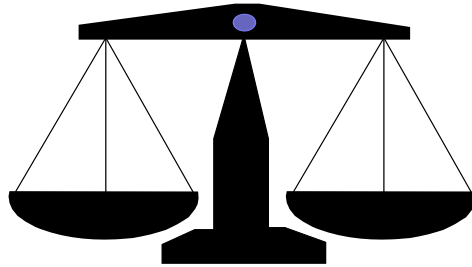




MUSKOKA ALGONQUIN
HEALTHCARE



'Performance Measurement: Using a balanced scorecard approach'

QUALITY MATTERS! REPORT (Q3 OCT-DEC 09)

"We are what we repeatedly do, excellence then, is not an act, but a habit."

Aristotle

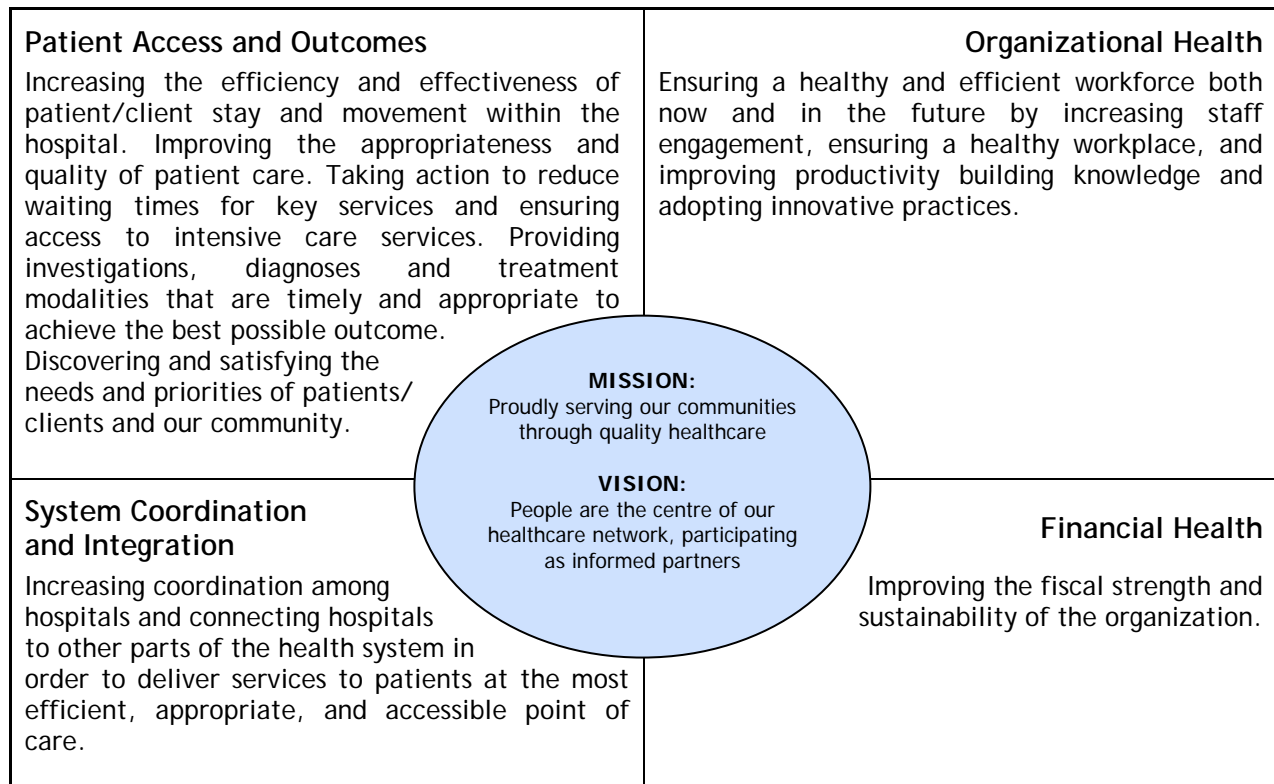
"Measure what is measurable and make measurable what is not."

Galileo (1564 - 1642)

Quality Council

Overview

Muskoka Algonquin Healthcare developed a Balanced Scorecard in 2006 as a performance measurement tool that monitors the performance of 29 different indicators, strategies and targets across the organization that have been grouped into the following four quadrants. The results are reported on a quarterly basis to the Board of Directors.



How Ratings are Applied to Measurements

Each indicator has a specific and defined target. The methodology of color ratings was established with the following parameters:

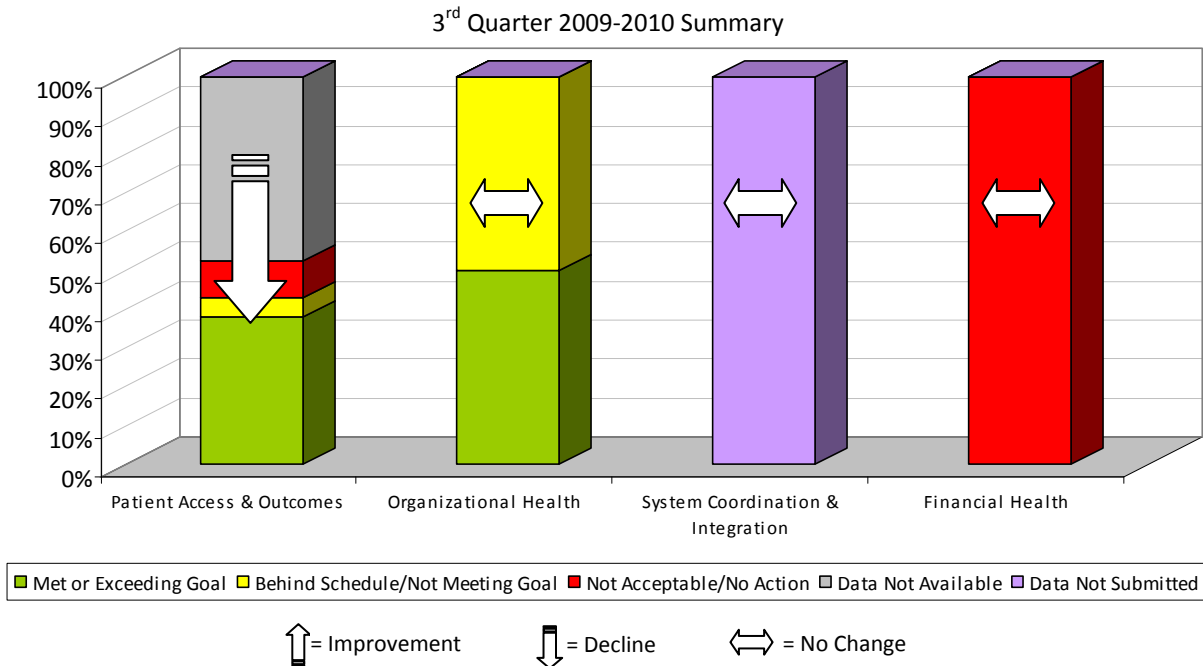
- ✓ **Green** indicates the performance for the indicator has met or exceeded the defined target;
- ✓ **Yellow** indicates the performance of the indicator is not meeting the defined goal or is behind schedule;
- ✓ **Red** is applied when the performance of the indicator is unacceptable or no action has been taken. These ratings are of a critical nature in need of attention.
- ✓ **Grey** is applied when data has not been submitted or is unavailable. Some indicators rely on external sources for data.
- ✓ **Purple** is applied when no indicator data has been received

In summary, each quadrant monitors a variety of indicators:

Patient Access and Outcomes	Organizational Health	System Coordination and Integration	Financial Health
<ul style="list-style-type: none"> • Length of Stay, • Risk of Re-admission, • Wait-times, • HSMR, • Patient Satisfaction Survey, • Standardized Protocols, • Adverse Incidents, • Hospital Infection Prevention, • Occupancy Rates, • Alternate Level of Care, • Patients Leaving ER Unseen, 	<ul style="list-style-type: none"> • Absenteeism Cost, • Workplace Injury, • Percentage of Full-Time Nurses, • Student Placements. 	<ul style="list-style-type: none"> • Core and Speciality Program Analysis, • Partnerships and relationships. 	<ul style="list-style-type: none"> • Current Ratio, • Total Margin

The following graphic provides an summary of the overall performance of each quadrant for the 3rd Quarter of 2009-2010 (October - December 2009).

The trend for that quadrant from the previous quarter is depicted in each bar with the corresponding arrow – please see the legend below. For detailed information on each quadrant and all of the indicators in the Quality Matters! Report, please visit our website at www.mahc.ca.



Printed copies of the full report can also be requested in person at any MAHC site, or requests can also be made via e-mail to info@mahc.ca, or by mail to: Muskoka Algonquin Healthcare, Huntsville District Memorial Hospital Site, 100 Frank Miller Drive, Huntsville, ON, P1H 1H7, Attention: Executive Assistant.

Indicators in Development:
 Alternate Level of Care
 Determine Core and Speciality Programs

3	Not acceptable/no action to date
2 a.	Not meeting goal
2 b.	Behind schedule
1	Met or exceeded goal/on or ahead of schedule
DNS	Data Not Submitted
DNA	Data Not Available
n/a	Not tracked during this period

Our Vision: People are the centre of our healthcare network, participating as informed partners **Our Mission:** Proudly serving our communities through quality health care.

QUALITY MATTERS! BALANCED SCORECARD (2009-2010)

STRATEGIC DIRECTIONS

Strategy #1: To continue to improve quality of care and patient safety

Strategy #4: Achieve financial stability

Strategy #2: Determine core and specialty clinical programs

Strategy #5: Influence and lead change through engaged partnerships

Strategy #3: Recruit and retain quality people

DIMENSION	Page #s	MEASURES	Responsible	2009/10					COMMENT FOR MOST RECENT QUARTER (Action Taken)	
				Yr. End	Q1	Q2	Q3	Q4		Yr. End
Strategy #1: To continue to improve quality of care and patient safety										
Patient Access, Safety and Quality of Care	1	1	Relative Acute and relative Total Length of Stay (HAA)	Frankie Dewsbury	1	1	1	DNA	Although targets were met in Q2, the SMMH site continues to track significantly less days under expected LOS than that of the HDMH site.	
	2	2	Relative Risk of Readmission (HAA)	Frankie Dewsbury	1	1	1	DNA	Standard met at both sites Q2. Q3 data is not yet available	
	3	3	Wait times	a. Cataracts (HAA)	Frankie Dewsbury	1	1	DNA	DNA	Wait time data not available
				b. CT (HAA)	Frankie Dewsbury	n/a		DNA	DNA	Wait time data not available
				c. ER	Frankie Dewsbury	n/a	1	1	1	
	4	4	Hospital Standardized Mortality Ratio (HSMR) (MOH website)	Frankie Dewsbury	1	1	1	DNA	As the data for both sites are a 'Special Note' CIHI advises to interpret the results with caution as the sample size is small and therefore unstable	
	5	5	Patient's Satisfaction Survey Results - MAHC (www.myhospitalcare.ca)	Frankie Dewsbury	1	1	DNA	DNA	April to June 2009 results has shown that our hospital has beaten the Ontario Hospital average on all dimensions of care for both Emergency and Acute Care!	
	6	9	Use of Standardized Protocols	MAC/Dr. Mathies/Bev McFarlane	1	1	2 b.	1		
	7	14	Medication Adverse Incidents	Harold Featherston		2 a.	2 a.	DNA	Med Error reporting not available as the data requires entry into the ISMP program.	
	8	15	Incidents	a. Major/Near Miss	Bev McFarlane	1	2 a.	2 a.	2 a.	Major/Near Miss brought forward to Chief of Staff for review and follow-up on Oct. 15, 2009. Incidents reports for Q3 BSC reporting is not yet complete and will be completed during the week commencing Jan 25th.
				b. Major/Sentinel		1	1	1	DNA	Incidents reports for Q3 BSC reporting is not yet complete and will be completed during the week commencing Jan 25th.
	9	16	Hospital Infection Prevention (www.myhospitalcare.ca & MOH website)	a. Hand hygiene compliance	Dawn Major	3	1	1	1	Hand hygiene compliance has increased and is presently above provincial average for before and after pt contact
b. Surgical Site Infections				1		1	1	DNA	Tracking at less than 1 percent over last year.	
c. MRSA				1		1	1	1		
d. VRE				1		1	1	1		
e. C-Diff				1		1	1	1		
f. VAP				n/a		1	1	1		
g. central line infection				n/a		1	1	1		
10	17	Volume (%) Occupancy	Frankie Dewsbury	3	3	3	3	Utilization of beds continue to be reviewed in an effort to reduce occupancy rates to operationally acceptable levels. ALC issues continue to place pressure on acute care bed availability		
11	18	Alternate Level of Care	a. as a % of all pt days	Frankie Dewsbury	3	3	3	3	Target requires setting. Suggestion: no more than 15 ALC's- all sites, which equates < or = 16% of all patient days	
			b. ALC AV LOS	Miriam Luddington	target to be determined			Target to be determined- Q2 AV LOS ALC SMMH= 41 days (20.3% of all pt days) AV LOS ALC HDMH= 23 days (30.6% of all pt days)		
			c. other measures to be determined	Miriam Luddington	target to be determined			Targets to be determined as ALC/ER initiative is launched its part of provincial wait time strategy- also ALC Implementation Working group indicators pending		
12	19	Patients Leaving ER Unseen	Frankie Dewsbury/Catherine Racine	3	3	DNA	DNA	Hoping to see a decrease in those that leave without being seen in when data is available for Q2, due to the addition of medical directives (initiating early treatments by nursing), the addition of the nurse practitioner at SMMH (May) and the Physician Assistant role at HDMH, which commenced in July		

3	Not acceptable/no action to date
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QUALITY MATTERS! BALANCED SCORECARD (2009-2010)

STRATEGIC DIRECTIONS

Strategy #1: To continue to improve quality of care and patient safety

Strategy #4: Achieve financial stability

Strategy #2: Determine core and specialty clinical programs

Strategy #5: Influence and lead change through engaged partnerships

Strategy #3: Recruit and retain quality people

DIMENSION	Page #s	MEASURES	Responsible	2009/10					COMMENT FOR MOST RECENT QUARTER (Action Taken)
				Yr. End	Q1	Q2	Q3	Q4	
Organizational Health	Strategy #3: Recruit and retain quality people								
	13	20	Absenteeism Cost	Robert Hughes	2 a.	1	2 a.	2 a.	Will continue to work at reducing absenteeism. Absence Policy needs to be completed and implemented. Target for completion is Q3.
	14	22	Lost Days due to Workplace Injuries	Carey Uyeda	2b	2a	2a	2b	Continue to work at decreasing lost time by offering early and safe return to work program.
	15	23	Percentage of Full-Time Nurses (HAA)	Kim Rose	2 a.	1	1	1	On target with full time to part time ratio. Continue to look at staffing levels and appropriate Full Time Positions and Part Time positions for effective coverage.
	16	24	Student Placements - Medical & Allied Health	Liz Parrott/Kim Rose	1	1	1	1	
System Coordination and Integration	Strategy #2: Determine core and specialty clinical programs								
	17	na	<i>Pending results of Operational Audit</i>					DNS	
	Strategy #5: Influence and lead change through engaged partnerships								
	18	25	A framework outlining MAHC's position, policy and procedures relative to partnerships will be developed in the next 12 months.	H. Featherston	n/a	1	1	DNS	An inventory of all current partnerships/relationships with external partners has been compiled.
Financial Health	Strategy #4: Achieve financial stability								
	19	26	Current Ratio (HAA)	Prism	3	3	3	3	
	20	27	Total Margin (HAA)	Prism	3	3	3	3	

LENGTH OF STAY (ELOS vs. ALOS)

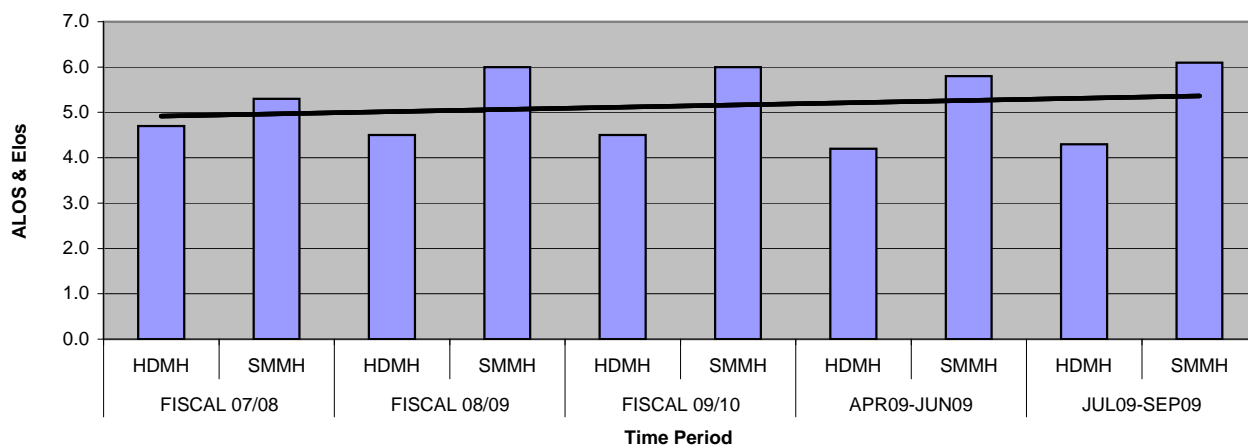
Leader: Health Information Services

Interpretation

Standard Met?- YES Action required?- NO

		Acute ALOS	Typical Acute Avg LOS	Avg ELOS	ELOS Over/Under	# Typ Cases	Total Cases
FISCAL 07/08	HDMH	4.7	4.1	5.2	-2070.2	1899	2348
	SMMH	5.3	4.5	4.8	-645.2	2175	2704
FISCAL 08/09	HDMH	4.5	4.0	4.8	-1461.4	1774	2280
	SMMH	6.0	4.3	4.6	-543.6	1948	2545
FISCAL 09/10	HDMH	4.5	4.0	4.8	-1461.4	1774	2280
	SMMH	6.0	4.3	4.6	-543.6	1948	2545
APR09-JUN09	HDMH	4.2	3.6	4.5	-413.5	472	616
	SMMH	5.8	4.5	5.0	-250.3	498	663
JUL09-SEP09	HDMH	4.3	3.5	4.6	-525.9	480	619
	SMMH	6.1	4.6	4.6	-13.8	569	768
OCT09-DEC09	HDMH						
	SMMH						
JAN10-MAR10	HDMH						
	SMMH						

Average Length of Stay and Expected Length of Stay Comparison



RELEVANCE: The assignment/documentation of accurate diagnosis on the patient's chart ensures assignment of a proper Case Mix Group (CMG) and is therefore assigned the appropriate Expected Length of Stay. It is important that the hospital average length of stay compares favorably to the expected length of stay and that we are not keeping our patients in hospital longer than we should.

TARGET: '0'

FORMULA: Comparison of ALOS to ELOS

SOURCE: CIHI ELOS Report

QUADRANT: Patient Access and Outcomes

UNPLANNED READMISSIONS within ONE WEEK

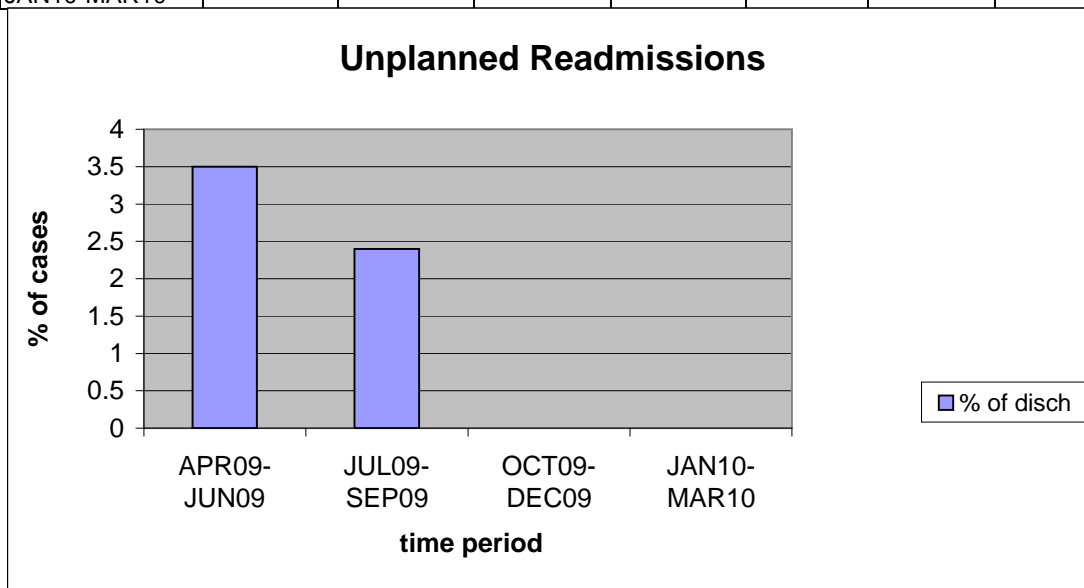
Leader: Health Information Services

Interpretation

Standard Met?- YES Action required?- NO

Unplanned Re-Admissions (< or = 7 days) Cases

	COMBINED		HDMH Site		SMMH Site	
	% of disch	<7 days	<7 days	% of disch	<7 days	% of disch
APR09-JUN09	3.5	42	16	2.9	26	4.6
JUL09-SEP09	2.4	31	12	2.2	19	2.6
OCT09-DEC09						
JAN10-MAR10						



RELEVANCE: Readmission rates are performance indicators to assess the quality of care in the peri-discharge period and to ensure that shorter lengths of stay were not occurring at the expense of quality of care. Unplanned readmission with the same diagnosis within 7 days may be indicative of patient being discharged too soon, or, without appropriate support.

TARGET: < than or = 6% of discharges for the same period

FORMULA: Total acute hospital admissions (excluding newborns) that are re-admitted with the same diagnosis within 7 days.

SOURCE: CIHI

QUADRANT: Patient Access & Outcomes

WAIT TIMES

INTERPRETATION:

Standard Met?- Action required?-
 Standard met for ER wait times- YES
 No data available for CT or Cataract wait times.

Diagnostic & Surgical Wait Times

		MAHC Average	PROVINCIAL TARGET	PROVINCIAL WAIT TIME
Period			[days]	[days]
Cataract	9-Nov	not populated	182	114
CT	9-Nov	not populated	28	43

Emergency: Wait Time for Complex Conditions (hours)

	SMMH	HDMH	Current Provincial Average Hours
Apr-09	9.1	8.1	12.8

Emergency: Wait Time for Minor Conditions (hours)

	SMMH	HDMH	Current Provincial Average Hours
Apr-09	3.6	3.4	4.8

RELEVANCE: Reducing wait times for key health services is one of the Ontario government's top priorities. As part of this priority MAHC has agreed to participate in collecting wait time.
TARGET: < than or = to the provincial average
FORMULA: # of days between decision to treat date and operative procedure date/diagnostic date
SOURCE: Wait Time Strategy Database (www.health.gov.on.ca/transformation/wait_times)
QUADRANT: Patient Access & Outcomes

Hospital Standardized Mortality Ratio (HSMR)

Interpretation

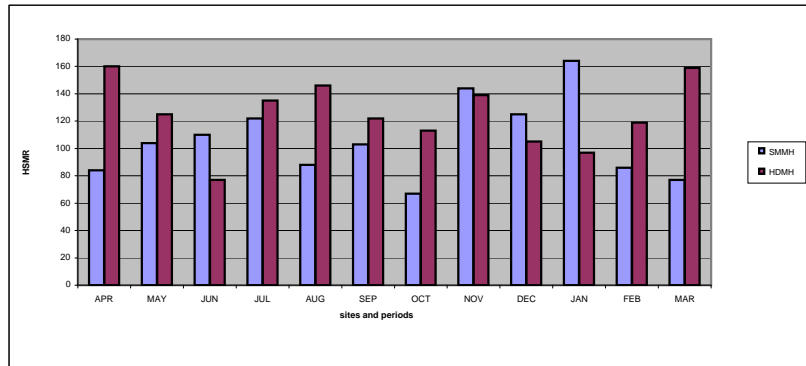
Standard Met?- (data not useable) Action required?-
NO

As the data for both sites are a 'Special Note' CIHI advises to interpret the results with caution as the sample size is small and therefore unstable

Cumulative Hospital Standardized Mortality Ratio

08/09				09/10			
	HSMR				HSMR		
Month	SMMH	HDMH	Special Note	Month	SMMH	HDMH	Special Note
APR	84	160	!	APR	61	151	!
MAY	104	125	!	MAY	130	118	!
JUN	110	77	!	JUN	52	111	!
JUL	122	135	!	JUL	110	69	!
AUG	88	146	!	AUG	103	118	!
SEP	103	122	!	SEP	128	67	!
OCT	67	113	!	OCT			
NOV	144	139	!	NOV			
DEC	125	105	!	DEC			
JAN	164	97	!	JAN			
FEB	86	119	!	FEB			
MAR	77	159	!	MAR			

These results with "!" should be interpreted with caution as sample size is small and unstable



RELEVANCE: The HSMR is used by hospitals worldwide to assess and analyze their mortality rates. The HSMR is a ratio of observed to expected deaths x100. A ratio equal to 100 suggests that there is no difference between MAHC's mortality rate than the average national rate, greater than 100 suggests that MAHC is higher than the national average and less than 100 suggest MAHC rates are lower than the national average.

TARGET: < than or = 100

FORMULA: Hospital Standardized Mortality Ratio (HSMR)

SOURCE: CIHI

QUADRANT: Patient Access & Outcomes

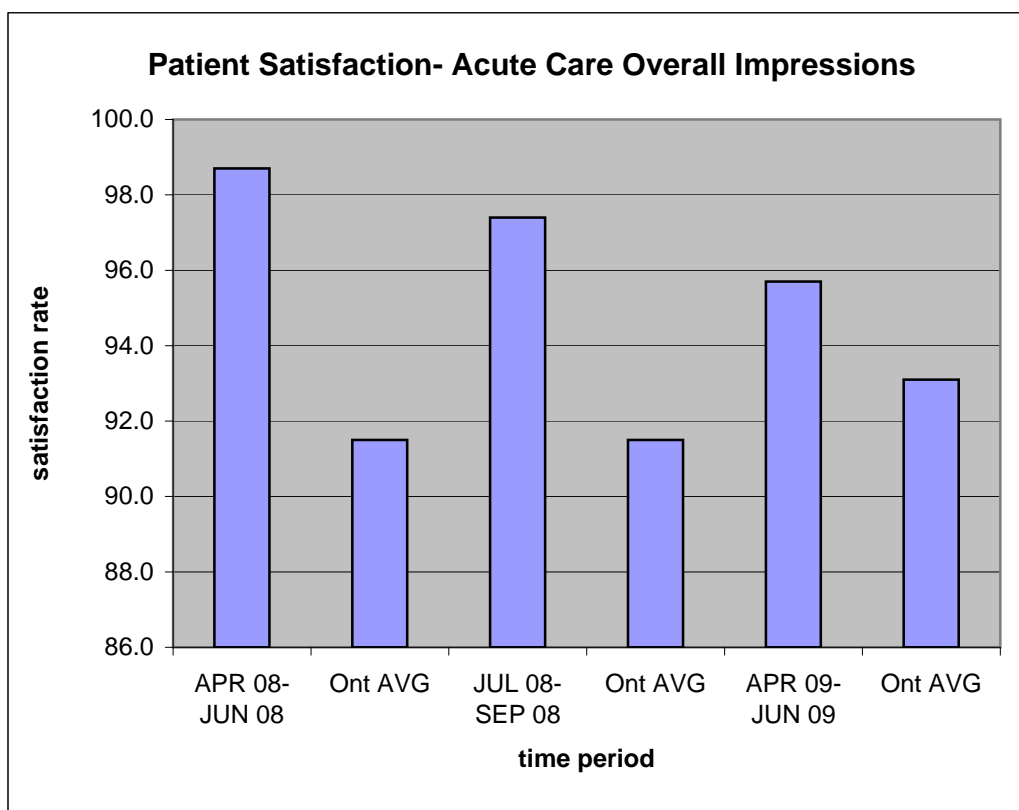
ACUTE CARE: PATIENT SATISFACTION RESULTS: ACUTE CARE

INTERPRETATION:

Standard Met? YES Action required?- NO

Overall Impressions

	APR 08- JUN 08	Ont AVG	JUL 08- SEP 08	Ont AVG	APR 09- JUN 09	Ont AVG
Acute Care	98.7	91.5	97.4	91.5	95.7	93.1



RELEVANCE: Patients will decide on the quality of care they receive by evaluating things they have basic knowledge about, such as, quality of care, conditions of the environment and good information regarding their treatment and care
TARGET: >or = to the Ontario Community Hospital's Average Score
FORMULA: Results of patient satisfaction survey provided by the OHA, via National Research Council
SOURCE: National Research Council/OHA
QUADRANT: Patient Access & Outcomes

PATIENT SATISFACTION RESULTS: ACUTE CARE

INTERPRETATION:
 Standard Met? YES Action required? - NO

INPATIENT	APR 09- JUN 98		JUL 08- SEP 08		APR 08- JUN 08	
	MAHC	ONT AVG	MAHC	ONT AVG	MAHC	ONT AVG
Overall Care Received	95.7	93.1	97.4	91.5	98.7	91.5
Courtesy of nurses	95.6	93.6	97.3	92.7	97.3	92.7
Courtesy of physicians	100.0	95.9	98.7	94.7	97.3	94.7
Overall physician care	100.0	94.8	96.1	93.4	97.4	93.4
Confidence/trust in physicians	88.4	82.8	84.2	81.8	80.0	81.8
Confidence/trust in nurses	80.6	73.3	85.3	73.1	84.0	73.1
How well Drs/Nurses worked together	95.5	93.2	98.7	92.4	97.3	92.4
Courtesy during admission	98.5	95.3	98.7	94.5	100.0	94.5
Overall quality of food	80.0	61.3	68.5	61.7	77.5	61.7
Condition of room/hospital environment	88.1	83.8	89.3	83.3	88.0	83.3
All Dimensions combined	78.1	73.9	82.1	73.0	78.4	73.0
1. Access	86.3	82.4	89.9	80.7	89.2	80.7
2. Continuity & Transition	68.5	66.0	74.0	64.8	69.5	64.8
3. Coordination of Care	76.1	74.8	80.1	74.7	78.0	74.7
4. Emotional Support	75.4	68.5	78.9	67.5	73.9	67.5
5. Information & Education	78.3	74.6	80.2	73.2	75.1	73.2
6. Involvement of Family	72.0	70.4	82.0	69.0	77.4	69.0
7. Physical Comfort	86.8	79.6	90.0	78.9	85.9	78.9
8. Respect for Patient Preferences	82.9	77.5	86.3	77.0	82.3	77.0
% of targets (19) met	100.0%		100.0%		95.0%	

RELEVANCE: Patients will decide on the quality of care they receive by evaluating things they have basic knowledge about, such as, quality of care, conditions of the environment and good information regarding their treatment and care
 TARGET: >or = to the Ontario Community Hospital's Average Score
 FORMULA: Results of patient satisfaction survey provided by the OHA, via National Research Council
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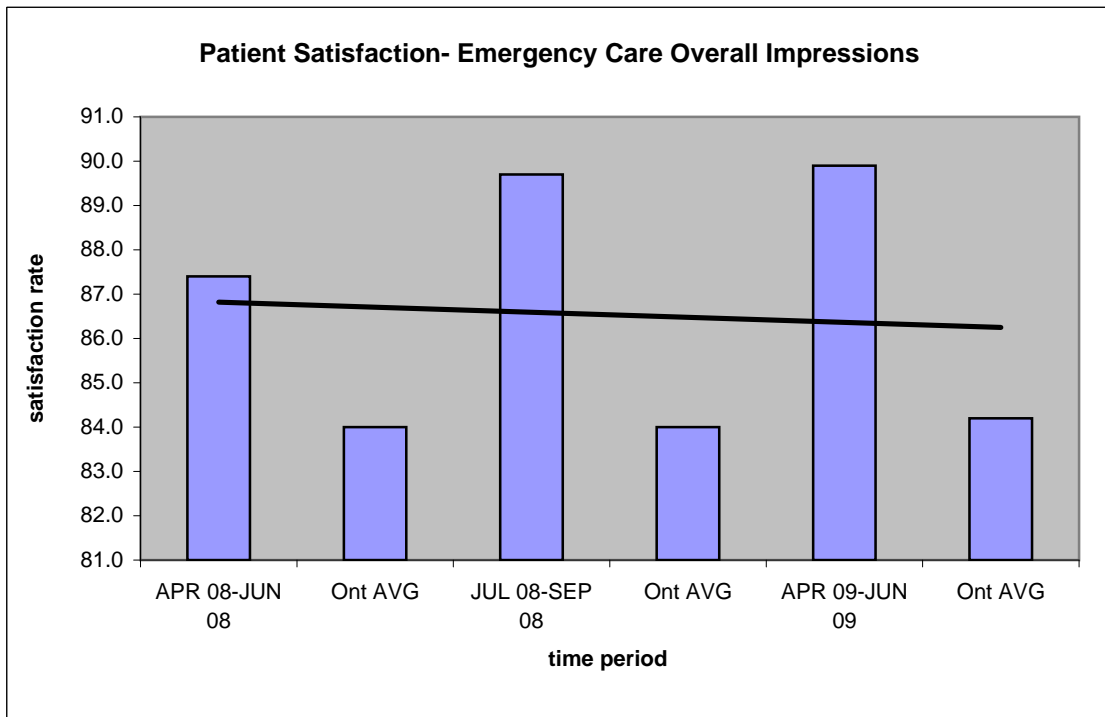
PATIENT SATISFACTION RESULTS: EMERGENCY CARE

INTERPRETATION:

Standard Met? YES Action required?- NO

Emergency Care- Overall Impressions

	APR 08- JUN 08	Ont AVG	JUL 08- SEP 08	Ont AVG	APR 09- JUN 09	Ont AVG
MAHC	87.4	84.0	89.7	84.0	89.9	84.2



RELEVANCE: Patients will decide on the quality of care they receive by evaluating things they have basic knowledge about, such as, quality of care, conditions of the environment and good information regarding their treatment and care

TARGET: >or = to the Ontario Community Hospital's Average Score

FORMULA: Results of patient satisfaction survey provided by the OHA, via National Research Council

SOURCE: National Research Council/OHA

QUADRANT: Patient Access & Outcomes

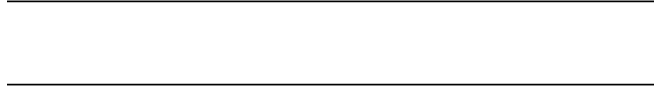
PATIENT SATISFACTION RESULTS: EMERGENCY CARE

TARGET: >or = to the Ontario Community Hospital's Average Score

INTERPRETATION:
Standard Met? YES Action required?- NO

EMERGENCY	APR 08- JUN 08		JUL 08- SEP 08		APR 09- JUN 09	
	MAHC	ONT AVG	MAHC	ONT AVG	MAHC	ONT AVG
Overall Quality of ED Care	87.4	84.0	89.7	84.0	89.9	84.2
Explanation of what ED did	92.8	86.6	90.8	86.6	90.1	86.9
Confidence/trust in ED nurses	76.8	70.7	78.9	70.7	76.8	72.1
Confidence/trust in ED physicians	76.2	71.0	75.0	71.0	76.8	72.1
How well ED Drs/Nurses worked together	91.1	89.0	93.1	89.0	91.8	89.3
Rate amount of time spent in ED	92.8	86.6	71.9	86.6	76.6	60.5
Cleanliness of ED	84.4	68.5	83.2	68.5	74.0	68.2
All Dimensions combined	73.3	66.5	75.5	66.5	74.7	67.0
1. Access and Coordination	74.3	66.1	75.8	66.1	76.9	66.4
2. Continuity and Transition	67.6	63.4	72.0	63.4	69.8	64
3. Emotional Support	69.4	62.9	70.8	62.9	71.8	63.5
4. Information and Education	71.1	62.8	73.5	62.8	70.2	63.3
5. Physical Comfort	67.0	62.1	67.3	62.1	67.4	62.4
6. Respect for Patient Preferences	82.2	77.1	84.4	77.1	83.6	77.5
% of targets met (14)	100%		100%		100%	

RELEVANCE: Patients will decide on the quality of care they receive by evaluating things they have basic knowledge about, such as, quality of care, conditions of the environment and good information regarding their treatment and care
 TARGET: >or = to the Ontario Community Hospital's Average Score
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 SOURCE: National Research Council/OHA
 QUADRANT: Patient Access & Outcomes



receive by evaluating things they have basic knowledge about, such
information regarding their treatment and care
Score
the OHA, via National Research Council

PREVALENCE, DEVELOPMENT & USE OF CLINICAL PATHWAYS

Interpretation

The development and use of standardized protocols for the diagnosis and treatment of a broad range of relatively common clinical conditions and procedures. This indicator measures the extent to which the organization demonstrates use of an evidence-based approach.

2009-2010

Quarter	Protocol	Committee	Progress/Action	Expected MAC Approval Date
Q3 Oct to Dec 09	Adult Hypoglycemia Protocol	Pharmacy and Therapeutics	Complete	21-Dec-09
	Subcutaneous Insulin orders Adult: NPO	Pharmacy and Therapeutics	Complete	21-Dec-09
	Subcutaneous Insulin orders Adult: Eating	Pharmacy and Therapeutics	Complete	21-Dec-09
	Headache Physician Orders	Emergency Dept. Committee	In Progress	19-Jan-10
	Anaphylaxis Physician Orders	Emergency Dept. Committee	In Progress	19-Jan-10
	Therapeutic Hypothermia Protocol	Emergency Dept. Committee	In Progress	19-Jan-10
	Renal Colic Physician Orders	Emergency Dept. Committee	In Progress	19-Jan-10
	Paediatric Croup Protocol	Emergency Dept. Committee	In Progress	19-Jan-10
	Major Trauma Physician Orders	Emergency Dept. Committee	In Progress	19-Jan-10
	Q2 July to Sept 09	Asthma Care Pathway Discharge Plan	Emergency Dept. Committee	Complete
Asthma Care Pathway Physician Orders		Emergency Dept. Committee	Complete	19-Oct-09
Sepsis Orders		Emergency Dept. Committee	Complete	19-Oct-09
Q1 Apr to Jun '09	Obstetrical Patients who Present in the ED	Obstetrics Committee	Complete	20-Apr-09
	Approval of Reinstatement of VBAC Procedures at SMMH Tuberculosis Surveillance Policy	Obstetrics Committee Infection Control Committee	In Progress Complete	20-Apr-09 20-Apr-09
	<u>Emergency Department Medical Directives:</u>			
	Diagnostic Imaging - Clavicle Xray	Emergency Dept. Committee	Complete	25-May-09
	Diagnostic Imaging - Chest Xray	Emergency Dept. Committee	Complete	25-May-09
	Diagnostic Imaging - Elbow Xray	Emergency Dept. Committee	Complete	25-May-09
	Diagnostic Imaging - Femur Xray	Emergency Dept. Committee	Complete	25-May-09
	Diagnostic Imaging - Forearm Xray	Emergency Dept. Committee	Complete	25-May-09
	Diagnostic Imaging - Hip Xray	Emergency Dept. Committee	Complete	25-May-09
	Diagnostic Imaging - Tibia and Fibula Xray	Emergency Dept. Committee	Complete	25-May-09
	Diagnostic Imaging - Wrist Xray	Emergency Dept. Committee	Complete	25-May-09
	Amended Outpatient LMWH DVT Orders	Pharmacy & Therapeutics Committee	Complete	25-May-09
	Amended Full Dose Heparin Orders	Pharmacy & Therapeutics Committee	Complete	25-May-09
	Amended Reduced Dose Heparin Orders	Pharmacy & Therapeutics Committee	Complete	25-May-09
	Amended Thrombolytic Therapy for STEMI	Pharmacy & Therapeutics Committee	Complete	25-May-09
	Amended Coronary Care Orders	Pharmacy & Therapeutics Committee	Complete	25-May-09
	Methadone Pre-Printed Orders	Pharmacy & Therapeutics Committee	Complete	25-May-09
	Methadone Quick Sheet	Pharmacy & Therapeutics Committee	Complete	25-May-09
	Methadone Prescriber Fax Form	Pharmacy & Therapeutics Committee	Complete	25-May-09
	Policy re: Storage of Patients' Own Medications	Pharmacy & Therapeutics Committee	Complete	25-May-09
	Outpatient General Instructions	Emergency Dept. Committee	Complete	15-Jun-09
	Amended Emergency Department Admitting Orders	Emergency Dept. Committee	Complete	15-Jun-09
	Approval of Use of Nitrous Oxide for Analgesia & Labour	Obstetrics Committee	Complete	15-Jun-09
	Alternate Level of Care Medical Directive	Administration	Complete	15-Jun-09

2008-2009

Quarter	Protocol	Committee	Progress/Action	Expected MAC Approval Date
Q4 Jan to Mar '09	Standard Orders for Treatment of Ectopic Pregnancy with Intramuscular Methotrexate	Obstetrics Committee	Complete	19-Jan-09
	Discontinuation of Bleeding Times	Medical Quality Assurance	Complete	23-Feb-09
	Treatment of C. difficile Associated Diarrhea	Infection Control Committee	Complete	9-Mar-09
	Discontinuation of Precautions for C. difficile Associated Diarrhea	Infection Control Committee	Complete	9-Mar-09
	Use of Metered Dose Inhalers	Infection Control Committee	Complete	9-Mar-09
	Obstetrical Patients who Present in the ED	Obstetrics Committee	In Progress	20-Apr-09
Q3 Oct to Dec'08	Rules & Regulations Adopted for Nurse Practitioners		Complete	15-Dec-08
	Automatic Stop Orders	Pharmacy & Therapeutics Committee	Complete	15-Dec-08
	Standard Orders for Treatment of Early Pregnancy Failure with Intravaginal Misoprostol	Obstetrics Committee	Complete	15-Dec-08

Standard Post Partum Orders for Obstetrical Patients	Obstetrics Committee	Complete	20-Oct-08
Standard Orders for Post-Operative Caesarean Section	Obstetrics Committee	Complete	20-Oct-08
Newborn Eye Prophylaxis Policy	Obstetrics Committee	Complete	20-Oct-08
Neonatal Standard Orders	Obstetrics Committee	Complete	20-Oct-08
Protocol for Forceps Delivery	Obstetrics Committee	Complete	20-Oct-08
Protocol for Vacuum Delivery	Obstetrics Committee	Complete	20-Oct-08
Protocol for Examination of Placenta	Obstetrics Committee	Complete	20-Oct-08
Protocol for Physician Attendance at Delivery	Obstetrics Committee	Complete	20-Oct-08
Bedside Limited Ultrasound Credentialing Pathway	Emergency Dept. Committee	Complete	20-Oct-08
Standard Orders for Treatment of Ectopic Pregnancy with Intramuscular Methotrexate	Obstetrics Committee	In Progress	23-Feb-09

Emergency Department Medical Directives:

Administration of Tetanus & Diphtheria Toxoid (TD)	Emergency Dept. Committee	Complete	15-Dec-08
CTAS 5 Directive	Emergency Dept. Committee	Complete	15-Dec-08
LMWH VTE Orders	Emergency Dept. Committee	Complete	15-Dec-08
Administration of Acetaminophen and Ibuprofen (Paediatrics)	Emergency Dept. Committee	Complete	17-Nov-08
Administration of ASA (Adult)	Emergency Dept. Committee	Complete	17-Nov-08
Administration of Fentanyl for Pain	Emergency Dept. Committee	Complete	17-Nov-08
Administration of Inhalations (Paediatrics)	Emergency Dept. Committee	Complete	17-Nov-08
Administration of Oral Ondansetron for Nausea and Vomiting (Paediatrics)	Emergency Dept. Committee	Complete	17-Nov-08
Administration of Oxygen (Paediatrics)	Emergency Dept. Committee	Complete	17-Nov-08
Administration of Salbutamol & Atrovent (Adult)	Emergency Dept. Committee	Complete	17-Nov-08
Administration of Topical Anaesthetics	Emergency Dept. Committee	Complete	17-Nov-08
Application of EMLA (Paediatrics)	Emergency Dept. Committee	Complete	17-Nov-08
Diagnostic Imaging - Xray (Ankle)	Emergency Dept. Committee	Complete	17-Nov-08
Diagnostic Imaging - Xray (Foot)	Emergency Dept. Committee	Complete	17-Nov-08
Diagnostic Imaging - Xray (Knee)	Emergency Dept. Committee	Complete	17-Nov-08
Eye Irrigation	Emergency Dept. Committee	Complete	17-Nov-08
IV Insertion	Emergency Dept. Committee	Complete	17-Nov-08
Lab - 12 Lead ECG	Emergency Dept. Committee	Complete	17-Nov-08
Lab - Capillary Blood Glucose	Emergency Dept. Committee	Complete	17-Nov-08
Lab - Cardiac Markers	Emergency Dept. Committee	Complete	17-Nov-08
Lab - Coagulopathy	Emergency Dept. Committee	Complete	17-Nov-08
Lab - POCT Urine	Emergency Dept. Committee	Complete	17-Nov-08
Lab - Pregnancy Testing	Emergency Dept. Committee	Complete	17-Nov-08
Oxygen Administration (Adult)	Emergency Dept. Committee	Complete	17-Nov-08
Paediatric Catheterization	Emergency Dept. Committee	Complete	17-Nov-08
Protocol for Oral Rehydration - Paediatrics	Emergency Dept. Committee	Complete	17-Nov-08

2008-2009 Cont'd

<i>Quarter</i>	<i>Protocol</i>	<i>Committee</i>	<i>Progress/Action</i>	<i>Expected MAC Approval Date</i>
Q2 Jul to Sep '08	Standard Post Partum Orders for Obstetrical Patients	Obstetrics Committee	In progress	20-Oct-08
	Newborn Eye Prophylaxis Policy	Obstetrics Committee	In progress	20-Oct-08
	Protocol for Forceps Delivery	Obstetrics Committee	In progress	20-Oct-08
	Protocol for Vacuum Delivery	Obstetrics Committee	In progress	20-Oct-08
	Protocol for Examination of Placenta	Obstetrics Committee	In progress	20-Oct-08
	Protocol for Physician Attendance at Delivery	Obstetrics Committee	In progress	20-Oct-08
<u>Emergency Department Medical Directives:</u>				
	Administration of Acetaminophen and Ibuprofen (Paediatrics)	Emergency Dept. Committee	In progress	20-Oct-08
	Administration of ASA (Adult)	Emergency Dept. Committee	In progress	20-Oct-08
	Administration of Fentanyl for Pain	Emergency Dept. Committee	In progress	20-Oct-08
	Administration of Inhalations (Paediatrics)	Emergency Dept. Committee	In progress	20-Oct-08
	Administration of Oral Ondansetron for Nausea and Vomiting (Paediatrics)	Emergency Dept. Committee	In progress	20-Oct-08
	Administration of Oxygen (Paediatrics)	Emergency Dept. Committee	In progress	20-Oct-08
	Administration of Salbutamol & Atrovent (Adult)	Emergency Dept. Committee	In progress	20-Oct-08
	Administration of Tetanus & Diphtheria Toxoid (TD)	Emergency Dept. Committee	In progress	20-Oct-08
	Administration of Topical Anaesthetics	Emergency Dept. Committee	In progress	20-Oct-08
	Application of EMLA (Paediatrics)	Emergency Dept. Committee	In progress	20-Oct-08
	CTAS 5 Directive	Emergency Dept. Committee	In progress	20-Oct-08
	Diagnostic Imaging - Xray (Ankle)	Emergency Dept. Committee	In progress	20-Oct-08
	Diagnostic Imaging - Xray (Foot)	Emergency Dept. Committee	In progress	20-Oct-08
	Diagnostic Imaging - Xray (Knee)	Emergency Dept. Committee	In progress	20-Oct-08
	Eye Irrigation	Emergency Dept. Committee	In progress	20-Oct-08
	IV Insertion	Emergency Dept. Committee	In progress	20-Oct-08
	Lab - 12 Lead ECG	Emergency Dept. Committee	In progress	20-Oct-08
	Lab - Capillary Blood Glucose	Emergency Dept. Committee	In progress	20-Oct-08
	Lab - Cardiac Markers	Emergency Dept. Committee	In progress	20-Oct-08
	Lab - Coagulopathy	Emergency Dept. Committee	In progress	20-Oct-08
	Lab - POCT Urine	Emergency Dept. Committee	In progress	20-Oct-08
	Lab - Pregnancy Testing	Emergency Dept. Committee	In progress	20-Oct-08
	Oxygen Administration (Adult)	Emergency Dept. Committee	In progress	20-Oct-08
	Paediatric Catheterization	Emergency Dept. Committee	In progress	20-Oct-08
	Protocol for Oral Rehydration - Paediatrics	Emergency Dept. Committee	In progress	20-Oct-08
	Time Limited Emergency Department Admission Orders	ED, QC and P&T Committees	Complete	15-Sep-08
	Proton Pump Inhibitors Automatic Substitution Policy	Pharmacy & Therapeutics Committee	Complete	15-Sep-08
	Nitroglycerin Administration Guidelines	Pharmacy & Therapeutics Committee	Complete	15-Sep-08
Q1 Apr-Jun '08	Standard Post Partum Orders for Obstetrical Patients	Obstetrics Committee	In progress	19-Oct-08
	Newborn Eye Prophylaxis Policy	Obstetrics Committee	In progress	19-Oct-08
	Standard Orders for Post-Operative Epidural / Spinal Analgesic	Obstetrics Committee	In progress	19-Oct-08
	Epidural Removal Policy	Obstetrics Committee	Complete	16-Jun-08
	Total Parenteral Nutrition Pre-printed Orders	Pharmacy & Therapeutics Committee	Complete	16-Jun-08
	Laxative Protocol	Pharmacy & Therapeutics Committee	In progress	-
	Routine Coronary Care Orders	Pharmacy & Therapeutics Committee	Complete	21-Apr-08
	Full Dose Heparin Order Sheet	Pharmacy & Therapeutics Committee	Complete	21-Apr-08
	Clinical Pathway Ischemic Stroke Routine Physician's Orders	Stroke Best Practice Implementation Council	Complete	21-Apr-08
	Weight Monitoring Policy & Procedure	Food & Nutrition Services	Complete	26-May-08
	Nutrition & Hydration Policy & Procedure	Food & Nutrition Services	Complete	26-May-08
	Food & Fluid Intake Policy & Procedure	Food & Nutrition Services	Complete	26-May-08
	Referral to Dietitian Policy & Procedure	Food & Nutrition Services	Complete	26-May-08
	Time Limited Admission Orders	ED, QC and P&T Committees	In progress	15-Sep-08
	Asthma Care Map	Emergency Department Committee	In progress	-
	Medical Directive: Ultrasound Technologist Impressions	Emergency Department Committee	In progress	15-Sep-08
	Acute Coronary Syndrome	Emergency Department Committee	On Hold	-
	Ectopic Pregnancy	Emergency Department Committee	On Hold	-
	Spontaneous Abortions	Emergency Department Committee	On Hold	-
	Emergency Department Directives	Emergency Department Committee	In progress	-
	Pressure Related Wound Care Guidelines	Nursing	Complete	16-Jun-08
	Pressure Related Wound Care Chart – Assessment and Treatment	Nursing	Complete	16-Jun-08
	Wound Assessment Documentation Tool	Nursing	Complete	16-Jun-08

2007-2008

	<i>Quarter</i>	<i>Protocol</i>	<i>Committee</i>	<i>Progress/Action</i>	<i>Expected MAC Approval Date</i>		
Q4	Jan-Mar'08	Standard Post Partum Orders for Obstetrical Patients	Obstetrics Committee	In progress	-		
		Standard Orders for Post-Op Caesarean Sections	Obstetrics Committee	Complete	17-Mar-08		
		Standard Orders for Post-Operative Epidural / Spinal Analgesic	Obstetrics Committee	In progress	-		
		Epidural Removal Policy	Obstetrics Committee	In progress	-		
		Laxative Protocol	Pharmacy & Therapeutics Committee	In progress	-		
		Routine Coronary Care Orders	Pharmacy & Therapeutics Committee	In progress	21-Apr-08		
		Full Dose Heparin Order Sheet	Pharmacy & Therapeutics Committee	In progress	21-Apr-08		
		Reduced Dose Heparin Order Sheet	Pharmacy & Therapeutics Committee	Complete	21-Jan-08		
		Thrombolytic Therapy for STEMI	Pharmacy & Therapeutics Committee	Complete	21-Jan-08		
		Eptifibatide (Integrillin)	Pharmacy & Therapeutics Committee	Complete	21-Jan-08		
		Acute Coronary Syndrome	Emergency Medicine Committee	In progress	-		
		Ectopic Pregnancy	Emergency Medicine Committee	In progress	-		
		Spontaneous Abortions	Emergency Medicine Committee	In progress	-		
		Emergency Department Directives	Emergency Medicine Committee	in progress	-		
		Professional Staff Rules and Regulations	Medical Advisory Committee	Complete	17-Mar-08		
		Q3	Oct-Dec '07	Magnesium Sulphate Infusion Protocol	Obstetrics Committee	Complete	15-Oct-07
				Standard Admission Orders for Obstetrical Patients	Obstetrics Committee	Complete	15-Oct-07
Standard Orders for Oxytocin Induction Protocols #1 & 2	Obstetrics Committee			Complete	15-Oct-07		
Standard Post Partum Orders for Obstetrical Patients	Obstetrics Committee			In progress	-		
Standard Orders for Post-Op Caesarean Sections	Obstetrics Committee			In progress	-		
Standard Orders for Misoprostol Induction of Labour	Obstetrics Committee			Complete	17-Dec-07		
Standard Orders - Neonatal	Obstetrics Committee			Complete	17-Dec-07		
Standard Orders: Scheduled/Emergency C-Section Pre-Anaesthetic Procedure	Obstetrics Committee			Complete	17-Dec-07		
Laxative Protocol	Pharmacy & Therapeutics Committee			In progress	-		
Routine Coronary Care Orders	Pharmacy & Therapeutics Committee			In progress	21-Jan-08		
Full Dose Heparin Order Sheet	Pharmacy & Therapeutics Committee			In progress	21-Jan-08		
Reduced Dose Heparin Order Sheet	Pharmacy & Therapeutics Committee			In progress	21-Jan-08		
Thrombolytic Therapy for STEMI	Pharmacy & Therapeutics Committee			In progress	21-Jan-08		
Eptifibatide (Integrillin)	Pharmacy & Therapeutics Committee			In progress	21-Jan-08		
Diet Orders	Dysphagia Management Team			Complete	17-Dec-07		
Acute Coronary Syndrome	Emergency Medicine Committee			In progress	-		
Ectopic Pregnancy	Emergency Medicine Committee			In progress	-		
Spontaneous Abortions	Emergency Medicine Committee			In progress	-		
Emergency Department Directives	Emergency Medicine Committee			in progress	-		
Q2	Jul-Sept '07	Magnesium Sulphate Infusion Protocol	Obstetrics Committee	In progress	15-Oct-07		
		Standard Admission Orders for Obstetrical Patients	Obstetrics Committee	In progress	15-Oct-07		
		Standing Orders for Oxytocin Induction Protocols #1 & 2	Obstetrics Committee	In progress	15-Oct-07		
		Standing Post Partum Orders for Obstetrical Patients	Obstetrics Committee	In progress	-		
		Standing Orders for Post-Op Caesarean Sections	Obstetrics Committee	In progress	-		
		Clinical Pathway for Managing Still Birth	Obstetrics Committee	In progress	-		
		Laxative Protocol	Pharmacy & Therapeutics Committee	In progress	15-Oct-07		
		Acute Coronary Syndrome	Emergency Medicine Committee	In progress	-		
		Ectopic Pregnancy	Emergency Medicine Committee	In progress	-		
		Spontaneous Abortions	Emergency Medicine Committee	In progress	-		
Emergency Department Directives	Emergency Medicine Committee	in progress	-				
Q1	Apr-June '07	LHIN 12 Pre-printed Orders – Palliative Care	Pharmacy & Therapeutics Committee	Complete	28-May-07		
		MRSA De-Colonization Standing Orders	Pharmacy & Therapeutics Committee	Complete	28-May-07		
		MAHC Potassium Chloride Policy	Pharmacy & Therapeutics Committee	Complete	28-May-07		
		Magnesium Sulphate Infusion Protocol	Obstetrics Committee	In progress	-		
		Standing Post Partum Orders for Post-Op Caesarean Sections	Obstetrics Committee	In progress	-		
		Cord Blood Gas Collection Protocol	Obstetrics Committee	In progress	-		
		Clinical Pathway for Managing Still Birth	Obstetrics Committee	In progress	-		
		Acute Coronary Syndrome	Emergency Medicine Committee	In progress	-		
		Ectopic Pregnancy	Emergency Medicine Committee	In progress	-		
		Spontaneous Abortions	Emergency Medicine Committee	In progress	-		
		Emergency Department Directives	Emergency Medicine Committee	in progress	-		

<i>Quarter</i>	<i>Protocol</i>	<i>Committee</i>	<i>Progress/Action</i>	<i>Expected MAC Approval Date</i>	
2006-2007					
<i>Quarter</i>	<i>Protocol</i>	<i>Committee</i>	<i>Progress/Action</i>	<i>Expected MAC Approval Date</i>	
Q4	Jan-Mar'07	Emergency Department Directives	Emergency Medicine Committee	In progress	
Q3	Oct-Dec'06	Emergency Department Directives	Emergency Medicine Committee	In progress	
Q1	Apr-June '06	Fentanyl Analgesia Protocol	Emergency Medicine Committee	Complete	Apr-06
		Pediatric Urethral Catheterization Protocol	Emergency Medicine Committee	Complete	Apr-06

RELEVANCE: The development and use of clinical pathways provides consistent excellence in quality of care by standardizing care practices which reflect best practice.

TARGET:

SOURCE: Senior Management

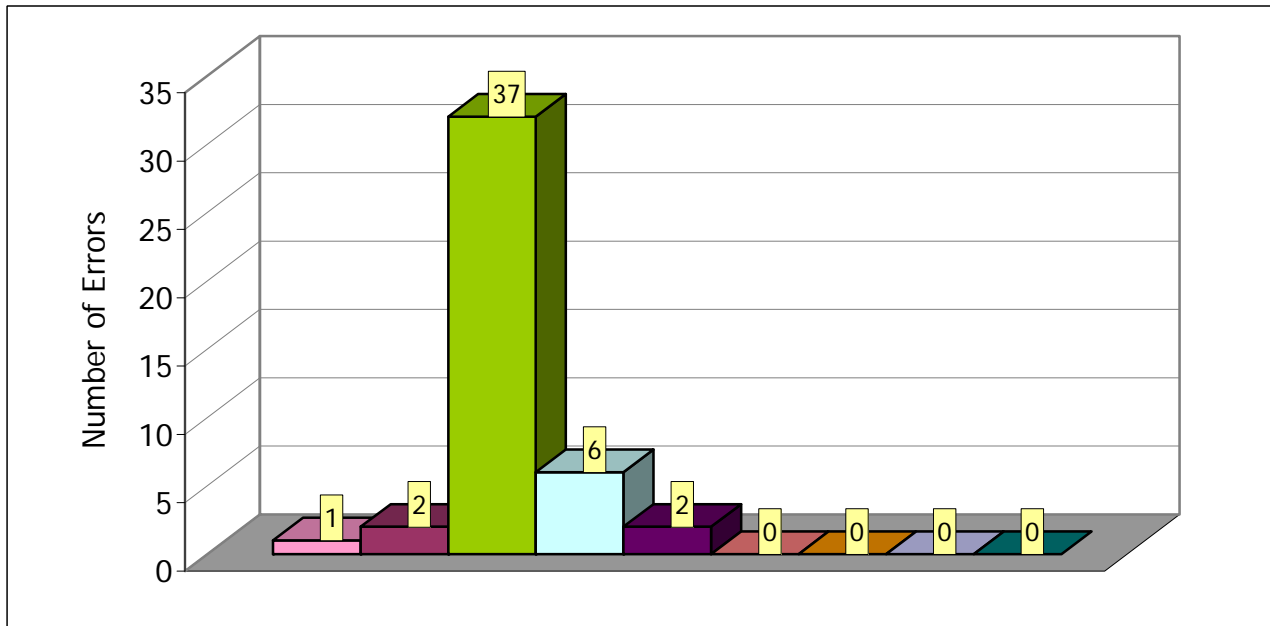
QUADRANT: System Coordination and Integration

Medication Errors

(% of Medication Errors which may have or resulted in harm)

July - September 2009

Standard Met?- No	Action required?- Review
2/43	5%



	Q1	Q2	Q3	Q4
■ Circumstances or events that have the capacity to cause error	4	1		
■ An error occurred but the error did not reach the patient (An error of omission does reach the patient)	0	2		
■ Error Reached the patient but did not cause patient harm	33	32		
■ Error reached the patient requiring monitoring to confirm no harm and/or required intervention to prevent harm	6	6		
■ Error that may have contributed to or resulted in temporary harm to the patient and required intervention	1	2		
■ Error that may have contributed or resulted in temporary harm and required initial or prolonged hospitalization	1	0		
■ Error that may have contributed to or resulted in permanent patient harm.	0	0		
■ Error that required intervention necessary to sustain life	0	0		
■ Error that may have contributed to or resulted in the patient's death.	0	0		
Total Number of Errors	45	43	0	0

RELEVANCE: A medication incident is defined as an event that involves the actual administration of a prescribed drug or omission of a prescribed drug to a patient. The following are examples of medication incidents:

- Dose Omission
- Improper Dose
- Wrong Strength/Concentration
- Wrong Drug
- Wrong Dosage Form
- Wrong Technique
- Wrong Route of Administration
- Wrong Rate/Frequency
- Wrong Duration
- Wrong Time
- Wrong Patient
- Monitoring Error
- Deteriorated Drug Error
- Other

TARGET: '0'

FORMULA: Total # of Medication Errors which may have or resulted in harm / Total # Med Errors

* *Note*

SOURCE: Institute for Safe Medical Practice (ISMP) report

QUADRANT: Patient Access & Outcomes

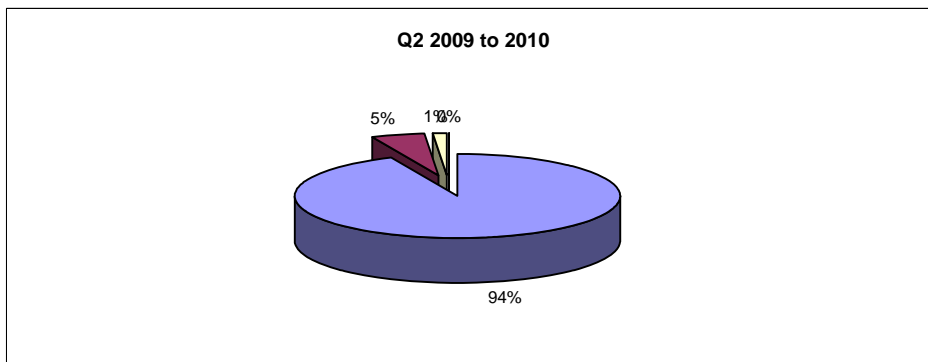
INCIDENTS BY DEGREE OF INJURY

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INTERPRETATION:
Standard Met?- NO Action required?- YES

Incidents by Degree of Injury

	2009 Total #	Minor				Moderate				Major				Major/Sentinel			
		S	H&B	Tot#	%	S	H&B	Tot#	%	S	H&B	Tot#	%	S	H&B	Tot#	%
Q1	83	49	30	79	95.2	3	0	3	3.6	1	0	1	1.2	0	0	0	0.0
Q2	75	41	29	70	93.3	3	1	4	5.3	1	0	1	1.3	0	0	0	0.0
Q3	94	59	29	88	93.6	2	2	4	4.3	2	0	2	2.1	0	0	0	0.0
Q4	0				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!
Total	252			237	94.0			11	4.4			4	1.6			0	0.0



	2008 Total #	Minor				Moderate				Major				Major/Sentinel			
		S	H&B	Tot#	%	S	H&B	Tot#	%	S	H&B	Tot#	%	S	H&B	Tot#	%
Q1	93	47	28	75	80.6	8	3	11	11.8	3	3	6	6.5	1	0	1	1.1
Q2	66	38	18	56	84.8	3	4	7	10.6	2	0	2	3.0	1	0	1	1.5
Q3	46	22	18	40	87.0	3	1	4	8.7	1	1	2	4.3	0	0	0	0.0
Q4	124	65	49	114	91.9	7	3	10	8.1	0	0	0	0.0	0	0	0	0.0
Total	329			285	86.6			32	9.7			10	3.0			2	0.6

	2007 Total #	Minor				Moderate				Major				Major/Sentinel			
		S	H&B	Tot#	%	S	H&B	Tot#	%	S	H&B	Tot#	%	S	H&B	Tot#	%
Q1	22	21		21	95.5	1		1	4.5	0		0	0.0	0		0	0.0
Q2	76	44	15	59	77.6	6	4	10	13.2	2	4	6	7.9	1		1	1.3
Q3	118	54	49	104	88.1	8	3	11	9.3	4	0	4	4.5	0		0	0.0
Q4	94	34	48	82	87.2	5	3	8	8.5	2	2	4	4.3	0	0	0	0.0
Total	310			266	85.8			30	9.7			14	4.5			1	0.3
2006																	
Q1	74	26	21	47	63.5	14	11	25	33.8	0	1	1	1.4	0	1	1	1.4
Q2	69	26	26	52	75.4	10	5	15	21.7	0	2	2	2.9	0	0	0	0.0
Q3	36	19	5	24	66.7	11	1	12	33.3	0	0	0	0.0	0	0	0	0.0
Q4	74	26	21	47	63.5	14	11	25	33.8	0	1	1	1.4	0	1	1	1.4
Total	253			170	67.2			77	30.4			4	1.6			2	0.8

Note: 2007 Q1 Data is for SMMH Only.

RELEVANCE: # of patient incidents of falls may indicate causative factors that require improvement.
 FORMULA: Count of falls as noted in incident reports, which are generated in all areas of the hospital. Categorization of outcome of falls as noted in incident reports, which are generated in all areas of the hospital.
 TARGET: All adverse events will have a "minor" severity rating.
 SOURCE: Incident Reports
 QUADRANT: Patient Access & Outcomes

NOSOCOMIAL INFECTION RATE

INTERPRETATION:

Standard Met?-YES Action required?- NO Definitions changed to Patient Safety definitions Sept 08 for MRSA/VRE/C-DIFF Surgical site measures 3 procedures(colon resection, cholecystectomy, and hernia's starting Septmenber 08)

ALL Infections:

Infection	JAN 09 - MAR 09		APR 09- JUN09		JUL09 - SEP09		OCT 09 - DEC 09	
	HDMH	SMMH	HDMH	SMMH	HDMH	SMMH	HDMH	SMMH
Hand Hygiene for MAHC			before 59 after 83		b70	a73		
SURGICAL SITE INFECTION	0	0	1	0	1	0	nc	nc
MRSA	0	0	0	0	0	0	0	0
VRE	0	0	0	0	0	0	0	0
C-DIFF	0	3	5	1	0	0	0	1
VAP			0	0	0	0	0	0
Central Line			0	0	0	0	0	0
TOTAL # Infections	0	3	6	1	1	0	0	1
Number of patient days	4637	6735	4132	5589	5710	6303	5269	6413
Infection Rate	0.00%	0.45%	1.45%	0.18%	0.18%	0.00%	0.00%	0.16%

RELEVANCE: Nosocomial infections are acquired after admission to hospital

TARGET: Literature indicates 3%-6% is a reasonable infection rate depending on the type of patients cared for in the organization.

(Infection Control Guidelines for LTC Facilities: Publisher- Laboratory for Disease Control for National Health & Welfare of Canada)

FORMULA: number of infections/number of acute + chronic patient days x1000

SOURCE: Infection Control monthly statistics

QUADRANT: Quality/Risk

VOLUME-OCCUPANCY RATES

INTERPRETATION:

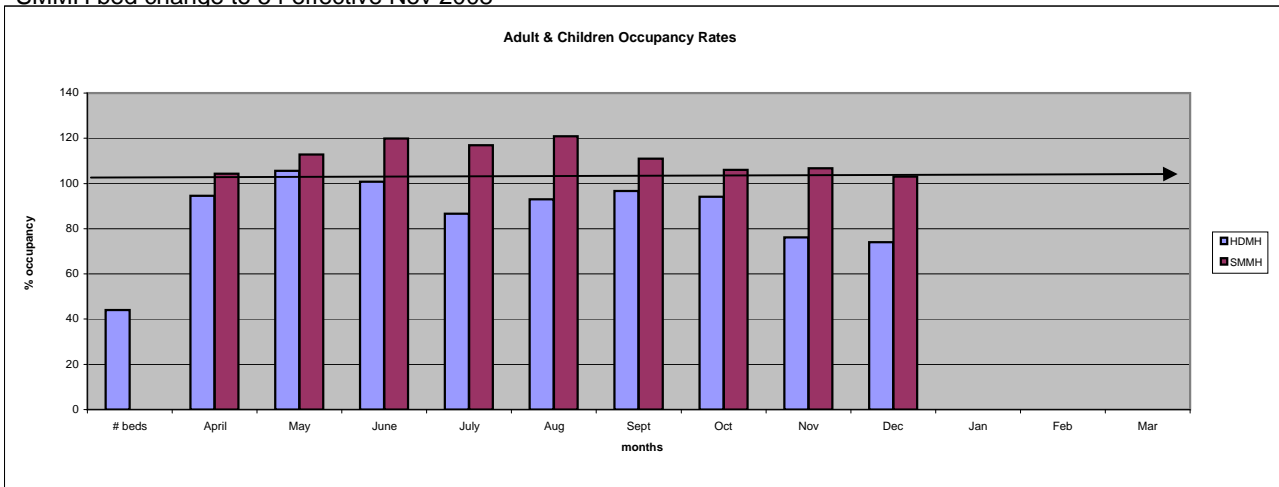
Standard Met? NO Action required?- YES

Utilization of beds continue to be reviewed in an effort to reduce occupancy rates to operationally acceptable levels. ALC issues continue to place pressure on acute care bed availability.

**Average % Occupancy:
Adults & Children**

# beds	09/10		08/09		07/08	
	HDMH	SMMH	HDMH	SMMH	HDMH	SMMH
# beds	44	48*	44	48*	44	48
April	94.6	104.3	92.5	97.6	83.4	80.0
May	105.6	112.8	90.6	102.4	81.0	80.9
June	100.8	119.9	95.0	98.3	89.9	87.7
July	86.7	116.9	95.2	100.3	94.4	100.1
Aug	93.0	120.9	110.9	104.0	90.5	91.1
Sept	96.7	111	103.0	112.5	96.5	82.6
Oct	94.1	106	102.1	97.6	87.0	104.8
Nov	76.1	106.7	95.0	89.8	85.8	85.6
Dec	74.0	103.1	79.0	95.6	90.1	84.6
Jan			85.3	107.0	101.8	87.6
Feb			100.1	113.7	103.3	82.4
Mar			92.4	100.1	96.6	89.8

* SMMH bed change to 54 effective Nov 2008



RELEVANCE: According to publication of the OHA/JPPC, a hospital has difficulty maintaining quality standards when occupancy levels are > 85%.

TARGET: 85%

FORMULA: Med/Surg/ICU: Total Inpatient Service Days x 100 over the Total # of inpatient bed counts x the # days in the period.

SOURCE: Census Summary/Utilization report

QUADRANT: Patient Access & Outcomes **REPORTING PERIOD:** Monthly

ALTERNATE LEVEL OF CARE

INTERPRETATION:

Standard Met? NO Action required?- YES

**Alternate level of Care
Adults & Children**

		SMMH	HDMH
<i>measure</i>			
Apr 09 to Jun 09	# ALC days	1179	1594
	as % of total days	23.8	39.3
	ALC AV LOS	36.8	31.9
	#ALC cases	32	50
Jul 09 to Sep 09	# ALC days	1190	1196
	as % of total days	20.3	30.6
	ALC AV LOS	41.0	23
	#ALC cases	29	52
Oct 09 to Dec 09	# ALC days		
	as % of total days		
	ALC AV LOS		
	#ALC cases		
Jan 10 to Mar 10	# ALC days		
	as % of total days		
	ALC AV LOS		
	#ALC cases		

RELEVANCE: Acute care beds must be available. Patients must move to more suitable facilities when their acute needs have been met.

TARGET: To be determined

FORMULA:

SOURCE: CIHI coded data/ALC Flow Coordinator Stats

QUADRANT: Patient Access & Outcomes REPORTING PERIOD: Monthly

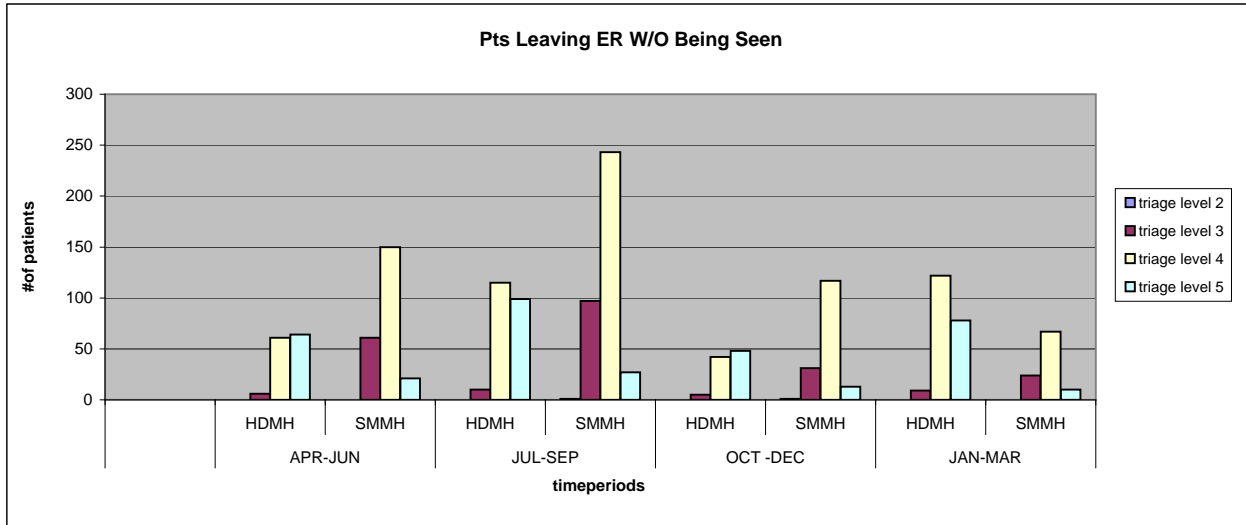
ER- Patients Who Left ER Without Being Seen by a Physician (Triage Level 2,3,4,5)

INTERPRETATION:
 Standard Met?- NO Action required?- YES
 ER committee to review.

Patients Who Left ER Without Being Seen by a Physician

FY 08/09		totals	triage level 2	triage level 3	triage level 4	triage level 5	FY 09/10		totals	triage level 2	triage level 3	triage level 4	triage level 5
APR-JUN	HDMH	131	0	6	61	64	APR-JUN	HDMH	122	0	6	73	43
	SMMH	232	0	61	150	21		SMMH	138	0	33	91	14
JUL-SEP	HDMH	224	0	10	115	99	JUL-SEP	HDMH	195	0	17	130	48
	SMMH	368	1	97	243	27		SMMH	338	1	80	223	34
OCT-DEC	HDMH	95	0	5	42	48	OCT-DEC	HDMH					
	SMMH	162	1	31	117	13		SMMH					
JAN-MAR	HDMH	209	0	9	122	78	JAN-MAR	HDMH					
	SMMH	101	0	24	67	10		SMMH					

Triage Legend: Resuscitation (1) Emergent (2) Urgent (3) Less Urgent (4) Non Urgent (5)



RELEVANCE: It is important that all patients triaged are seen by a physician. If a patient leaves without being seen, there must be appropriate follow-up.
TARGET: 0
FORMULA: # of patients who left ER without being seen
SOURCE: Coding Abstracting System
REPORTING PERIOD: Monthly
QUADRANT: Patient Access & Outcomes

ABSENTEEISM COST

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INTERPRETATION:
Standard Met? Action required?

ABSENTEEISM COST

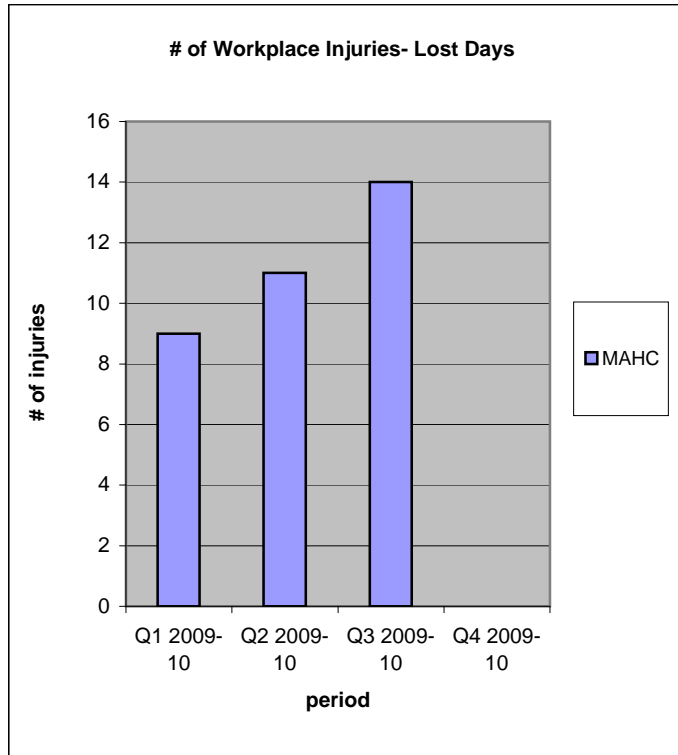
OHA Grouping	SMMH						HDMH					MAHC				OHA		
	Hours	Dollars	Number of Full Time Employees	Average # Days	Quarterly Average # Days 08/09		Hours	Dollars	Number of Full Time Employees	Average # Days	Quarterly Average # Days 08/09	Hours	Dollars	Number of Full Time Employees	Average # Days	Quarterly Average # Days 08/09	Quarterly Provincial Average Fiscal 07/08 # Days	
April/June 2009																		
ONA	1,631.75	63,635.97	54.00	4.03	3.42	1,562.50	62,193.50	68.00	3.06	3.42	3,194.25	125,829.47	122.00	3.49	3.42	3.53		
Service	1,770.25	35,727.85	50.00	4.72	4.61	1,324.92	31,057.92	53.00	3.33	4.61	3,095.17	66,785.77	103.00	4.01	4.61	3.71		
Clerical	202.50	4,108.73	14.00	1.93	1.47	71.25	1,774.07	12.00	0.79	1.47	273.75	5,882.80	26.00	1.40	1.47	2.72		
Paramedical	612.00	21,429.94	32.00	2.55	1.77	265.00	8,453.25	34.00	1.04	1.77	877.00	29,883.19	66.00	1.77	1.77	2.11		
Administration/Non-Union	95.25	3,642.27	15.00	0.85	2.99	152.00	5,184.36	41.00	0.49	2.99	247.25	8,826.63	56.00	0.59	2.99	1.11		
	4,311.75	128,544.76	165.00	3.48	2.9	3,375.67	108,663.10	208.00	2.16	8.40	7,687.42	237,207.86	373.00	2.75	2.85	2.63		
July/September 2009																		
ONA	1,718.50	67,494.59	51.00	4.49	3.42	1,286.25	49,118.78	68.00	2.52	3.42	3,004.75	116,613.37	119.00	3.37	3.42	3.53		
Service	2,100.25	42,531.17	50.00	5.60	4.61	734.50	16,966.17	48.00	2.04	4.61	2,834.75	59,497.34	98.00	3.86	4.61	3.71		
Clerical	250.00	5,096.43	14.00	2.38	1.47	65.75	1,557.12	14.00	0.63	1.47	315.75	6,653.55	28.00	1.50	1.47	2.72		
Paramedical	320.00	11,577.22	32.00	1.33	1.77	215.5	6369.26	33.00	0.87	1.77	1,606.25	60,696.00	65.00	3.29	1.77	2.11		
Administration	649.75	56,397.96	15.00	5.78	2.99	322.50	12,337.37	42.00	1.02	2.99	972.25	68,735.33	57.00	2.27	2.99	1.11		
	5,038.50	183,097.37	162.00	4.15	2.9	2,624.50	86,348.70	205.00	1.71	8.40	7,663.00	269,446.07	367.00	2.78	2.85	2.63		
October/December 2009																		
ONA	1,914.25	72,374.83	51.00	5.00	3.42	2,097.42	81,697.46	67.00	4.17	3.42	4,011.67	154,072.29	118.00	4.53	3.42	3.53		
Service	1,689.00	34,191.06	49.00	4.60	4.61	1,134.25	24,080.33	46.00	3.29	4.61	2,823.25	58,271.39	95.00	3.96	4.61	3.71		
Clerical	129.50	3,045.28	14.00	1.23	1.47	361.00	8,982.19	14.00	3.44	1.47	490.50	12,027.47	28.00	2.34	1.47	2.72		
Paramedical	314.00	10,506.66	32.00	1.31	1.77	276.50	9,351.77	33.00	1.12	1.77	590.50	19,858.43	65.00	1.21	1.77	2.11		
Administration	733.00	67,337.37	16.00	6.11	2.99	262.50	9,830.81	41.00	0.85	2.99	995.50	77,168.18	57.00	2.33	2.99	1.11		
	4,779.75	187,455.20	162.00	3.93	2.9	4,131.67	133,942.56	201.00	2.74	8.40	8,911.42	321,397.76	363.00	3.27	2.85	2.63		

WORKPLACE INJURY

INTERPRETATION:
Standard Met?- NO
Action required?- YES

of Workplace Injuries- lost days

	MAHC	Totals
Q1 2009-10	9	9
Q2 2009-10	11	11
Q3 2009-10	14	14
Q4 2009-10		
Total	34	34



RELEVANCE: Workplace injuries, which result in lost days, provide an associated heavy financial burden on the hospital
TARGET: 5 or less, per quarter
FORMULA: Count of number of workplace injuries
SOURCE: Occupational Health
QUADRANT: Organizational Health

% of FULL TIME NURSES

Leader: Human Resources

Interpretation

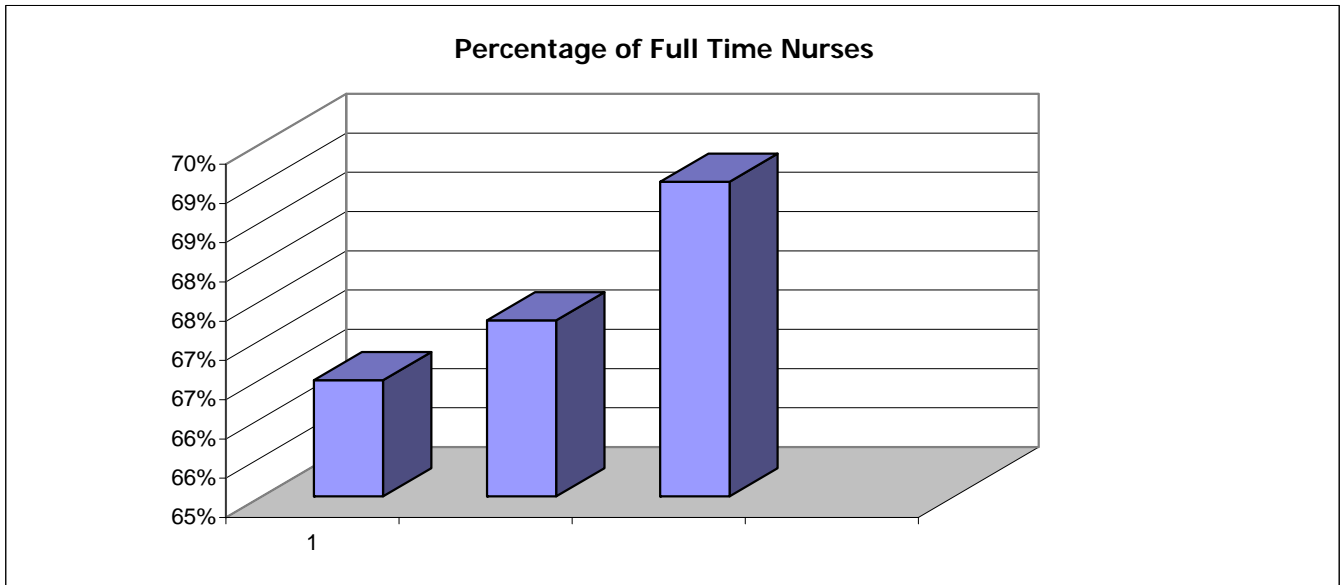
Standard Met?- No

Action required?- YES

2009/2010

MAHC

Quarter 1	66%
Quarter 2	67%
Quarter 3	69%
Quarter 4	



RELEVANCE: The Ministry, as part of its 'Healthy Work Environment' initiative, has focused on measuring the percentage of full-time nurses. The current target is to have at least 70% of the front line nursing being provided by FT nursing staff (RN's and RPN's). The rationale is that full-time nurses have been shown to have higher levels of work engagement and can also provide better continuity of care to patients. The 70% target takes into account the fact that for multiple reasons, a significant # of staff would, prefer to work part-time.

TARGET: Ministry Target: 70% or no significant variance in ratio for small community hospitals

FORMULA: SOURCE: HR

QUADRANT: Patient Access & Outcomes

STUDENT PLACEMENTS

SMMH Site	Medical Learners		Allied Health		SMMH Totals	
	Total Learners	Total Learner Days	Total Learners	Total Learner Days	Total Learners	Total Learner Days
Apr - June '07	4	159	2	128	6	287
July - Sept '07	10	75	2	128	12	203
Oct - Dec '07	3	94	2	130	5	224
Jan - Mar '08*	0	182	2	132	2	314
Apr - June '08	7	289	2	42	9	331
July - Sept '08	12	363	2	132	14	495
Oct - Dec '08	2	440	2	132	4	572
Jan - Mar '09	2	375	2	132	4	507
Apr - Jun '09	2	95	0	0	2	95
July - Sept '09	14	527	0	0	14	527
Oct - Dec '09	1	27	0	0	1	27

HDMH Site	Medical Learners		Allied Health		HDMH Totals	
	Total Learners	Total Learner Days	Total Learners	Total Learner Days	Total Learners	Total Learner Days
Apr - June '07	8	395	5	185	13	580
July - Sept '07	19	105	3	139	22	244
Oct - Dec '07	9	304	0	0	9	304
Jan - Mar '08*	10	738	3	183	13	921
Apr - June '08	11	684	3	195	14	879
July - Sept '08	17	482	3	198	20	680
Oct - Dec '08	5	547	3	195	8	742
Jan - Mar '09	9	670	3	195	12	865
Apr - Jun '09	11	384	2	130	13	514
July - Sept '09	17	598	2	107	19	705
Oct - Dec '09	9	245	2	104	11	349

* Full-time medical students: headcount reflected in quarter placement commenced; actual learner days reflected in each quarterly period

RELEVANCE: It is important for an organization to mentor students who are pursuing education in the healthcare field. This indicator will measure # of Learner days and outcome of placement satisfaction survey

TARGET: TBD

FORMULA: Count of number of placements

SOURCE: HR and Medical Advisory Committee

QUADRANT: Organizational Health

Strategy #5: Influence and lead change through engaged partnerships

A framework outlining MAHC's position, policy and procedures relative to partnerships will be developed in the next 12 months.

Timeline	Activity/Deliverable	Status
Q1 April - June 2009	Agreement on the specific indicator will be reached.	Complete
Q2 July - September 09	An inventory to define the various relationships that exist today will be completed.	Complete
Q3 October - December 09	The existing relationships will be categorized. Research will continue regarding partnerships.	
Q4 January - March 2010	A complete framework will be presented to the Board for consideration.	