



		Fiscal Year: April 1, 2011 to March 31, 2012				
Metric		Target	Q1	Q2	Q3	Q4
Safety	Hand hygiene compliance before patient contact	TBD	63.6%	70.7%		
	Medical Reconciliation	Implement medication reconciliation in 1 area by Dec. 2011	N/A	N/A		
Comments: Medication Reconciliation - Best possible medication history (BPMH) forms approved. Project charter/ schedule approved. Four nurses have been trained on BPMH. Implementation scheduled for January 2012.						
Metric		Target	Q1	Q2	Q3	Q4
Effectiveness	Total Margin (consolidated)	0%	-1.7%	-0.09		
	Comments: Operating Margin on track with budget	Green = 0 to -0.15% Yellow = -0.16% to -0.39% Red = > -0.4% (Source HSAA)				
Metric		Target	Q1	Q2	Q3	Q4
Access	UCC Wait Time: 90% UCC LOS for non-admitted low acuity (CTAS 4,5)	3.8 hours Green < or = 4.18; Yellow = 4.19 - 4.6; Red > 4.6	4.2	4.8		
	UCC Wait Time: 90% UCC LOS for non-admitted high acuity (CTAS 1,2,3)	5.8 hours Green < or = 6.8; Yellow = 6.8 - 7.5; Red > 7.5	5.8	6.1		
	Cataract Surgery: 90% wait time	97 days Green < or = 106.7; Yellow = 106.8 - 117.4; Red = > 117.4	136	112.0		
	Hip Surgery: 90% wait time	141 days Green < or = 155.1 Yellow = 155.2 - 170.6; Red > 170.6	127	113		
	Knee Surgery: 90% wait time	145 days Green < or = 159.5; Yellow = 159.6 - 175.6; Red > 175.6	123	107		
	CT Scan: 90% wait time	22 days Green = < or = 24.2; Yellow = 24.3 - 26.6; Red > 26.6	29	41		
Comments: All Access targets and performance standards for HDH were established by the SE LHIN						
Metric		Target	Q1	Q2	Q3	Q4
Patient Centred	% patients who would recommend HDH to others	75%	50% (see note below)	Data not available		
	Comments: 50% of patients responded that they would "definitely" recommend HDH. 46% responded they would "probably" recommend HDH.					

HDH Quality Improvement Plan Definitions

<u>Definitions</u>	<u>Metric:</u>	Each metric measures a key element in relation to achievement of a particular strategic direction	<u>Data Source</u>
Safety	Hand hygiene compliance before patient contact	Measures progress towards the completion of a process to articulate a new vision of ambulatory care 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 - 2009/10, consistent with publicly reportable patient safety data. <i>Exception</i>	Project
	Medical Reconciliation	Measure is # of eligible clients receiving services in the quarter and receiving formal medication reconciliation divided by total # of eligible clients who have been admitted to the service for the quarter. The target at HDH <i>Exception</i>	
Effectiveness	Total Margin	Measures that the hospital is not operating a deficit, which is not allowed under the HSAA. The calculation is defined as the Revenue from hospital operations plus other votes divided by the Expenses from hospital operations plus other votes (MIS calculation provided by the LHIN). Is typically expressed as a %. <i>Example</i> : Any year-end operating deficit would be a negative total margin This is a measure indicating compliance with the HSAA and is strategic in the sense that deficits are not sustainable. <i>Exception</i>	GP
Access	UCC Wait Time: 90% UCC LOS for non-admitted low acuity (CTAS 4,5)	Measures the LOS where 9 out of 10 non-admitted uncomplicated patients (CTAS 4 and 5) completed their visits. Measured from time of triage or registration (whichever comes first) until patient leaves UCC. <i>Example</i> : 90% of non-admitted patients with CTAS Levels 4 and 5 are treated within 5.8 hours <i>Explanation of any exceptions to target (colour coded yellow or red)</i>	NACRS, CIHI
	UCC Wait Time: 90% UCC LOS for non-admitted low acuity (CTAS 1,2,3)	Measures the LOS where 9 out of 10 non-admitted complex patients (CTAS 1,2, and 3) completed their visits. Measured from time of triage or registration (whichever comes first) until patient leaves UCC. <i>Example</i> : 90% of non-admitted patients with CTAS Levels 1, 2, and 3 are treated within 10.3 hours <i>Explanation of any exceptions to target (colour coded yellow or red)</i>	NACRS, CIHI
	Cataract Surgery : 90% wait time	<i>Explanation of any exceptions to target (colour coded yellow or red)</i> Measures time between a patient's and surgeon's decision to proceed with surgery and the time the procedure is conducted. The 90% is the point at which 90% of patients received their treatment while the other 10% waited longer. The 90% is an actual time and is not estimated. <i>Example</i> : 90% of patients underwent cataract surgery within 97 days of the decision to proceed. <i>Exception</i>	NACRS, CIHI
	Hip Surgery: 90% wait time	Measures time between a patient's and surgeon's decision to proceed with surgery and the time the procedure is conducted. <i>Example</i> : 90% of patients underwent hip surgery within 127 days of the decision to proceed. <i>Exception</i>	
	Knee Surgery: 90% wait time	Measures time between a patient's and surgeon's decision to proceed with surgery and the time the procedure is conducted. <i>Example</i> : 90% of patients underwent knee surgery within 123 days of the decision to proceed. <i>Exception</i>	
	CT Scan: 90% wait time	Measures wait time from when a diagnostic scan is ordered until the exam is conducted. This interval is <i>Example</i> : 90% of patients received their CT scan with 29 days. <i>Exception</i>	
	Patient Centred	% patients who would recommend HDH to others Measures that we are providing services that patients would recommend to others Green = 75% or higher; Yellow = 71.5% - 74.9%; Red = <75% The calculation is defined as the percentage of patients who answer "definitely yes" to the question "would you recommend HDH to others" <i>Example</i> : 80% of patients would recommend HDH to others <i>Exception</i>	NRC Picker