

Quality Improvement Plans (QIP): Progress Report for 2012/13 QIP

Priority Indicator (2012/13 QIP)	Performance as stated in the 2012/13 QIP	Performance Goal as stated in the 2012/13 QIP	Progress to date	Comments
<p>Reduce high alert medication incidents High Alert Medication Incidents: the total number of medication errors/month occurring involving high risk drugs (insulin, anticoagulants, chemotherapy agents, sedation and narcotics). Includes near misses and those that reached the patient.</p>	<p>56/month 501 YTD</p>	<p>0 High Alert Medication Incidents</p>	<p>Average April 2011- Dec 2012</p>	<ul style="list-style-type: none"> - Insulin order set launched due to high risk med incidents - Root Cause Analysis for Category E incidents and higher completed and actions identified - Re-worked the Medication policy and procedure and developed an e-learn for staff - Full acute care Computerized Medication Administration record (CMAR) implementation completed (except NICU/Family Birthing) - Extension of CMAR use to the ED planned and started - Monthly news letter (“Med Errors Matter” to communicate with staff.
<p>Reduce medication Reconciliation Errors This indicator includes the number of medication incidents (reaching the patient) resulting from medication reconciliation errors. Average April 2011- Dec 2011</p>	<p>103 /month</p>	<p>0 Medication Incidents due to Med Rec Process</p>	<p>Average April 2011- Dec 2012</p>	<ul style="list-style-type: none"> - Medication reconciliation on transfer process improved (electronic transfer reports). - Monitoring Risk Monitor Pro reports weekly - Improved reporting from the Risk monitor Pro team - Increased Font size to reduce errors for our pre-admission clinic patients (HSM admission med orders) -

<p>Reduce wait times in the ED ED Length of Stay - High Acuity - Admitted: 90th Percentile ER length of stay for Admitted patients. Preliminary Q3 2011/12, NACRS, CIHI</p>	23.9	20.8	Preliminary Q3 2012/13, NACRS, CIHI	<p>A utilization nurse position has been established to assist in the placement of admitted patients. Continuing to work with the physician and ED group to ensure the use of established pathways and consultant arrival times. Due to an continuing increase in ALC patients, timely access and flow to inpatient beds is impacted and also resulting in an increased number of ER Holds .</p>
<p>Reduce unnecessary time spent in acute care Percentage ALC days: Total number of inpatient days designated as ALC, divided by the total number of inpatient days. Q2 2011/12, DAD, CIHI</p>	11.6%	9%	Q2 2012/13, DAD, CIHI	<p>Continuing to work with CCAC and other outside organizations /programs to facilitate discharge planning options. CCAC is involved in daily care rounds and participating in case reviews process. A number of pilot projects have been implemented to support Home First philosophy</p>