

LAKE OF THE WOODS DISTRICT HOSPITAL

QUALITY IMPROVEMENT PLAN PROGRESS REPORT 2011-12

PRIORITY INDICATOR (YEAR 1)	PERFORMANCE AS STATED IN YEAR 1 QIP	PERFORMANCE GOAL AS STATED IN YEAR 1 QIP	PROGRESS TO DATE	COMMENTS
Hand Hygiene (2009-10)	42% before patient contact 65% after patient contact	85% before patient contact 90% after patient contact	86% before patient contact 93% after patient contact	Our organization has met and exceeded our goal. We continue to strive to improve and will be targeting our ongoing education at groups who are below our target
Readmission for selected CMG's (Q1-2010-11)	11.8%	11%	12.38%	We fell below our target in Q1. We recognize that the management of CHF is an area for improvement and will continue to work on this goal outside of the formal QIP process. Access to CHF specific, accurate data to monitor progress has been a significant barrier.
Percentage ALC days (Q2 2010-11)	35%	26.9% (NW LHIN target)	26%	We have met our target (note newborn patient days were included in the calculation). This continues to be an area for improvement and it is hoped that the Home First Philosophy will assist us in ongoing efforts to ensure that patients are receiving care in the most appropriate setting
Total Margin (Q3 2010-11)	1.6%	0%	0.76%	We have met and exceeded our target in Q3. Doing so next year will be a challenge over which we have limited options without service cuts.
Reduce ER wait times for admitted patients (Q3 2010-11)	12.2	10.9	14.2	We fell below our target in Q3 (48 admissions) although we exceeded it in Q2 (10.3 – 21 admissions) and Q 1 (12.3-20 admissions) was much better. November was a severely busy month with inpatient

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				occupancy in the acute areas exceeding 100% resulting in admissions in ER (35 admissions to ER in November vs 4 in Oct and 5 in Dec.). This has a severe impact on ER wait times. We will continue to monitor this important indicator as reduction of ER wait times remains a high priority for patient safety and satisfaction.
Improve Patient Satisfaction	54.73% (NCR Picker	80%	95%	We have met and exceeded this goal. As NCR Picker is unable to obtain sufficient numbers (less than 100) of responses to the Patient Satisfaction survey from clients in our catchment area making results unreliable. A large percentage of our population do not receive survey's from NCR Picker due to their addresses (do not send to General Delivery). Therefore, we have chosen to do an in-house survey which can be offered to patients closer to their hospital experience. We have included the question "would you recommend this hospital to family or friends" Our results were based on n=354.
Building a Future: Obtain funding for planning a new Health Campus	Application submitted	Capital approved by MOHLTC to proceed to Master Plan	Our application was approved by the LHIN March 2, 2011 and forwarded to the capital branch of the MOHLTC. We have received no response to date.	This indicator has not been met. We have not yet received approval. We recognize that we have little control over the goal of this indicator and feel that it does not belong in our QIP plan although it continues to be a very important planning goal for our organization.

