ED’s. | 412 in 09/10 | 330 (20% reduction) | 301 | Our organization has met this goal to reduce LWBS (left without being seen) occurrences. |
| 3 | Improved organizational practices | 0 | 3 | 3 | 3 physician ED leads audited by external QA to review practices. Goal met. |

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| 3 | Improved organizational practices | 0 | 200 | 200 | Charts were reviewed by external QA to review practices. The outcome of this QA has been reviewed with recommendations carried forward for inclusion in HHHS 2012/13 QIP. Goal met. |
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