

Theme I: Timely and Efficient Transitions

Measure Dimension: Timely

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Time to inpatient bed	C	90th percentile / ED patients	Hospital collected data / YTD	46.20	40.60	Given this is the 90th percentile, a small change will have significant impact	GAIN Team, Community Paramedicine, Home and Community Care

Change Ideas

Change Idea #1 Establish flow planning huddles

Methods	Process measures	Target for process measure	Comments
Establish process for daily huddles between ED and Inpatient Unit to prioritize patient flow and address barriers (includes team lead, ED charge and discharge planner)	Number of huddles completed during regular hours per week	5/week (excluding stat holidays)	

Change Idea #2 Time to inpatient bed identified as a strategic priority

Methods	Process measures	Target for process measure	Comments
Interdisciplinary working group to focus on ED and Inpatient throughput, and collaboration with community partners	Meeting strategic goal target	40.6 at 90th percentile	

Change Idea #3 Ensuring timely turnaround of inpatient rooms to allow for ED admit movement

Methods	Process measures	Target for process measure	Comments
Track turnaround time for room cleans through Epic	Length of time from room clean ask to room clean completion	90 minutes from room empty to room cleaned	

Change Idea #4 Ensure effective communication with primary care providers related to patient hospitalization and discharge

Methods	Process measures	Target for process measure	Comments
Ensuring discharge summaries are sent to primary care providers within 48 hours of discharge	Track number of incomplete inpatient charts monthly through MAC report	0 incomplete charts	

Change Idea #5 Consistently document expected date of discharge (EDD) for every patient within Epic and on the patient's communication board

Methods	Process measures	Target for process measure	Comments
A) Discharge Support and Team Lead to work with MRP to ensure that an EDD is captured for each patient at the time of admission. B) Date is to be documented on the patients communication board in their room. C) Capture "plan for day" and "plan for stay" on the communication board to ensure patient and family are aware of goals of care	Audit of EDD documentation	80% compliance rate	

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Did patients feel they received adequate information about their health and their care at discharge?	C	% / Survey respondents	Local data collection / July 2022 to February 2023	97.90	100.00	A target of 100% would ensure that patients are receiving clear and concise information at the time of their discharge which helps set the patient up for success in their continuum of care and improves patient experience and quality overall	Epic Regional Team

Change Ideas

Change Idea #1 Discharge follow-up phone calls to reinforce discharge instructions and identify opportunities to improve upon the process

Methods	Process measures	Target for process measure	Comments
A) Develop standardized discharge follow-up phone call template and practice standard. B) Implement in inpatient unit. C) Develop method to track themes and opportunities related to discharge process	Percentage of patients who participate in the survey	80% of eligible patients	

Change Idea #2 Ensure utilization of bedside patient communication boards in regards to EDD, patient/family/care team goals, and questions needing clarification

Methods	Process measures	Target for process measure	Comments
A) Install communication boards developed by PFAC/Unit based council at each bedside. B) Educate care team regarding the proper use of the communication boards	Audit compliance of communication board use	80% compliance rate	

Change Idea #3 Creation of a patient/family education board within the inpatient unit

Methods	Process measures	Target for process measure	Comments
A) Co-design of board with PFAC. B) Develop education materials related to identified key areas. C) Implement board	Board implementation	Implementation complete by end of Q2	

Change Idea #4 Integration of Lexicomp patient education materials into After Visit Summary

Methods	Process measures	Target for process measure	Comments
A) Bridging on capital list for 2023/2024. B) Working group to be developed to participate in implementation and education of care providers. C) Educate care providers	Integration of Lexicomp into Epic	Integration complete by end of Q2	

Change Idea #5 Strategic Priority of "Increase patient reported survey results for communication across the Emergency Department, Inpatient Unit, Diabetes Education Program, GAIN and Outpatient Mental Health Program to 85%"

Methods	Process measures	Target for process measure	Comments
A) Interdisciplinary working group to be established - to include PFAC member. B) Group to establish change ideas to focus on increased patient education, communication and patient experience	Percentage of patients who respond "Yes/Always" to the survey question	85% positive rating	

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	P	Rate per total number of discharged patients / Discharged patients	Hospital collected data / Oct–Dec 2022 (Q3 2022/23)	83.03	90.00	Medication reconciliation at discharge ensures clear communication and plan at transitions in care. An improvement by 10% would demonstrate continuous improvement in this metric.	

Change Ideas

Change Idea #1 Re-establish process for medication reconciliation between 24-48 hours of being admitted to hospital

Methods	Process measures	Target for process measure	Comments
A) Define the role of the physician in an interdisciplinary approach to medication reconciliation. B) Define the role of the pharmacist and pharmacy technician in an interdisciplinary approach to medication reconciliation. C) Provide education to providers responsible for collecting best possible medication history (BPMH)	Complete education to care providers	Education completed	

Change Idea #2 Ensure focus on completion of BPMH within 24 hours of admission

Methods	Process measures	Target for process measure	Comments
Audit electronic BPMH completion within 24 hours of admission in Epic	Complete monthly audit	80% compliance rate	

Change Idea #3 Ensure focus on completion of medication reconciliation at admission

Methods	Process measures	Target for process measure	Comments
Audit electronic Med Rec completion on admission in Epic	Complete monthly audit	65% compliance rate	

Change Idea #4 Ensure focus on completion of medication reconciliation at discharge

Methods	Process measures	Target for process measure	Comments
Audit electronic Med Rec completion on discharge in Epic	Complete monthly audit	80% compliance rate	

Measure **Dimension: Safe**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	P	Count / Worker	Local data collection / Jan 2022–Dec 2022	11.00	5.00	A target of 5 incidents per year demonstrates a commitment to a safe work environment for our teams and continues to encourage reporting of incidents.	

Change Ideas

Change Idea #1 Conduct a risk assessment for workplace violence utilizing Acute Care Workplace Violence Risk Assessment Tool from Public Services Health and Safety Association

Methods	Process measures	Target for process measure	Comments
Assessment completed utilizing tool for Acute Care	Assessment completion	Assessment complete	FTE=161

Change Idea #2 Staff training.

Methods	Process measures	Target for process measure	Comments
Non-violent crisis intervention (NVC) training	Number of staff identified and training completed	80% of FT and PT patient facing staff	FT/PT patient facing = 90, therefore target is 72 staff over the year. Risk identified - significant HHR issues could create challenges in finding time to bring staff in for training days. Risk identified - most incidents received had to do with patients with dementia/responsive behaviours

Change Idea #3 Staff training.

Methods	Process measures	Target for process measure	Comments
Gentle Persuasive Approach (GPA) training	Number of staff identified and training completed	50% of FT and PT patient facing staff	FT/PT patient facing = 90, therefore target is 45 staff over the year. Risk identified - significant HHR issues could create challenges in finding time to bring staff in for training days

Change Idea #4 Provide opportunities for inter-professional learning by simulating a violent patient incident in a care environment

Methods	Process measures	Target for process measure	Comments
Conduct quarterly Mock Code White exercises followed by debrief on processes	# of Mock Code White exercises held	4 held per year	

Change Idea #5 Foster a culture of reporting in which staff report all incidents of workplace violence

Methods	Process measures	Target for process measure	Comments
Education on current workplace incident reporting and just culture through our annual education week	Number of staff trained	100% of identified staff (FT and PT)	

Change Idea #6 Educate staff on importance of completing violence screening at triage to identify patients at risk

Methods	Process measures	Target for process measure	Comments
Provide training for staff outlining how to screen for violence in Epic	Number of staff trained on risk assessment screening by end of Q1	80% of FT and PT ED staff	

Change Idea #7 Ensure appropriate screening of patients on admission for risk of violence

Methods	Process measures	Target for process measure	Comments
Audit utilization of screening tools built in Epic for patient screening related to violence risk (VACC, ReBAC, DASA)	Complete monthly audit	80% compliance rate	

Change Idea #8 Create a safe working environment by ensuring that all patients involved in a workplace violence incident are appropriately assessed and flagged within Epic

Methods	Process measures	Target for process measure	Comments
Ensure that all patients identified in workplace violence incidents are appropriately flagged post incident in Epic	Percentage of patients involved in workplace violence incidents flagged appropriately in Epic post incident	100% compliance rate	

Equity

Measure Dimension: Equitable

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improving knowledge at the leadership level in relation to Equity, Diversity and Inclusion (EDI)	C	Number / Other	Local data collection / Most recent consecutive 12-month period	CB	CB	A gap has been identified in the organization around knowledge and policy around EDI	

Change Ideas

Change Idea #1 Leadership team to embark on educational opportunities around 2SLGBTBQ+, Indigenous, Mental Health and Ethnically diverse education

Methods	Process measures	Target for process measure	Comments
A) Identify opportunities through CCO, OHA, TALENT, and other organizations for education. B) Identify areas of interest and have leaders attend education opportunities and present back learnings to team to enhance overall knowledge	Number of courses attended by individuals on the leadership team	10 courses over year	

Change Idea #2 Understand Accreditation Canada standards as they pertain to EDI

Methods	Process measures	Target for process measure	Comments
Attend Accreditation Canada seminars on EDI and review standards	Leadership team attendance at Managers Meeting where information is shared	80% in attendance	

Change Idea #3 Ensure appropriate policies are in place to guide practice as it relates to EDI

Methods	Process measures	Target for process measure	Comments
Collaborative team to develop new policy for EDI	Policy development	Policy developed	

Change Idea #4 Share learnings with broader staff

Methods	Process measures	Target for process measure	Comments
A) Educate staff on the newly developed policy. B) Add topic on EDI to annual education fair	Number of staff who attend annual education fair	80% compliance of FT and PT	