

CCU/16N Cardiology

#	Objectives/Metrics	FY 10/11	FY 11/12	FY 12/13	FY 13 14 Performance					Target	Performance Threshold	Comparator
					Q1	Q2	Q3	Q4	YTD			
<b>Access &amp; Efficiency</b> • Initiative 1: Lasix protocol project.      • Initiative 2: Improve flow out of CCU.												
1	CCU Avoidable Days	-	-	3.61 <sup>Oct-Mar</sup>	0	1.44	0.87	3.35	1.4	NA	NA	NA
2	ALOS/ELOS ratio - CCU	81.1	88.3	82.9	85	80	79.8	92.3	84.2	≤85	93.5	87.5
<b>Quality &amp; Safety</b> • Initiative 1: Palliative Care Co-management.      • Initiative 2: Heart Failure education pathway and daily education to patients/families.												
3	Hand Hygiene CCU / 16N combined1,2	68	72	76	75	75	84	82	79	≥ 81	72.9	81
4	Readmission within 30 days anywhere within MSH (%)	6.7	7.6	10.3	9.7	9.8	13.5	10.9	11.1	≤7.6	8.36	8.2 Feb
5	Med. Rec. upon discharge for targeted patients (%)2,4	-	55.7	90.9	88.2	94.4	93.2	96.6	93.1	≥90.9	81.81	NA
6	Med. Rec. upon admission for targeted patients (%)2,4											
<b>Experience</b> • Initiative 1: Palliative Care Co-managment.      • Initiative 2: Shift Handover process. • Initiative 3: Consider Post Discharge Phonecall F/U post GIM Pilot.												
7	Patient Satisfaction: Communication - Overall	73.7	69	71	71.7	70.8	68.6	67	69.6	≥ 71.0	63.9	70.8
8	Patient Satisfaction: Continuity & Transition2,5	72.2	69.1	68.8	72.8	63.4	66.1	58.2	65.3	≥70.5	63.45	69.1
9	When to resume normal activity - CCU2,5											
10	Did everything to control pain - CCU2,5											
<b>Financial Health</b> • Initiative 1: Understand the Costs of ICU for CHF QBP population in comparison to peers. • Initiative 2: Improve flow through role of Resource Nurse and I.T. access to demand in ER												
11	Avg. Variable Direct Cost SCU Cost/Case for CHF (HIG 196)	2410	NA	NA	2206	1494	1604	1312	1680	NA	NA	\$829 (10/11)
12	ER Wait Time to Inpatient Bed (from Disposition) CCU / 16N in hrs (90th %ile)	12.43	10.2	9.2	10.1	7	9.6	11.1	9.2	≤8.0	8.8	9.54
13	Telemetry patient ER Wait Time to Inpatient Bed (from Disposition) CCU / 16N in hrs (90th %ile)		13.54	7.09								



**Not Available: NA**  
**Not Applicable: -**

- Meeting or exceeding target
- Missing target by 10% or less
- Not achieving target by more than 10%

# CCU/16N Cardiology

#	Objectives/Metrics	Definition/Calculation/Notes
<b>Access &amp; Efficiency</b>		
1	CCU 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.
2	ALOS/ELOS ratio - CCU	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.
<b>Quality &amp; Safety</b>		
3	Hand Hygiene CCU / 16N combined1,2	" FY 12/13: Includes all 4 moments as per Infection Control Dashboard.
4	Readmission within 30 days anywhere within MSH (%)	Readmission is based on discharge nursing units 16N, typical and long stay cases (Winrecs). Includes readmits to MSH for any urgent patient care within 30 days of discharge from index cases. Readmissions within the same day are included. Readmissions for discharges of the last reported month are now included as the population is based on Discharge Unit and not Team Assignment or Primary Provider Service.
5	Med. Rec. upon discharge for targeted patients (%)2,4	Rate per patient discharges. First month of reporting is Oct 2011. Includes Med Rec done by pharmacists and MDs (without double counting).
6	Med. Rec. upon admission for targeted patients (%)2,4	
<b>Experience</b>		
7	Patient Satisfaction: Communication - Overall	% positive score from the NRC Picker Patient Satisfaction survey methodology.
8	Patient Satisfaction: Continuity & Transition2,5	% positive score from the NRC Picker Patient Satisfaction survey methodology.
9	When to resume normal activity - CCU2,5	
10	Did everything to control pain - CCU2,5	
<b>Financial Health</b>		
11	Avg. Variable Direct Cost SCU Cost/Case for CHF (HIG 196)	"Criteria for Total Cases: CMG+= '196' for GIM and Cardiology. Direct Cost includes 2 SCU units: ICU & CCU. Results for Cardiology only: 10/11 = \$3217, 11/12 = \$3170
12	ER Wait Time to Inpatient Bed (from Disposition) CCU / 16N in hrs (90th %ile)	Time to IP Bed (from Disposition) 90th %ile in Hours (hh:mm)
13	Telemetry patient ER Wait Time to Inpatient Bed (from Disposition) CCU / 16N in hrs (90th %ile)	

Portals data from the Canadian Institute for Health Information (CIHI) has been used to generate data within this report with acknowledgement to CIHI, the Ministry of Health and Long-Term Care (MOHLTC) and Stats Canada (as applicable). Views are not those of MSH (except where reported at an aggregate level). As this is not a database supported by MSH, please demonstrate caution with use and interpretation of the information. MSH is not responsible for any changes derived from the source data/canned reports. Data is as of 31 March 2023.

Target Rationale	Comparator Source
See notes on metrics	NA
In line with UCC Target	TCLHIN (Main Prov. Serv.) MSH value using Main Prov. Serv. 13/14 Sep = 82.8
See notes on metrics	TCLHIN (data source: CIHI portal)
≥ FY 12/13	NA
≥ FY 12/13	TCLHIN 12 month period previous
≥ FY 12/13	Corporate
P4R Agreement	Urgent & Critical Care

of the acknowledged sources. Facility identifiable data other than Mount Sinai Hospital (MSH) is not to be published without the consent of that organization may be subject to change.