NSHN Quality Care Committee of the Board – 4th Quarter CNE Report

Quality Dashboard 2020-21

Theme 1: Timely and Effective Transitions

Indicator	Current Performance	Target Performance	Q1	Q2	Q3	Q4	Annual	Alignment	Source
Percent of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of discharge	83.5% Combined sites	85% Combined sites	**100%**	**100%**	**99%**	**99%**	**99.5%**	HQO priority indicator 20/21	**Health Records Tableau report**
The time interval between the disposition Date/Time as determined by the main service provider and the Date/Time the patient left the Emergency Department for admission to an in-patient bed.	**1.77**	<8 hours Combined sites *PFP	**1.86**	**1.73**	**1.27**	**1.37**	**1.55**	HQO priority indicator 20/21 *PFP	**Heath Records Tableau Report**
Percentage of complaints acknowledged to the individual who made the complaint within 5 business days	60% Combined sites	75% Combined sites *PFP	**100% 4/4**	**100% 2/2 RLM 0/0 TH BR ED 1/1 BR ACU 1/1 Covid Ass. 2/2 Total 7**	**100% 1/1 RLM 0/0 TH BR ED BR ACU**	**88% 2 Th 4 BR ED *1 >5days 1 LTC**	**96.5 %**	HQO priority indicator	**Clinical Manager Reporting /CNE**

Theme 11: Service Excellence

Indicator	Current Performance	Target Performance	Q1	Q2	Q3	Q4	Annual	Alignment	Source
Percentage of respondents who responded to the question "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?" (acute care Blind River/Thessalon)	93.9% Combined site BR: 95% TH: 90.3%	90% Combined sites G =90-100% Y =50-89% R = 0-50%	**BR 79%** TH N/A	**BR 64%** Low in July no-visitor policy. See graph TH N/A	**BR 68%** Improving – but still work to do on discharge preparation Low in December with lockdown restrictions See graph TH N/A	**72%** Improving – but still work to do on discharge preparation Low continuing with ongoing lockdown restrictions See graph TH N/A	**70.8%**	HQO indicator	**Inpatient Manager Discharge Follow-Up Calls**
Percentage of respondents who would respond positively to the question "Would you recommend this hospital to family and friends?" (BR and Thessalon)	97.2% Combined sites BR: 93% TH: 100%	90% Combined sites	**BR 76%** TH N/A	**BR 87%** TH N/A	**BR 83%** Low in December with lockdown restrictions See graph TH N/A	**BR 88%** Low continuing with ongoing lockdown restrictions See graph TH N/A	**BR 83.5%** TH N/A	Internal indicator	**Inpatient Manager Discharge Follow-Up Calls**
Percentage of residents responding positively to the question "What number would you use to rate how well the staff listen to you?"	No data available	Collect Baseline	**78.9%**					HQO priority indicator 20/21	**LTC Manager Annual Survey**
Percentage of residents responding positively to the question "I can express my opinion without fear of consequences."	No data available	Collect Baseline	**89.4%**					HQO priority indicator 20/21	**LTC Manager Annual Survey**

Theme 111: Safe and Effective Care

Indicator	Current Performance	Target Performance	Q1	Q2	Q3	Q4	Annual	Alignment	Source
Percentage of discharged patients for whom a Best Possible Medication discharge plan was created as a proportion of the total number of patients discharged (Blind River/Thessalon acute care)	98.5% Combined sites BR: 99% TH: 97.4%	99% Combined sites *PFP	**BR 100% TH N/A**	**BR 100% TH N/A**	**BR 99% TH N/A**	**BR 100% TH N/A**	**99.7%**	HQO priority indicator 20/21	**BR- Pharmacy Collected Thessalon Cl.Mgr Collected**
Percentage of unscheduled repeat ER visits within 30 days following an emergency visit for a mental health condition (Blind River, Thessalon, Richards Landing sites)	20.6 % Combined sites	<20% Combined sites	Under development 14.08%	Combined Average: **11%** ***NEW** –refined with all data from quarter: 9.09%	**10.7%**	**Combined Average: 16.7%**	**12.6%**	HQO mandatory indicator for 20/21	**Health Records Tableau Report**
Percentage of CTAS II and III patients who "Left without being seen"	19/20= **5%** Combined sites BR **5%** Th 10% RL 2.6% 18/19 BR 3.3% TH 4.2%, RL 2.6%	<6% Combined sites G= <6 Y= 6.6-12% R= >12.5% To use count data, not percentage when 'n' value low	9% (3/33) **Combined** BR 1/23 TH 1/2 *statistically insignificant RL (1/8 *statistically insignificant	7.8% (4/51) **Combined** BR 3/32 TH 1/10 *statistically insignificant RL 0/9 *statistically insignificant	4.5% (2/44) **Combined** BR 0/28 TH 1/5 *statistically insignificant RL 1/11 *statistically insignificant	15.6% 5/32 **Combined** BR 4/21 TH 1/8 *statistically insignificant RL 0/3 *statistically insignificant	**8.7% 14/160 Combined**	East Algoma OHT focus	**Health Records Tableau Report**
Percentage of Triage 11 & 111 patients who "left without being seen" who did not sign an "against medical advice form" who did received a follow up telephone call	No data	Collecting baseline To use count data, not percentages	0	0	0	0	0	Internal indicator	**Health Records Tableau Report**
Number of workplace violence incidents reported by workers within a 12 mos period and reviewed by JOHSC	58	58 Combined sites	**4 Combined sites	1 LTC	4 LTC 1 TH Total:5	1	11	HQO mandatory indicator	**JOHSC/ OC Health Reported**

** Data unavailable

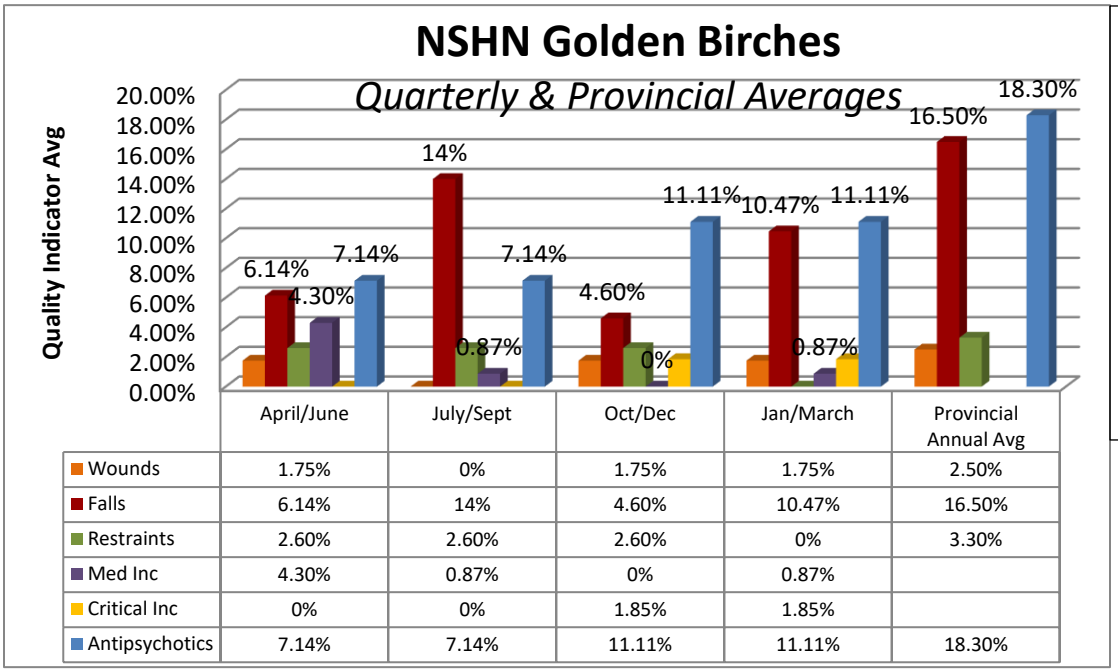
Indicator	Current performance	Target performance	Q1	Q2	Q3	Q4	Annual	Alignment	Source
Rate of medication errors	2019-20 7.2	Canadian Rate = 7.5	4.6	4.44 New staff contributing to rate	3.07	1.32	3.35	Internal Indicator	**Pharmacy Reported**
Percentage of workers who perform hand hygiene *after* leaving the patient room	Combined 97.8% BR 98.4% Thessalon 97.1%	>98%	Not tracked during this quarter due to Covid	Not tracked during this quarter due to Covid	88%	80%	84% Only 2 Quarters	New internal indicator	**JOHSC/ OC Health Reported**
NEVER EVENTS									
Patient death or serious harm due to a failure to inquire whether a patient has a known allergy to medication, or due to admin of a medication where a patient's allergy has been identified	0	0	0	0	0	0	0	New internal indicator	**Clinical Manager Incident Reporting**
Patient death or serious harm due to an accidental burn	0	0	0	0	0	0	0	New internal indicator	**Clinical Manager Incident Reporting**
Patient under the highest level of observation leaves without the knowledge of staff	2	0	0	0	0	0	0	New internal indicator	**Clinical Manager Incident Reporting**
Any stage 3-4 pressure ulcer acquired after admission to hospital (all inpatient)	No data	0	0	0	0	0	0	New internal indicator	**Clinical Manager Incident Reporting Cross-reference to Health Records**

Safety Reports – 4th Quarter & Year End

Area	Medication Errors				Falls				Pressure Ulcers				Complaints				Workplace Violence Incidents			
Quarters	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Thessalon ED/ACU	1	1	1	2	0	0	0	0	0	0	0	0	0	0	1	2	0	0	1	0
Blind River ED	2	4	1	0	0	1	0	0	0	0	0	0	2	1	2	4**	0	0	0	1
Blind River ACU	10	14	13	3	9	10	9	7 *2CI	0	0	0	0	1	1	1	0	2	0	0	0
RLM	1	1	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0
COVID Assessment	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0
LTC	5	1	0	1	7	16	4	11 *1CI	2	0	1	1	1	1	0	1	2	1	4	0
Totals	19	21	15	6	16	27	13	18	2	0	1	1	6	7	6	7	4	1	5	1
Q-Average Rate	4.6 19/ 4093	4.44 21/ 4731	3.07 15/ 4881	1.32 6/ 4528	3.9 16/ 4093	5.7 27/ 4731	2.66 13/ 4881	3.98 18/ 4528	0.49 2/ 4093	0 0/ 4731	0.8 1/ 4881	0.2 1/ 4528	100% response <5days	100% response <5days	100% response <5days	86% response <5days	Total for 20-21 11 events			
YTD Average Rate	3.35 per 1000 days				4.06 per 1000 days 2 falls with fracture ACU 1 fall with fracture LTC				0.37 per 1000 days				96.5% of all complaints responded to within 5 days **1 >5 days				Previous Years: 2018 = 63 2019 = 53			

The **Canadian** Adverse Events Study showed that adverse events due to **medication errors** and other causes occur **in** 7.5% of hospital admissions involving **Canadian** adults.
Reference: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2832561/#:~:text=The%20Canadian%20Adverse%20Events%20Study,longer%20duration%20of%20hospital%20stay.

Break-Out of LTC Indicators



	April/June	July/Sept	Oct/Dec	Jan/March	Provincial Annual Avg
Wounds	1.75%	0%	1.75%	1.75%	2.50%
Falls	6.14%	14%	4.60%	10.47%	16.50%
Restraints	2.60%	2.60%	2.60%	0%	3.30%
Med Inc	4.30%	0.87%	0%	0.87%	
Critical Inc	0%	0%	1.85%	1.85%	
Antipsychotics	7.14%	7.14%	11.11%	11.11%	18.30%

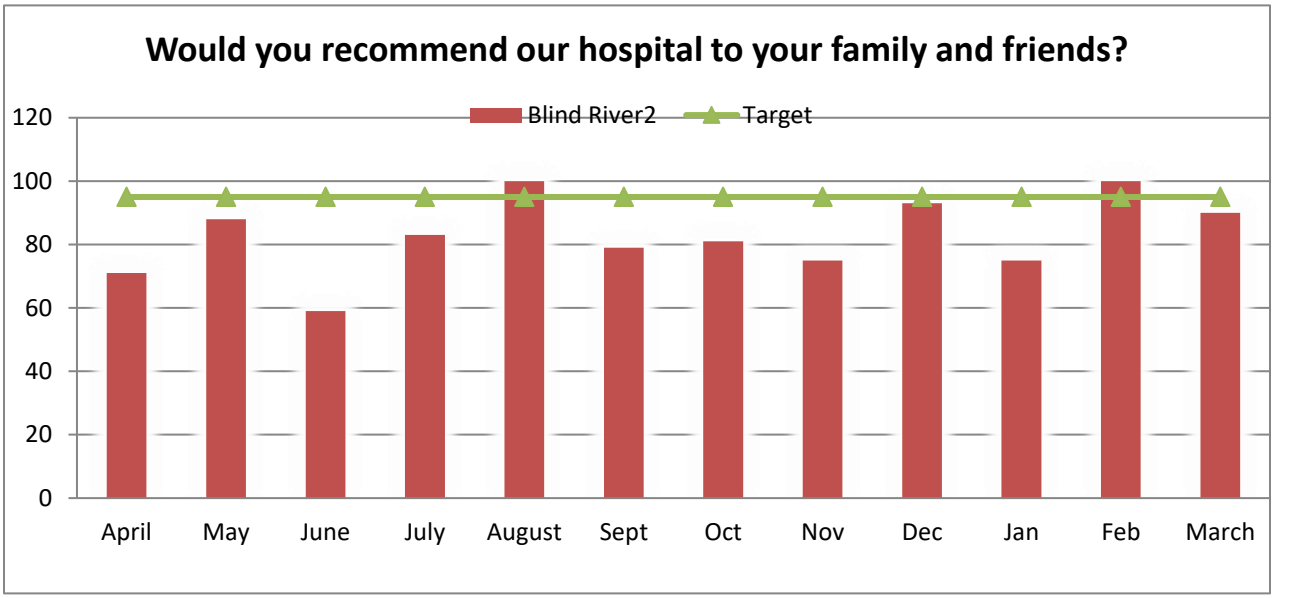
In comparison:
Wounds
19/20 = 3,
20/21 = 4
Falls 19/20 – 36 20/21 – 39
Med Inc. 19/20 -4 20/21 – 7
Antipsychotic not a stat last year
Restraints 19/20 – 1
20/21 – 1
Critical Inc 19/20 – 3
20/21 – 4

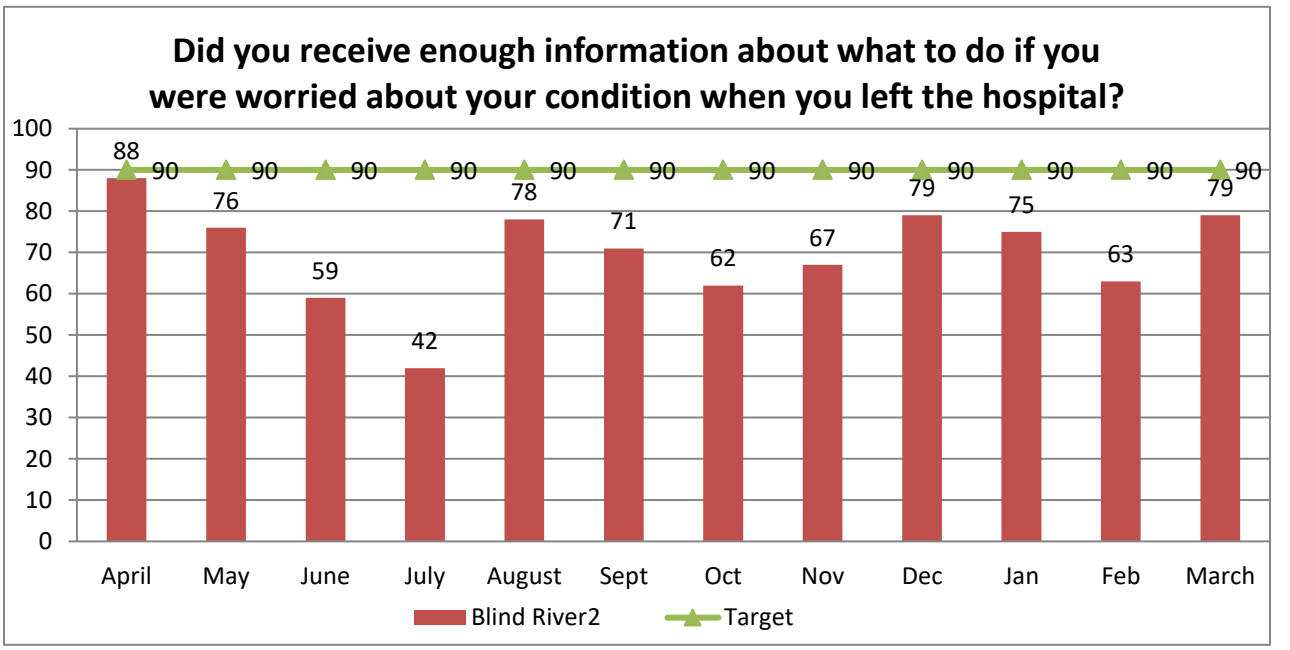
Overall we have not seen any significant improvement nor any significant deterioration. It is pretty much status quo. Not necessarily discouraged by med incidents. I would prefer some reporting vs. no reporting. No adverse effects with all. **EXTREMELY BUSY YEAR WITH COVID!!**

Critical Incidents –2 fractures Q1& 1 stable fracture Q4 not requiring intervention
(Always implement fall strategies incl.:floor mats, bed alarms, chair alarms and BSO.

The provincial average for falls is 16.5. Our goal was to be under 13.5%. **Average for the year is 8.8%.** The provincial average for pressure ulcers is 2.5%. Our goal was to be 0%. **Average for the year is 1.31 %** The provincial average for restraints is 3.3. Our goal was to be 0%. **Average for the year is 1.95%** The provincial average for antipsychotic use is 18.3. I have not set a goal for this. **Average for the year is 9.12%**

Blind River Discharge Follow-up Phone Calls

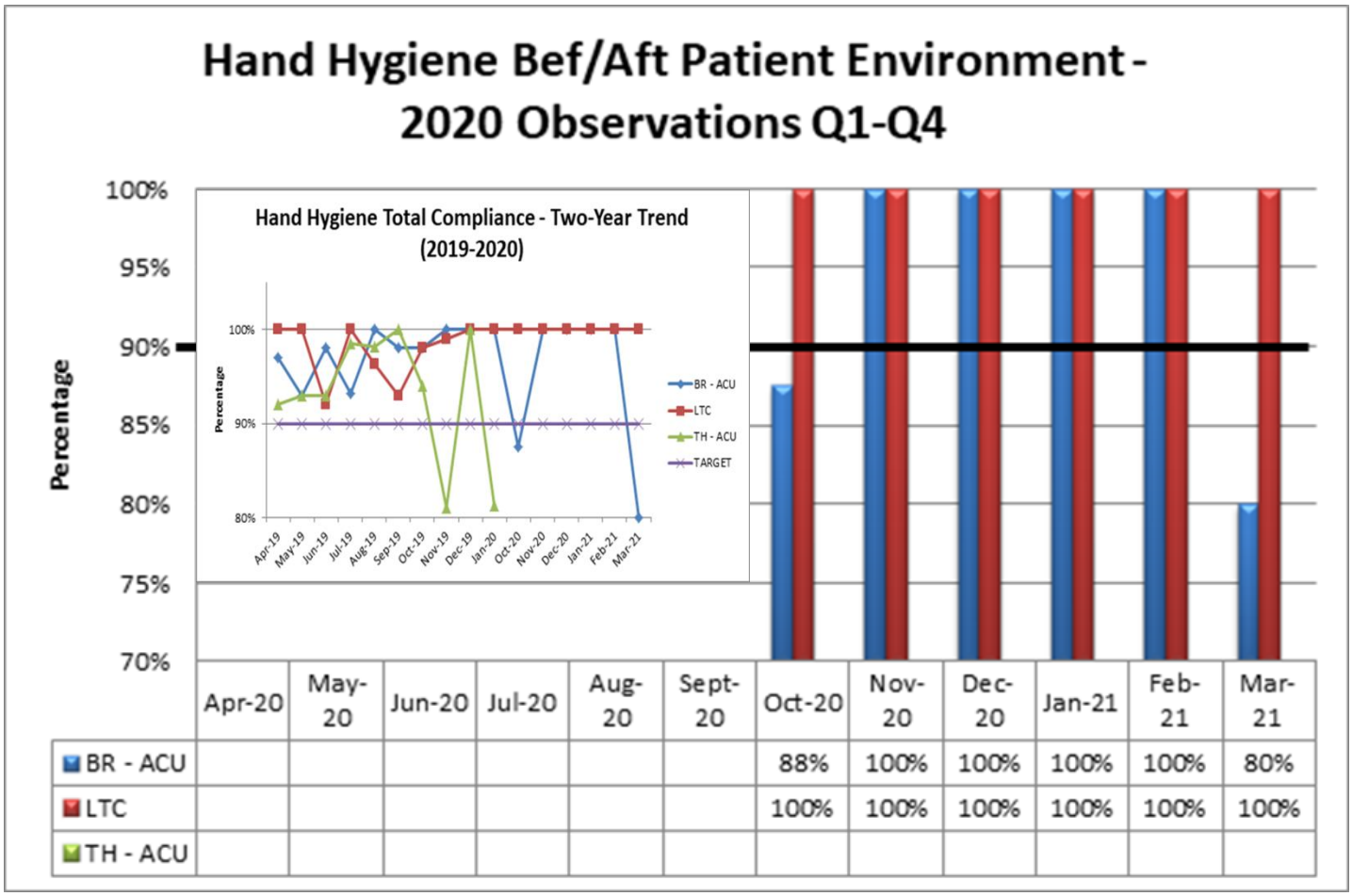




# Positive Answer/ # Total Answer					
	Would you recommend our hospital?		Did you receive enough information?		**YTD**
Month	Tally	Average per Quarter	Tally	Average per Quarter	
April	12 / 17	Q1	13 / 17	Q1	
May	7 / 8	76 %	7 /8	79 %	**79%**
June	10 / 13		10 / 13		
July	10 / 12	Q2	5 / 12	Q2	
August	9 / 9	87 %	7 / 9	64 %	**71.5%**
September	11 / 13		10 / 14		
October	17 / 21	Q3	13 / 21	Q3	
November	9 / 12	83 %	8 / 12	68 %	**70.3%**
December	13 / 14		11 / 14		
January	9 / 12	Q4	9 / 12	Q4	
February	16 / 16	88 %	10 / 16	72 %	**71%**
March	18 / 20		15 / 19		

Joint Occupational Health & Safety Committee Reporting

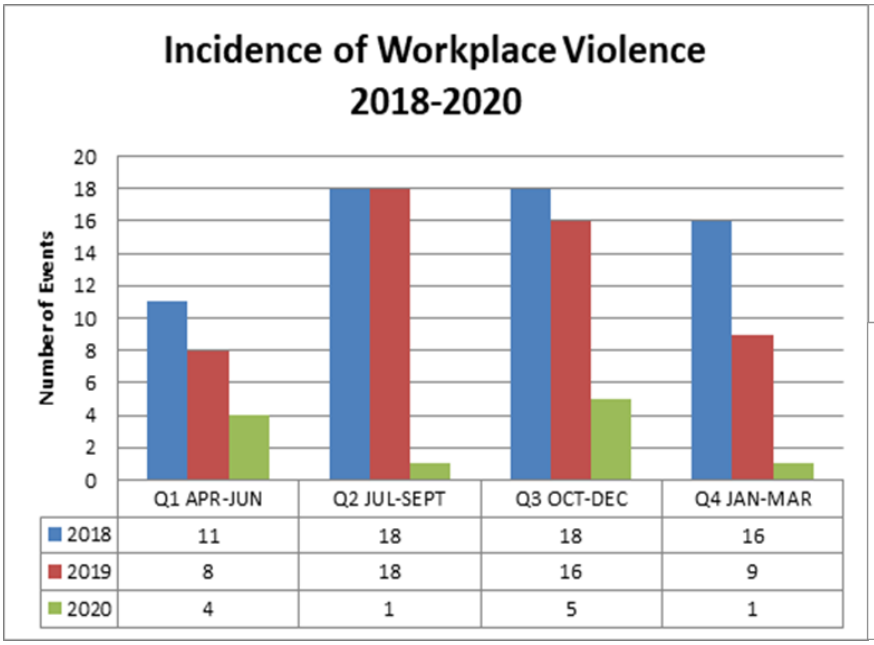
1. **Hand Hygiene:**

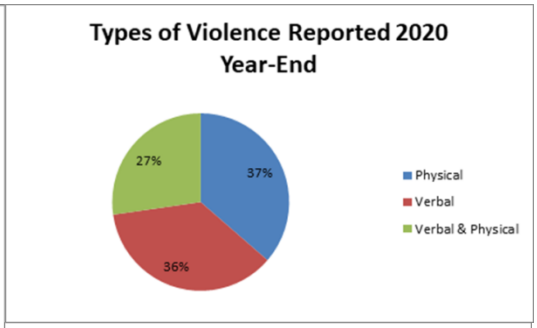


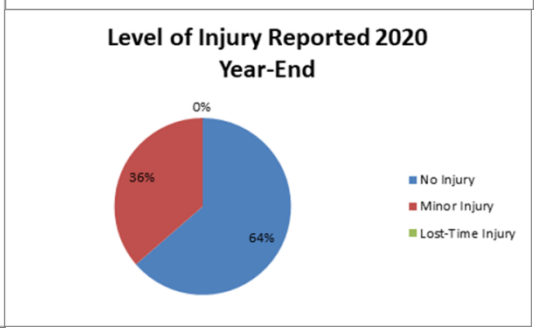
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
BR - ACU							88%	100%	100%	100%	100%	80%
LTC							100%	100%	100%	100%	100%	100%
TH - ACU												

NOTE - 2020 Observations – No data for early 2020 – initial phases of pandemic prevented data collection
NOTE – Observations stopped for Thessalon – no acute inpatient beds. Mar 2021 low value represents low observation numbers for that month – miss is inflated as a result.

2. Work Place Violence Incidents

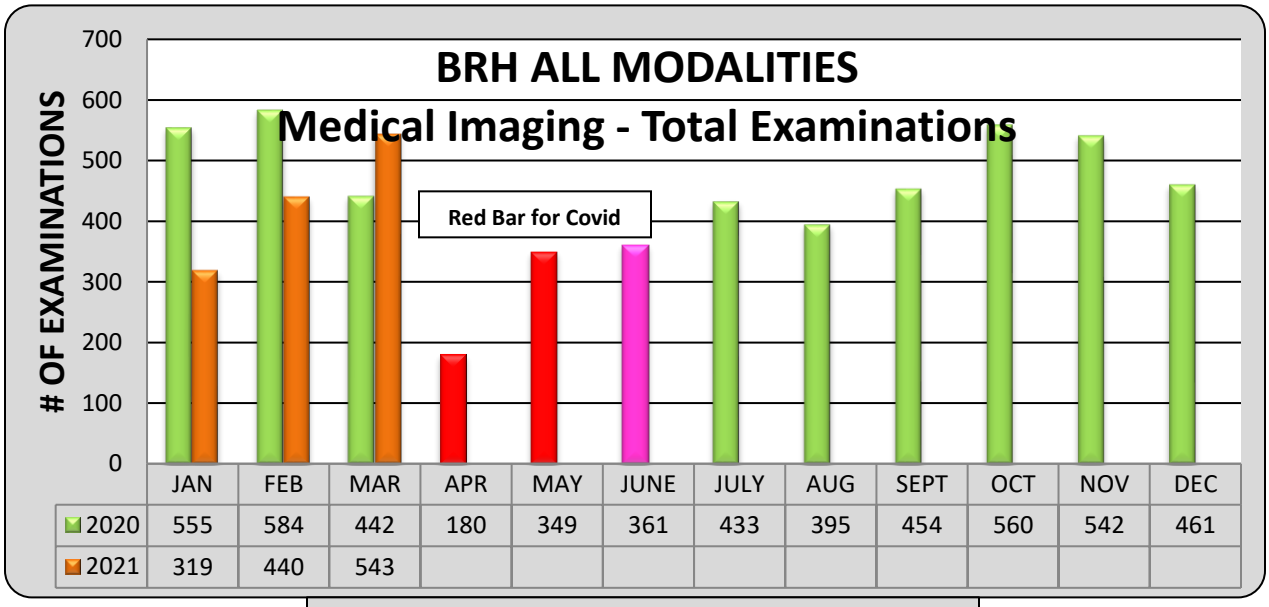


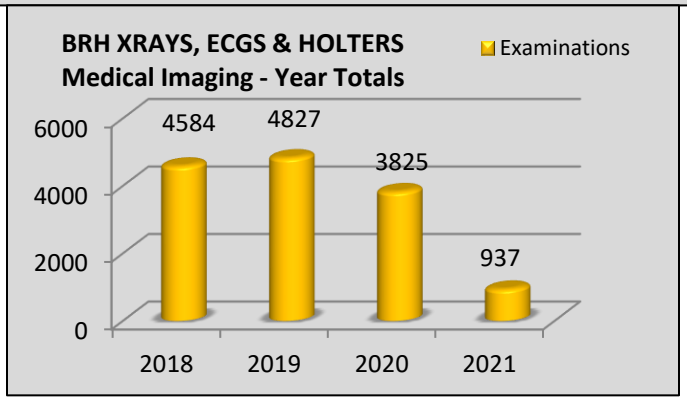


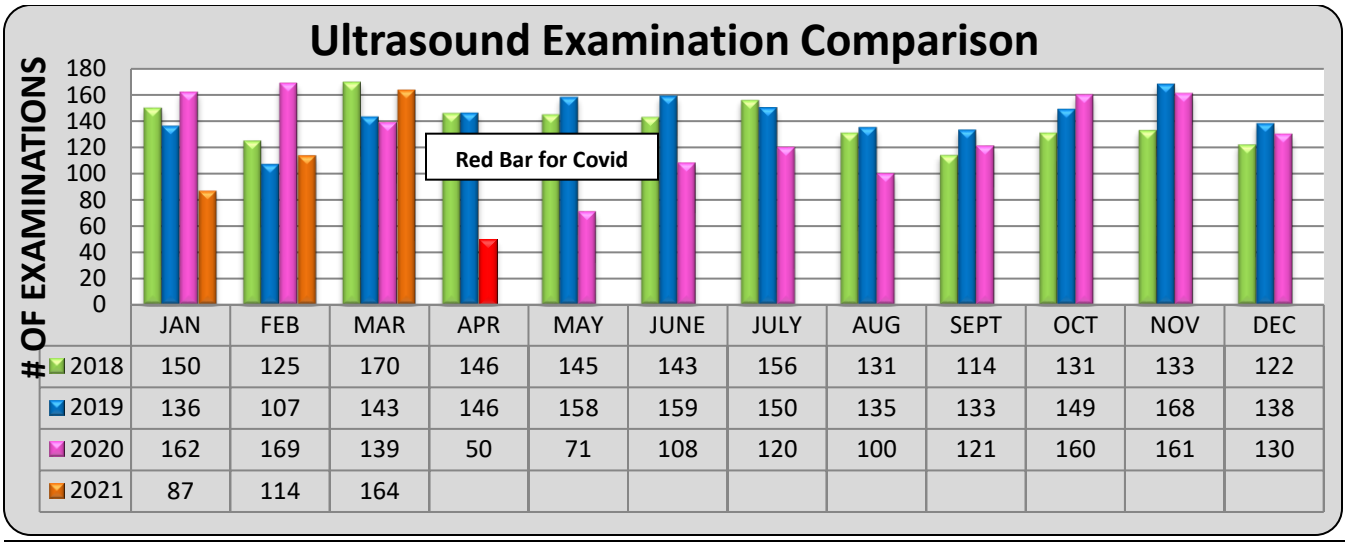


Medical Imaging

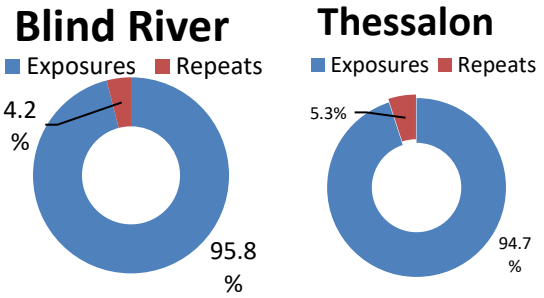
Decrease in December due to seasonal variation and change to lockdown measures as of December 23rd, 2020

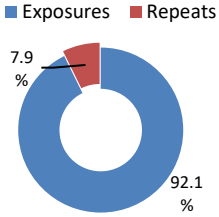






	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
2018	150	125	170	146	145	143	156	131	114	131	133	122
2019	136	107	143	146	158	159	150	135	133	149	168	138
2020	162	169	139	50	71	108	120	100	121	160	161	130
2021	87	114	164									



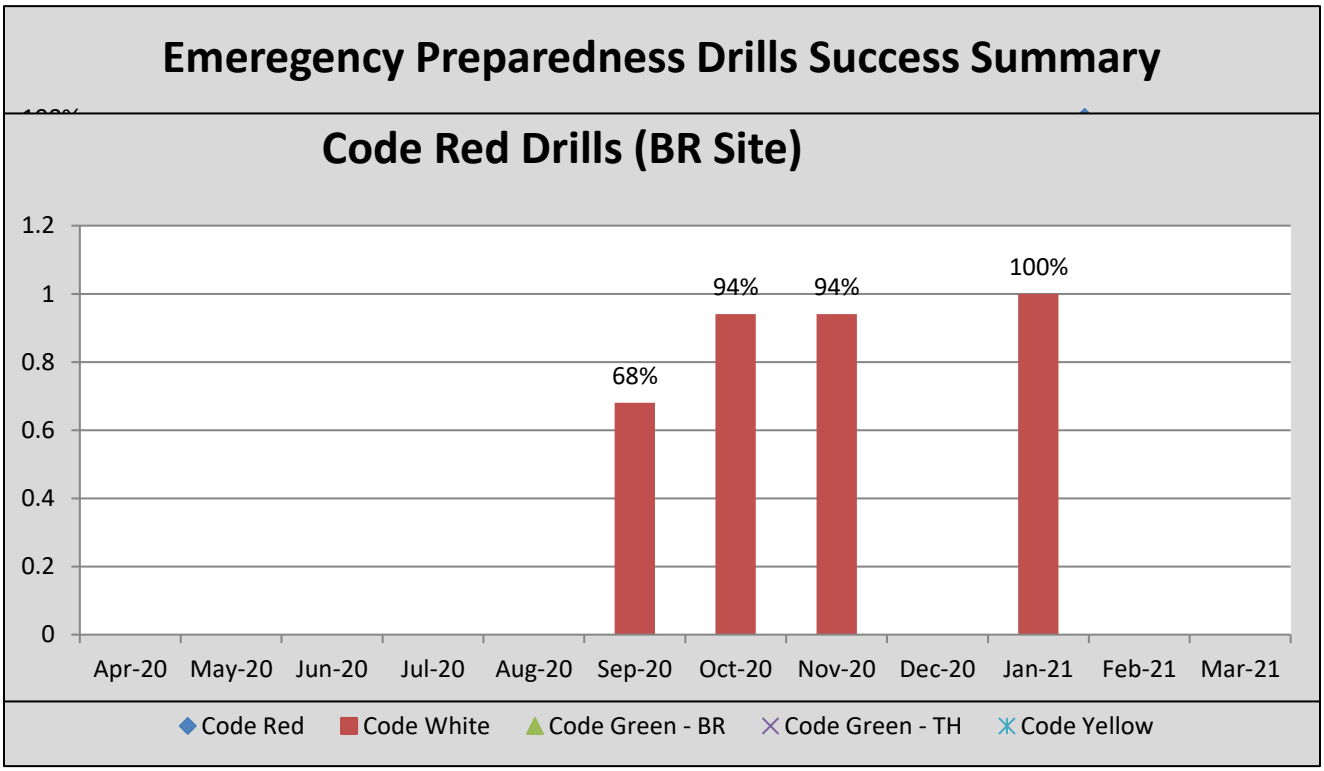


Fiscal Year	Blind	Thessalon	Matthews
			2527
			199
			7.9%

Red = Fire
White = Violent Situation
Green = Evacuation
Yellow = Missing Patient / Resident

Emergency Preparedness Committee

Emergency Preparedness Drills – 2020/21



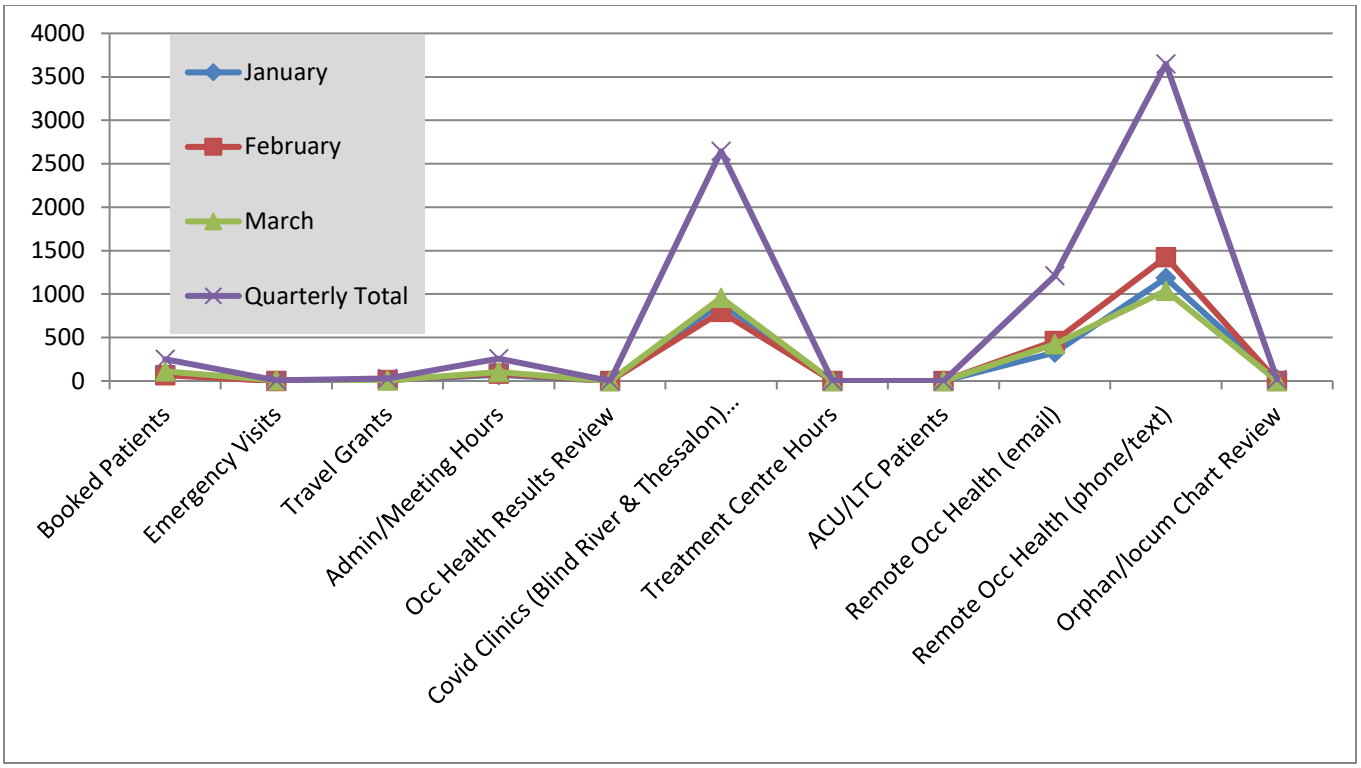
This graph represents the % success rate in meeting criteria outlined in Emergency Preparedness Policies and Procedures as demonstrated during structured drills or exercises.

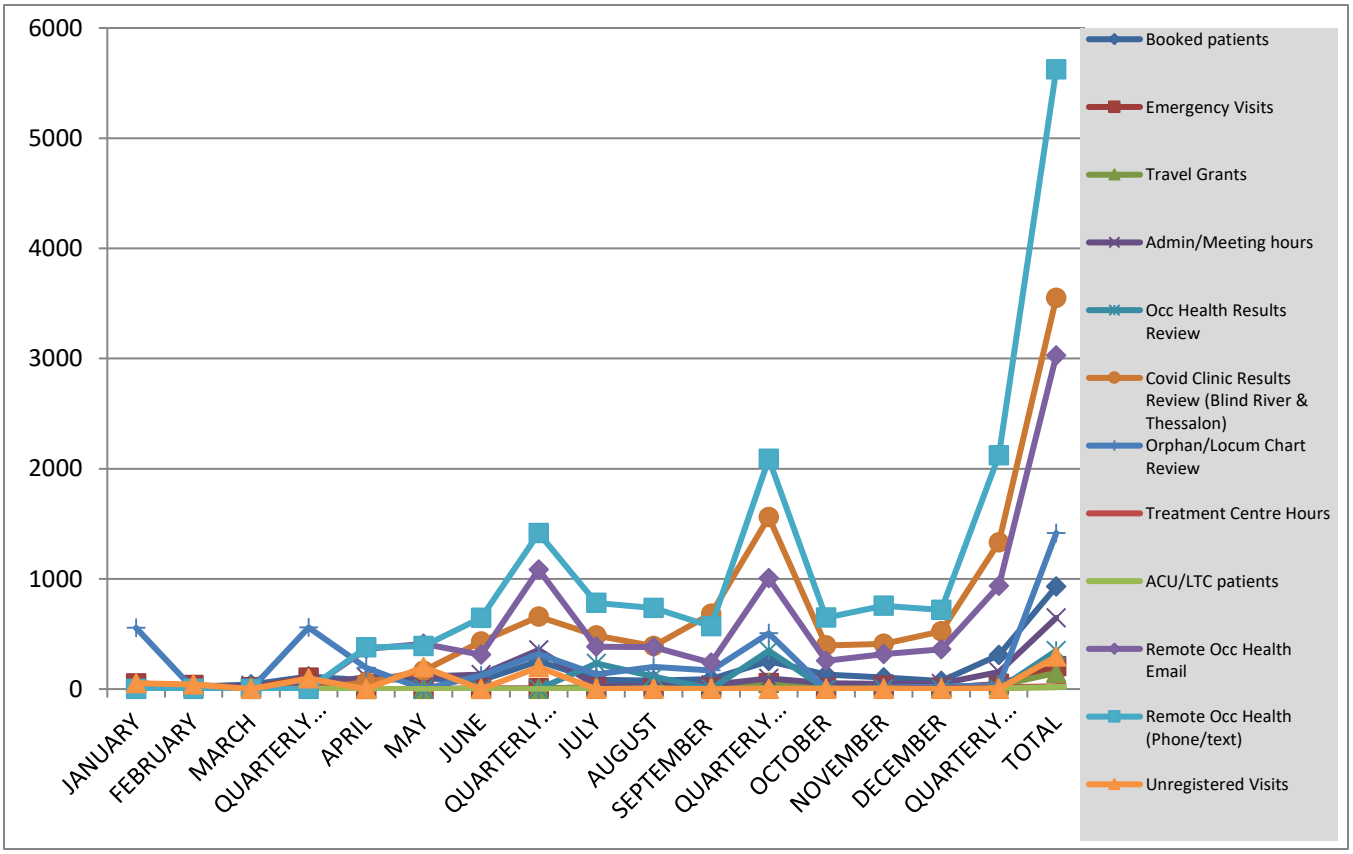
This graph represents the % success rate in meeting criteria outlined in Emergency Preparedness Policy and Procedure related to **Code Red: Fire** drills at the Blind River Site.

April 2020	--	No Scored Drills
May 2020	*	*Drill completed (not scored)
June 2020	--	No Scored Drills
July 2020	**	**Actual Event - False Alarm (not scored)
August 2020	--	No Scored Drills
September 2020	68%	27/40 Actions Observed
October 2020	94%	30/32 Actions Observed
November 2020	94%	45/48 Actions Observed
December 2020	--	No Scored Drills
January 2021	100%	40/40 Actions Observed
February 2021	**	**Actual Event - False Alarm (not scored)
March 2021	--	No Scored Drills
Overall Annual Score	**89%**	142/160 Total Actions Observed *Based on available data.*

EMERGENCY CODE EXERCISES INFORMATION	
Code Red = Fire	Information presented is for BR site only.
Code White = Violent Situation	A Code White exercise is required annually in Long-Term Care. The exercise was completed in December 2020.
CODE Green = Evacuation	Required to be completed annually at the Blind River and Thessalon sites due to overnight occupancy. This exercise is not required at the Richards Landing – Matthews Site. At the BR site, every year the exercise rotates between the Acute Care and Long-Term Care Units *(LTC must complete the exercise at least once every 2 years in accordance with the Long-Term Care Homes Act.)* In 2020 – the exercise was due to be completed on the ACU. A tabletop exercise was completed with all employees in place of a mock event. Note: In 2020 – a records review was completed at the Blind River Site. No exercise was required at the Thessalon Site due to the temporary closure of the Acute Care Beds.
Code Yellow = Missing Patient / Resident	A Code Yellow exercise is required annually in Long-Term Care. Due to the pandemic, there was no exercise scheduled in 2020.

Nurse Practitioner Utilization


4000
3500
3000
2500
2000
1500
1000
500
0
January
February
March
Quarterly Total
Booked Patients
Emergency Visits
Travel Grants
Admin/Meeting Hours
Occ Health Results Review
Covid Clinics (Blind River & Thessalon)...
Treatment Centre Hours
ACU/LTC Patients
Remote Occ Health (email)
Remote Occ Health (phone/text)
Orphan/locum Chart Review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JANUARY
FEBRUARY
MARCH
QUARTERLY...
APRIL
MAY
JUNE
QUARTERLY...
JULY
AUGUST
SEPTEMBER
QUARTERLY...
OCTOBER
NOVEMBER
DECEMBER
QUARTERLY...
TOTAL
Booked patients
Emergency Visits
Travel Grants
Admin/Meeting hours
Occ Health Results Review
Covid Clinic Results Review (Blind River & Thessalon)
Orphan/Locum Chart Review
Treatment Centre Hours
ACU/LTC patients
Remote Occ Health Email
Remote Occ Health (Phone/text)
Unregistered Visits