

Central East LHIN Quality Improvement Plans (QIP) 2012/13 Analysis

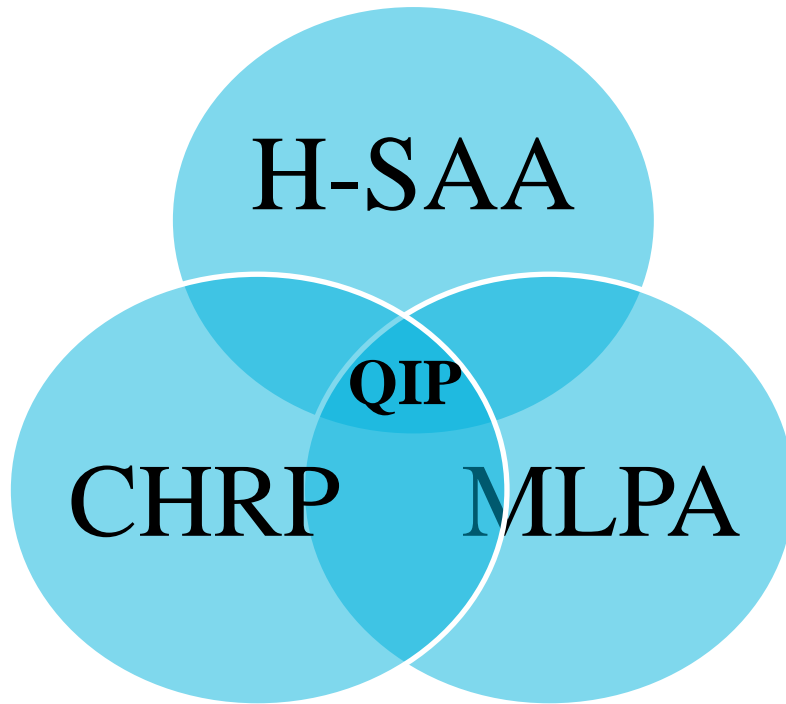
**Presentation to the Central East LHIN Board
May 23, 2012**

By: Marilee Suter, Decision Support, System Design and Implementation

What is a Quality Improvement Plan (QIP)?

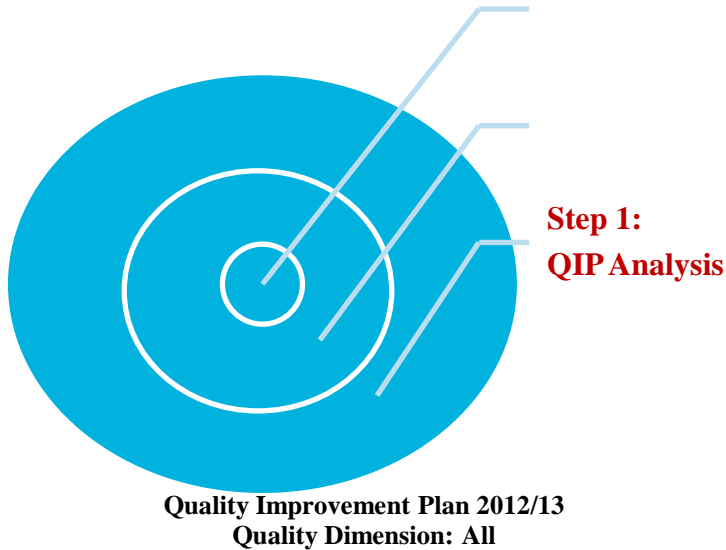
- Under the Excellent Care For All Act (ECFAA), every hospital in Ontario is required to submit an annual Quality Improvement Plan (QIP), that is
 - To include annual performance improvement targets and justification for those targets
 - Be designed for hospitals to focus on key priorities
 - Be one aspect of driving quality
 - Submitted to Health Quality Ontario (HQO)
 - Publicly reported

Why review Quality Improvement Plans (QIP)?



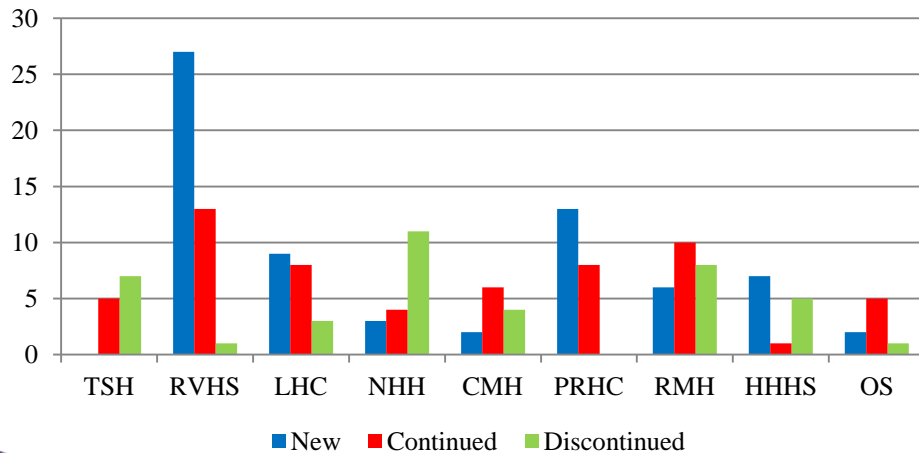
- To determine changes, revisions and/or similarities between 2011/12 and 2012/13 Quality Improvement Plans (QIP's) for each hospital
- To ensure that hospital improvement plans align with Central East LHIN priorities
- To review and include publicly available indicators from Canadian Institute for Health Information (CIHI) Canadian Hospital Reporting Project (**CHRP**) in conjunction with Hospital Service Accountability Agreements (**H-SAA**) and Ministry LHIN Performance Agreement (**MLPA**)

How was the review conducted?



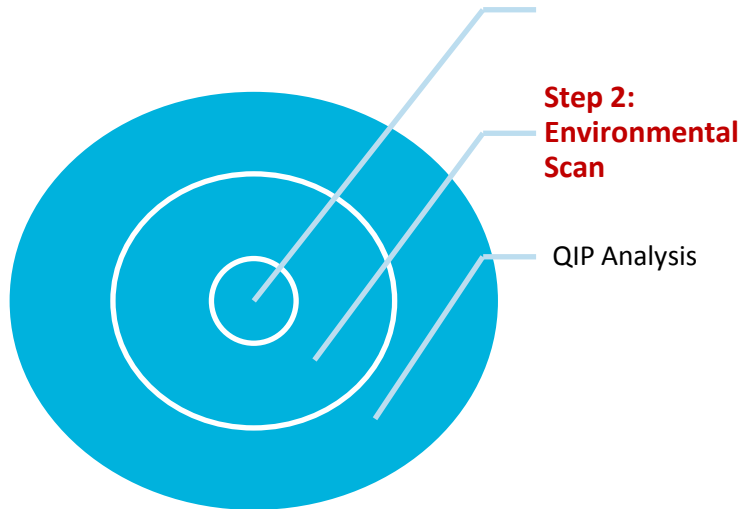
Step 1: QIP Analysis

- Conducted a retrospective review of 2011/12 QIP submissions and hospital Progress Reports
- Reviewed current 2012/13 QIP submission for each hospital
- Prepared an initiative summary by hospital to identify any new, continued or discontinued initiatives



New for 2012/13	69
Continued from 2011/12	60
Discontinued from 2011/12	40
Total (New + Continued)	129

How was the review conducted?



Step 2: Environmental Scan

- Data and indicators were gathered and summarized in an environmental scan
- Mapped the QIP initiatives against the most valid/best/relevant documents for analysis:
 - a) **H-SAA**
 - b) **MLPA**
 - c) **CHRP**
- Compared this information either by hospital or by LHIN

a) Hospital Service Accountability Agreement (H-SAA)

The table below lists 15 H-SAA indicators. For each facility the “v” indicates that this H-SAA indicator is included in the facility’s 2012/13 Quality Improvement Plan (QIP).

H-SAA Indicators (2012/13)	TSH	RVHS	LHC	NHH	CMH	PRHC	RMH	HHHS	OS
ED 90 th Percentile LOS Admitted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
ED 90 th Percentile LOS Non-Admitted I-III									
ED 90 th Percentile LOS Non-Admitted IV-V		<input checked="" type="checkbox"/>							
% ALC Days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
ALC Throughput Ratio									
Repeat Unplanned Emergency Visits within 30 days for Mental Health Conditions									
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse Conditions									
Readmissions within 30 days for Selected CMGs - CHF		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Readmissions within 30 days for Selected CMGs - COPD/Pneumonia/Diabetes		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
C-diff (CDAD) Reported Monthly rate per 1,000 patient days		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Central Line Infection Reported Quarterly rate per 1,000 central line days		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
MRSA Reported Quarterly rate per 1,000 patient days						<input checked="" type="checkbox"/>			
VRE Reported Quarterly rate per 1,000 patient days						<input checked="" type="checkbox"/>			
Surgical Site Infection Reported Quarterly rate per 1,000 patient days						<input checked="" type="checkbox"/>			
Ventilator Associated Pneumonia Reported Quarterly rate per 1,000 ventilator days		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
Total	2	8	7	1	4	10	3	2	0

b) Ministry LHIIN Performance Agreement (MLPA)

For **CE LHIIN Status**: Green indicates the indicator is within Central East LHIIN target, red indicates there is an opportunity for improvement.

For **CE LHIIN Trend**: Green indicates the indicator is within Central East LHIIN target, red indicates there is an opportunity for improvement. The arrow indicates the direction of the trend.

Central East LHIIN MLPA Performance Indicators	# of Hospitals identifying indicator in QIP	CE LHIIN Status as of March 2012	CE LHIIN Trend as of March 2012
90th Percentile Wait Times for Cancer Surgery	1	●	↑
90th Percentile Wait Times for Cataract Surgery	1	●	↓
90th Percentile Wait Times for Hip Replacement	2	●	↑
90th Percentile Wait Times for Knee Replacement	2	●	↓
90th Percentile Wait Times for Diagnostic MRI Scan	1	●	↓
90th Percentile Wait Times for Diagnostic CT Scan	1	●	↑
Percentage of Alternative Level of Care (ALC) Days - by LHIIN of Institution	7	●	↓
90th Percentile ER Length of Stay for Admitted Patients	5	●	↓
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	1	●	↔
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	1	●	↓
Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions	0	●	↑
Repeat Unplanned Emergency Visits with 30 days for Substance Abuse Conditions	0	●	↓
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)	0	●	↑
Readmission within 30 Days for Selected CMGs	5	●	↑

c) Canadian Hospital Reporting Project (CHRP)

For each of the 16 Canadian Hospital Reporting Project (CHRP) indicators, hospitals were ranked in relation to each other. The table below shows the cumulative number of times the hospital achieved a particular rank. For example, The Scarborough Hospital (TSH) achieved a number 1 ranking a cumulative of 6 times. In the summary table directly below, the ranking are further broken down into two groups (1-4 and 5-8) and the facilities cumulative rankings are displayed.

Canadian Hospital Reporting Project (CHRP)								
Ranking within LHIN	HHHS	CMH	NHH	PRHC	RMH	RVHS	TSH	LHC
1st	0x	1x	2x	1x	1x	4x	6x	1x
2nd	0x	1x	1x	5x	3x	4x	1x	1x
3rd	1x	0x	1x	1x	4x	1x	2x	6x
4th	0x	0x	1x	3x	3x	2x	4x	2x
5th	0x	0x	1x	4x	4x	3x	1x	3x
6th	0x	2x	2x	2x	1x	2x	2x	0x
7th	1x	2x	1x	0x	0x	0x	0x	2x
8th	1x	1x	0x	0x	0x	0x	0x	1x
NR	1x	2x						
	4	9	9	16	16	16	16	16
	HHHS	CMH	NHH	PRHC	RMH	RVHS	TSH	LHC
Most rankings between 1-4	1	2	5	10	11	11	13	10
Most rankings between 5-8	3	5	4	6	5	5	3	6

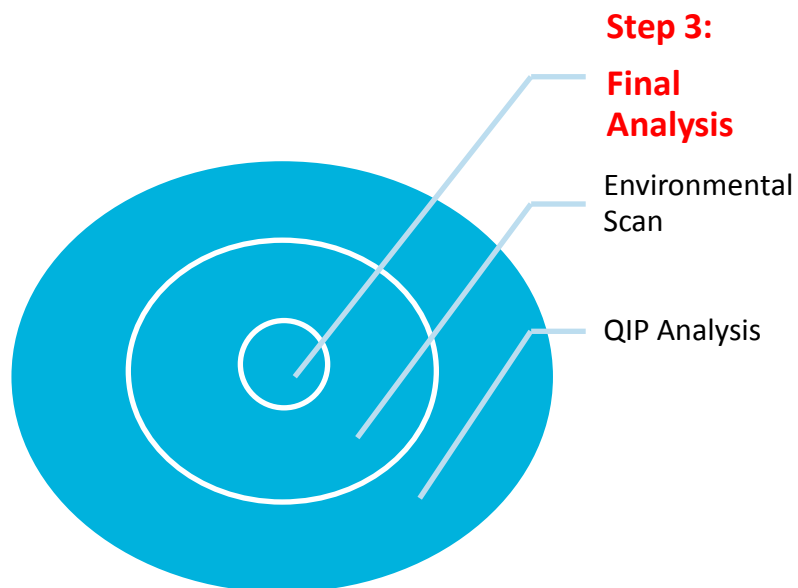
Area of excellence

Improvement Opportunity

Source data: http://www.cihi.ca/CIHI-ext-portal/internet/en/document/health+system+performance/indicators/performance/indicators_chrp

CHRP Indicators
28-Day Readmission After Acute Myocardial Infarction (rate per 100)
28-Day Readmission After Stroke (rate per 100)
30-Day In-Hospital Mortality Following AMI (rate per 100)
30-Day In-Hospital Mortality Following Stroke (rate per 100)
5-Day In-Hospital Mortality Following Major Surgery (rate per 1,000)
90-Day Readmission After Hip Replacement (rate per 100)
90-Day Readmission After Knee Replacement (rate per 100)
Caesarean Section Rate: Excluding Pre-Term and Multiple Gestations (rate per 100)
Hip Fracture Surgical Procedures Performed Within 48H: Wait Time Across Facilities (rate per 100)
In-Hospital Hip Fracture in Elderly (65+) Patients (rate per 1,000)
Nursing-Sensitive Adverse Events for Medical Patients (rate per 1,000)
Nursing-Sensitive Adverse Events for Surgical Patients (rate per 1,000)
Obstetric Trauma - Vaginal Delivery With Instrument (rate per 100)
Obstetric Trauma - Vaginal Delivery Without Instrument (rate per 100)
Use of Coronary Angiography Following Acute Myocardial Infarction (rate per 100)
Vaginal Birth After Caesarean Section (rate per 100)

How was the review conducted?



Step 3: Final Analysis

- Link hospital and LHIN priorities
- Highlighted areas of excellence and areas of opportunity
- Identified Gaps

Rouge Valley Health System

CHRP: Best performance indicators	
90-Day Readmission After Knee Replacement	
Use of Coronary Angiography following Acute Myocardial Infarction	
Obstetrical Trauma-Vaginal delivery with instrument	
Obstetrical Trauma-Vaginal Delivery without instrument Infarction	
Opportunities for Improvement in their H-SAA:	
ED 90th Percentile LOS Admitted	In QIP
% ALC Days	In QIP
C-diff (CDAD)	In QIP

Lakeridge Health

CHRP: Best Performance indicators	
90-Day Readmission after Hip Replacement Surgery rate within the CE LHIN	
CHRP: Opportunity for Improvement	
Nursing Sensitive Adverse Events for Medial Patients rate per 1,000	In QIP
Rate of Hip Fracture Surgical Procedures performed within 48 hours of fracture	Not in QIP
Nursing Sensitive Adverse Events for Surgical Patients rate per 1,000	Partially In QIP
28-Day Readmission After Acute Myocardial Infarction (AMI)	Not in QIP
H-SAA: Opportunities for Improvement	
% ALC Days	In QIP
C-Diff (CDAD)	In QIP
VAP	In QIP
MRSA	Not in QIP

The Scarborough Hospital

CHRP: Best Performance indicators	
30-Day In-Hospital Mortality following Stroke	
5-Day Mortality Following Major Surgery	
Nursing Sensitive Adverse Events for Medical Patients	
Hip Fracture Surgical Procedure Performed within 48 hours of fracture	
Caesarean Section Rate: Excluding Pre-term and Multiple Gestation	
Vaginal Birth after Caesarean Section	
HSAA: Opportunity for Improvement	
% ALC Days	In QIP
C-diff (C-DAD)	Not in QIP
Central Line Infection	Not in QIP
MRSA	Not in QIP
VAP	Not in QIP

Northumberland Hills Hospital

CHRP: Best Performance indicators	
30-Day In-Hospital Mortality following Acute Myocardial Infarction	
Nursing Sensitive Adverse Events for Surgical Patients	
CHRP: Opportunity for Improvement	
5 Day In-hospital Mortality following Major Surgery	Not in QIP
Caesarean Section Rate: Excluding Pre-Term and Multiple Gestations	Not in QIP
HSAA: Opportunity for Improvement	
ED 90 th Percentile LOS Non-Admitted IV-V	Not in QIP
C-diff (CDAD)	Not in QIP

Campbellford Memorial Hospital

CHRP: Best Performance indicators	
28-Day Readmission after Acute Myocardial Infarction	
CHRP: Opportunity for Improvement	
30-Day In-Hospital Mortality following Acute Myocardial Infarction	Not in QIP
30-Day In-Hospital Mortality following Stroke	Not in QIP
HSAA: Opportunity for Improvement	
% ALC Days	In QIP
ED 90 th Percentile LOS Non-Admitted IV-V	Not in QIP

Peterborough Regional Health Centre

CHRP: Best Performance indicators	
28-Day Readmission after Stroke indicator	
CHRP: Opportunity for Improvement	
90-Day Readmission after Hip Replacement	Not in QIP
90-Day Readmission after Knee Replacement	Not in QIP
HSA: Opportunity for Improvement	
ED 90 th Percentile LOS Admitted	In QIP
% ALC Days	In QIP
C-diff (CDAD)	In QIP
Central Line Infection	In QIP
ED 90 th Percentile LOS Non-Admitted I-III	Not in QIP
ED 90 th Percentile LOS Non-Admitted IV-V	Not in QIP

Ross Memorial Hospital

CHRP: Best Performance indicators	
In-Hospital Hip Fracture in Elderly (65+) patients (rate per 1,000)	
CHRP: Opportunity for Improvement	
Obstetrical Trauma-Vaginal delivery with instrument	Not in QIP
Obstetrical Trauma-Vaginal Delivery without instrument	Not in QIP
Vaginal Birth after Caesarean Section	Not in QIP
HSA: Opportunity for Improvement	
C-diff (CDAD)	In QIP

Haliburton Highlands Hospital

CHRP: Best Performance indicators	
CHRP: Opportunity for Improvement	
In-Hospital Hip Fracture in Elderly (65+) patients (rate per 1,000)	Not in QIP
HSAA: Opportunity for Improvement	
% ALC Days	In QIP

Ontario Shores Centre Mental Health Sciences

CHRP: Best Performance indicators	
Not applicable	
CHRP: Opportunity for Improvement	
Not applicable	
HSAA: Opportunity for Improvement	
C-diff (CDAD)	Not in QIP

Conclusions. Next Steps.

- Overall strong alignment between Hospital QIPs and LHIN Priorities
- Opportunities for improved patient safety and quality have been identified that have not be included in the Hospital QIPs.
 - Some identified areas for improvement will be addressed in the extended HSAA
 - Other gaps are related to the findings of the Canadian Hospital Reporting Project
- The Central East LHIN Board has a **Strategic Direction** to improve patient Safety and Quality
- The Central East LHIN Board may request further details from identified Hospital's on how they will address identified gaps in patient safety and quality.
 - The LHIN Board has a precedent on this action (re: HSMR)
 - Staff have drafted template communications for your consideration.

Questions. Thank you.

Potential Motion

Whereas the Central East LHIN Board and Health Service Provider Boards have a obligation to improve the safety and quality of care received,

Whereas Central East LHIN Hospitals have submitted Quality Improvement Plans to Health Quality Ontario, and

Whereas potential gaps between submitted Quality Improvement Plans and actual performance have been identified, therefore

The Central East LHIN Board will engage local Hospital Boards on their efforts to close the gaps on identified patient quality and safety concerns, and the responses of the identified hospitals be brought back to the board for review.