



PERFORMANCE DASHBOARD

	Target Met
	In Process
	Not Met

* Indicator is on our QIP

Click on indicator for breakdown		2018/19	2019/20			
QUALITY PERFORMANCE AND PATIENT SAFETY	TARGET	Q4	Q1	Q2	Q3	Q4
Medication Reconciliation on Admission *	92%	90%	86%			
Medication Reconciliation at Discharge *	92%	97%	86%			
Discharge Plan	90%	85%	80%			
Falls with Injury Acute and Chronic *	<5%	0%	0%			
Falls with Injury Long Term Care *	<5%	0%	1%			
Transfer of Care Completed (ER to ward)	60%	70%	73%			
Critical Incidents	0	0	0			
Patient Satisfaction *	90%	99.5%				
Hand Hygiene Compliance *	90%	93%				
FINANCIAL AND WORKPLACE HEALTH	TARGET					
Current Ratio	0.48	0.71				
Total Margin *	0.68%	1.50%				
Employee Attendance	<9.4 days	11				
Employee Development	60%					
Employee Satisfaction	90%	98%				
Workplace Violence *	0	6				
Lost Time Injuries	0	4 YTD	0			

QUALITY PERFORMANCE AND PATIENT SAFETY

Medication Reconciliation

Quality Improvement Plan Initiative

Objective:	Increase the proportion of patients receiving medication reconciliation on admission and discharge					
Key Measure:	# of charts with 2 or less errors on MAR					
	# of charts audited					
Key Measure:	# of charts with discharge MAR completed					
	# of charts audited					
Data Source:	Hospital Collected Data: Chart Audits Sample size: approx 25% of quarterly discharges					
Improvement Initiative:	Indicator	Planned Improvement Initiative	Methods	Process Measures	Target for process measure	Score
	Medication Reconciliation on Discharge	Focus on patient friendly version being given to patients on DC	Capturing documentation on nursing teach back	# of patients receiving patient friendly version per quarter	70% of patients received patient friendly version in 2019 20	

		Apr-June (Q1)	July-Sept (Q2)	Oct-Dec (Q3)	Jan-Mar (Q4)
ADMISSION	Wilson Memorial	96%			
	McCausland	75%			
Target		100%			
DISCHARGE	Wilson Memorial	82%			
	McCausland	93%			
Target		100%			

Discharge Planning

Quality Improvement Plan Initiative	
Objective	Improve discharge planning process
Key Measure:	<u># of inpatient discharge plans completed</u> # of IP discharges
Data Source:	Chart Audits
Interpretation:	Additional staff education and reminders at WMGH site

	Apr-June (Q1)	July-Sept (Q2)	Oct-Dec (Q3)	Jan-Mar (Q4)
WILSON MEMORIAL	68%			
McCAUSLAND	100%			
Target	90%			

QUALITY PERFORMANCE AND PATIENT SAFETY

Transfer of Care

Quality Improvement Plan Initiative	
Objective	Begin utilizing a Transfer of Care Form for patients being transferred from ER to Acute Care
Key Measure:	<u># of Transfer of Care Forms completed</u> # of charts audited
Data Source:	Chart Audits
Interpretation:	collecting baseline - staff education required

	Apr-June (Q1)	July-Sept (Q2)	Oct-Dec (Q3)	Jan-Mar (Q4)
WILSON MEMORIAL	78%			
McCAUSLAND	65%			
Target	60%			