

Urgent & Critical Care

#	Objectives/Metrics	FY 10/11	FY 11/12	FY 12/13	FY 13/14 Performance					Target	Performance Threshold	Comparator
					Q1	Q2	Q3	Q4	FY 13/14			
Access & Efficiency • Capitalize on funding reform and QBP's to continue to drive re-engineering of care & enhanced efficiency and quality through comprehensive care plans and consistency in approach. • Achieve QBP targets for Year 2 CMGs. Plan for Year 3 QBP's.												
1	% ALC Days ^{2 3}	16	17.5	16.5	17	15.3	15.1	16.8	16.3	≤ 8.3		9.7 Corp TCLHIN
2	HIP fracture - Avg. ALC LOS	10.22916667	10.09821429	6.565217391	12.7	20.7	9.3	6.5	10.6	≤ 6.6	NA	12.7 Dec
3	ED: Admits (All CTAS Levels) LOS 90th %ile in hours ^{1,2,3}	21.5	22.7	18.8	17.6	16.4	18.3	21.2	18.1	≤ 18	19.8	24.6
4	ED: Non-Admits (CTAS 1,2,3) LOS 90th %ile in hours ³	7.4	7.2	7.1	7.1	6.9	7.1	7	7	≤ 7.0	7.7	7.7
5	ED: Non-Admits (CTAS 4,5) LOS 90th %ile in hours ³	4.5	4.3	4.2	4.3	4.1	4.3	4.2	4.2	≤ 4.0	4.4	4.6
6	% OR holds	2.5	2.3	3.3	5.1	1.3	8.1	9	6.1	≤ 3.3	3.63	0
7	ED: Consult time to admit orders - 90th %ile (GIM)	9.29	6.65	5.87	5.28	5.52	6.07	6.18	5.89	≤ 6.32	6.952	7
8	Time to Disposition (from Triage) - 90th %ile in Hours (hh:mm)	0.6125	0.55	0.5125	0.491666667	0.525	0.529166667	0.520833333	0.5125	≤ 13:12	0.605	0.520833333
9	ICU Avoidable Days (%)	10.1	11.84	8.3	5.7	5.2	6.1	4.84	5.48	≤ 4.23	4.653	4.83
10	MSH&A ED revisits to own facility within 30 days (%)	19.6	19.8	19.6	18.8	17.6	19	20	18.8	< 19.8	21.78	NA
Quality & Safety • Capitalize on funding reform and QBP's to continue to drive re-engineering of care & enhanced efficiency and quality through comprehensive care plans and consistency in approach. • Achieve QBP targets for Year 2 CMGs. Plan for Year 3 QBP's.												
11	Time to IP Bed (from Disposition)- 90th %ile (hh:mm)	0.445833333	12:42	8:48	0.325 OCT	0.270833333	0.316666667	0.425	0.325	≤ 08:00	0.366666667	0.654166667
12	Readmission to MSH within 30 days for selected CMGs for any cause	15	12.4	14	14.9	9.6	16	17.1	14.6	≤ 15.0	16.5	TBC
13	Med. Rec. at admission for targeted pts. ^{2,4}	0	NA	NA	72.7	76.4	78.9	78.8	76.7	≥ 88.8	79.92	NA
14	CLJ per 1,000 central line days ^{1,5}	1.58	1.34	0.88	0.00	0.72	0.64	0.66	0.53	≤ 0.73	0.803	0.5
15	Hand Hygiene Adherence (%) ^{1,2}	74	73	77	78	77	87	84	82	≥ 81	72.9	81
16	Post-Admit Falls per 100 Inpatient Cases ²	0.26	0.27	0.26	0.82	0.18	0.43	0.18	0.40	< 0.20	0.22	0.15
17	Patient Satisfaction: Overall care received ^{2,5}	95.4	94.5	93.7	95.8	93.5	95.0	95.0	94.8	≥ 94.8	85.32	94.5
Experience • Capitalize on funding reform and QBP's to continue to drive re-engineering of care & enhanced efficiency and quality through comprehensive care plans and consistency in approach. • Achieve QBP targets for Year 2 CMGs. Plan for Year 3 QBP's.												
18	Patient Satisfaction: Would recommend ^{2 3 4}	79.7	82.3	76.3	76.3	84.7	85.2	77.5	81	≥ 81.8	73.62	80.1
19	Language interpreter usage (Total n)	755	950	988	292	241	265	243	1041	1037	933.3	-
20	Post-Admit Nosocomial Pressure Ulcers per 100 Inpt. Cases ²	1.24	1.52	0.77	0.45	0.27	0.09	0.37	0.29	< 0.13	0.143	0.13
21	Patient Satisfaction: Did everything to control pain ^{2,5}	83.5	81.4	77.9	74.1	77.8	84.8	77.6	78.9	≥ 85.8	77.22	86.3
22	Patient Satisfaction: Overall quality of ED care ^{2,5}	87.2	89.2	90.8	88.4	95.4	94.9	91.4	92.5	≥ 89.2	80.28	85.3/86.9
23	Patient Satisfaction: When to resume normal activity ⁵	62.8	65.7	61.4	63.8	58.3	64	60.2	61.5	≥ 65.7	59.13	67.8
Financial Health • Capitalize on funding reform and QBP's to continue to drive re-engineering of care & enhanced efficiency and quality through comprehensive care plans and consistency in approach. • Achieve QBP targets for Year 2 CMGs. Plan for Year 3 QBP's.												
24	ALOS/ELOS ratio - UCC ^{1 3 4 5}	88.3	86.6	82	79.9	76.5	76.6	83.6	79.2	≤ 85	93.5	81.9

2, Quality Improvement Plan
 3, Hospital Service Accountability Agreement (HSAA)
 4, Required Organizational Practice (ROP) per Accreditation Canada
 1, Publicly Reported Patient Safety indicators
 5, Magnet

#	Objectives/Metrics	Definition/Calculation/Notes	Target	Rationale	Comparator	Source
Access & Efficiency • Capitalize on funding reform and QBP's to continue to drive re-engineering of care & enhanced efficiency and quality through comprehensive care plans and consistency in approach. • Achieve QBP targets for Year 2 CMGs. Plan for Year 3 QBP's.						
1	% ALC Days					
2	HIP fracture - Avg. ALC LOS	Average ALC length of stay ONLY for those patients designated as ALC for Hip fracture population (GTA rehab network definition, see indicator 12). Numerator: total ALC days. Denominator: total ALC cases.	Less than or equal to FY12/13 performance		TCLHIN (Source: GTA Rehab Network 13/14 Report - Cumulative result)	
3	ED: Admits (All CTAS Levels) LOS 90th %ile in hours 1,2,3	Wait in hours for 9 out of 10 patients. Value derived based on the ERNI level 3 data.	"Aggressive internal improve by 10%.			
4	ED: Non-Admits (CTAS 1,2,3) LOS 90th %ile in hours 3	Wait in hours for 9 out of 10 patients. Value derived based on the ERNI level 3 data.	"Aggressive internal improve by 10%.			
5	ED: Non-Admits (CTAS 4,5) LOS 90th %ile in hours 3	Wait in hours for 9 out of 10 patients. Value derived based on the ERNI level 3 data.	"Aggressive internal improve by 10%.			
6	% OR holds	Numerator: number of cases where the patient is ready to leave the OR but PACU is closed. Denominator: number of cases completed and the patient went to PACU from the operating room. (Data source: ORSCOS)	≤ 12/13			NA
7	ED: Consult time to admit orders - 90th %ile (GIM)	Wait in hours for 9 out of 10 patients. FY 10/11 is Feb '10 - Jan '11. Collection of Consult Request commenced internally June 2nd, 2009.	"QIP Improve by 5%			
8	Time to Disposition (from Triage) - 90th %ile in Hours (hh:mm)	Wait in hours for 9 out of 10 patients. EAU commenced Feb 27th, 2012. Value derived based on the ERNI level 3 data.	"EAU Agreement:			
9	ICU Avoidable Days (%)	Based on snapshot data from CCIS which includes both active and discharged patients and is therefore subject to change until all cases for that period are discharged.	Maintain ICUs 12/13 target: Below Teaching Hospital (L7) Average 11/12		Teaching (L7) all SCU (can't isolate to ICU only for BM). MSH for all SCUs 09/10 = 3.6, 10/11 = 5.5, 11/12 = 6.5, 12/13=4.72, 13/14 YTD up to & incl Dec = 4.3	
10	M&A: ED revisits to own facility within 30 days (%)	ED Mental Health & Addiction (MH&A) cases with a repeat visit within 30 days back to MSH for MH&A condition only. Methodology used for MH&A Submission includes readmissions back for any condition. Based on NACRS Data.	<11/12			NA
Quality & Safety • Capitalize on funding reform and QBP's to continue to drive re-engineering of care & enhanced efficiency and quality through comprehensive care plans and consistency in approach. • Achieve QBP targets for Year 2 CMGs. Plan for Year 3 QBP's.						
11	Time to IP Bed (from Disposition)- 90th %ile (hh:mm)	Wait in hours for 9 out of 10 patients. EAU commenced Feb 27th, 2012. Value derived based on the ERNI level 3 data.	EAU Agreement			Corp TCLHIN
12	Readmission to MSH within 30 days for selected CMGs for any cause	The number of CHF and COPD patients (QBP) readmitted within 30 days of discharge to MSH. Performance submitted on QIP was based on interim FY 12/13 which was 15.5%	13/14 QIP			"TCLHIN
13	Med. Rec. at admission for targeted pts. 2,4	Rate per patient admissions to 16N, CCU, 17N (10S_UNV), 17S (10N_UNV), 17SD (10HAU_UNV), 12S, ICU, 9S and EAU. Includes Med Rec done by pharmacists and MDs (without double counting).	QIP (which includes GIM, Cardiology, IBD)			NA
14	CL I per 1,000 central line days 1,5	Total number of CL I cases in ICU/SCU patients after 48 hrs of central line placement in the ICU, per 1,000 central line days for ICU patients 18+ years. n= 10/11: 8, 11/12: 7, 12/13: 5, Q1 13/14: 0, Q2 13/14: 1 Q3 13/14: 1	"QIP:			
15	Hand Hygiene Adherence (%) 1,2	"Overall hand hygiene adherence based on Moment 1 (before initial patient or patient environment contact) and Moment 4 (after patient or patient environment contact). Excludes Psychiatry and Ambulatory Care.				
16	Post-Admit Falls per 100 Inpatient Cases 2	"Denominator: patients discharged from 12S, 16N, CCU, 17S, 17N, 17SD, ICU, ER (rm 3000). Excludes patients discharged from EAU.				
17	Patient Satisfaction: Overall care received 2,5	% positive score from the NRC Picker Patient Satisfaction survey methodology.	QIP: > GTA Peers			TCLHIN 12 month period previous
Experience • Capitalize on funding reform and QBP's to continue to drive re-engineering of care & enhanced efficiency and quality through comprehensive care plans and consistency in approach. • Achieve QBP targets for Year 2 CMGs. Plan for Year 3 QBP's.						
18	Patient Satisfaction: Would recommend	% positive score from the NRC Picker Patient Satisfaction survey methodology.	QIP: > GTA Peers			TCLHIN 12 month period previous
19	Language interpreter usage (Total n)	Use of Interpreter Services for both inpatient and ambulatory use. Includes Volunteers, Agency Interpreters and Telephone Interpreters. Excludes services not submitted to Interpreter Services Department or Telephone Interpreter Service. Inpatient units 12S, 16N, 10N (17S*) 10S (17N*), 10HAU (17SD*) *prior to June 25, 2013, ER, CCU, medical physician services.	TBD			TBD
20	Post-Admit Nosocomial Pressure Ulcers per 100 Inpt. Cases 2	"Denominator: patients discharged from 12S, 16N, CCU, 17S, 17N, 17SD, ICU, ER (rm 3000). Excludes patients discharged from EAU.				
21	Patient Satisfaction: Did everything to control pain 2,5	Aggregate % positive score of 3 NRC Picker questions related to pain management (Did everything to control pain, Amount of pain medicine received, Minutes taken to get pain medicine). Patient Satisfaction survey methodology.	QIP > Ont. Teaching Avg. (85.8) 12 months previous			Ont. Teaching 12 month period previous
22	Patient Satisfaction: Overall quality of ED care 2,5	% positive score from the NRC Picker Patient Satisfaction survey methodology.	≥ 11/12			TCLHIN / Ontario Teaching
23	Patient Satisfaction: When to resume normal activity 5	% positive score from the NRC Picker Patient Satisfaction survey methodology.	" ≥ 11/12			
Financial Health • Capitalize on funding reform and QBP's to continue to drive re-engineering of care & enhanced efficiency and quality through comprehensive care plans and consistency in approach. • Achieve QBP targets for Year 2 CMGs. Plan for Year 3 QBP's.						
24	ALOS/ELOS ratio - UOC	Acute typical LOS compared to the expected LOS as a percentage. Acute LOS excludes ALC Days. Same methodology as LOS Dashboard (using Discharge Unit). All data before FY14/15 are regrouped to 2013 grouper. FY14/15 CMG year = 2014.	0.85			TCLHIN (Main Prov. Serv.) MSH value using Main Prov. Serv. FY13/14 Sep = 79.5