

PART B: Improvement Targets and Initiatives

Mental Health Centre Penetanguishene, 500 Church Street, Penetanguishene, ON L9M 1G3

Please do not edit or modify provided text in Columns A, B & C

AIM		MEASURE				CHANGE				
Quality dimension	Objective	Outcome Measure/Indicator	Current performance	Performance goal 2011/12	Priority	Improvement initiative	Methods and results tracking	Target for 2011/12	Target justification	Comments
Safety	Reduce clostridium difficile associated diseases (CDI)	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI, divided by the number of patient days in that month, multiplied by 1,000 - Average for Jan-Dec. 2010, consistent with publicly reportable patient safety data	0%	0%	3					
	Improve provider hand hygiene compliance	Hand hygiene compliance before patient contact: 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	66% (this an average of 63% for Prov & 68% for Reg)	75%	2					
	Avoid new pressure ulcers	Pressure Ulcers: Percent of patients with new pressure ulcer in the last three months (stage 2 or higher)	Not currently tracked: establish baseline	TBD (Reduction of 50% over baseline)	2					
	Implement medication reconciliations on discharge	Medication Reconciliation: the number of patients discharged from units where medication reconciliation on discharge has been implemented divided by all patients discharged from those units in the same reporting period x 100 (expressed as a percent).	admission 100% transfer 100% discharge 66% (one unit)	discharge 100%	2					
	Improve the rate of staff receiving the seasonal flu vaccination	Flu Vaccination rate: the number of staff who receive the seasonal vaccination divided by all staff required to received the vaccination x 100 (expressed as a percent).	49.60%	60%	1	Improve the rate of staff receiving the seasonal flu vaccination	Develop a communications strategy around the importance of staff receiving the flu vaccination			
	Implement new suicide risk assessment tool	Suicide Risk Assessment: the number of patients assessed on admission divided by all admissions in the same reporting period x 100 (expressed as a percent).	New assessment tool: establish baseline	100%	1	New risk assessment tool to be implemented in 2011.	RAI and new metrics by the program and Suicide Risk Task Force	100%	currently meeting 100% target using current methods	
Effectiveness	Monitor hospital readmission	Readmission within 30 days back by regional tertiary non-forensic patients: The percent of patients from regional non-forensic programs readmitted to MHCP within 30 days of discharge.	5% (Q3 regional tertiary programs)	5%	2					
	Increase appropriate use of inpatient mental health beds	Percentage ALC days: Total number of regional tertiary inpatient days designated as ALC related to long term care, divided by the total number of regional tertiary inpatient days.	4.8% (YTD Q3 regional tertiary programs realted to LTC)	10% reduction over current performance	3					
	Maintain organizational financial health	Total Margin (consolidated): Percent by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year.	8.13% (Q3 WERS)	greater than or equal to 0%	1	Balanced budget	Continue to monitor actual financial results to budget. Continue to pursue wage harmonization funding from the Ministry of Health and Long-Term Care post divestment. Support for any remaining deficit after right-sizing supported by cash reserves.	0% 0% 0%		
Access	Improve access to mental health services	Wait times: Develop consistent tracking tool and definitions in partnership with specialty health facilities in an effort to improve access to specialty mental health services	Developed Wait Time tool: establish baseline wait times data by program	100% of programs tracking wait times	1	Track and monitor wait times in order to improve access to mental health services	Introduce a standardized tracking tool to measure wait times for access to service based on standardized wait times definitions developed in collaboration with other Specialty Mental Health Hospitals. Implement internal bed utilization meetings Implement external bed utilization meetings with RVH and OSMH based on an algorithm for patient movement.	100%		
Patient-centred	Improve patient experience	In-house survey (if available): # of programs conducting patient experience survey using new validated mental health survey tool/Total # programs.	New survey tool: establish baseline	100% of programs	1	Implement mental health patient experience survey piloted at CAMH once approved by Accreditation Canada and rollout implementation across inpatient programs. Alternatively, continue with in-house tool in the absence of approved piloted tool.	Review results via newly developed tool.	100%		