



Casey House

Quality Improvement Plan (QIP): Progress Report for 2016/17

Priority Indicator	Performance Stated on 2016/17 QIP	2016/17 Performance Target	Current Performance	Comments
Hand Hygiene Compliance Before Inpatient Contact: Number of times that hand hygiene was performed before initial patient contact.	82%	>80%	91%	Q3 Results
Medication reconciliation at admission	95%	100%	98%	Q3 Results
Medication reconciliation at discharge	n/a	100%	82%	Q3 Results
Clostridium Difficile Infection (CDI): Number of patients newly diagnosed with Clostridium Difficile Infection (CDI) per 1000 patient days.	1 case / 1000 patient days	0.00	0.00	Q3 Results
Substance Use: Percentage of inpatients with substance use who have a substance use-specific goal reflected in their integrated care plan within 7 days of admission.	n/a	85.00	71.00	Q3 Results
Response time: Percent of clients contacted within 48 hours of receipt of referral/inquiry	91.00	90.00	90.00	Q3 Results
Access to Care for Indigenous People: Identify and where possible, address potential barriers to care for indigenous people	n/a	100% of milestones	On hold	Q3 Results
Positive Patient Experience: "What number from 1 to 10 would you give the overall care you received from Casey House?"	9.0	9.0	9.6	Q3 Results
Positive Patient Experience: "What number from 0 to 10 would you give the overall care you received from Casey House in the last 12 months?"	9.5	9.0	9.3	Q3 Results
Positive Patient Experience: Identify and where possible, address structures and processes that enhance the experience of continuity of care after discharge from Casey House	n/a	100% of milestones	Report available at year-end	Q3 Results