

Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Unconventional spaces	P	Count / All inpatients	Daily BCS / TBD	CB	CB	Indicator definitions have changed so need to continue to review baseline	

Change Ideas

Change Idea #1 Implement patient white boards on TVs to enhance patient and family centered care through communication

Methods	Process measures	Target for process measure	Comments
Frequent discussion with families/patients to ensure white boards contain appropriate timely information to plan for discharge. Bring white board template to Patient and Family Advisory Committee for endorsement	Quarterly audits with trending and tracking information	Process followed for 100% of patients that are complex >65 and reduction of patients who become ALC during hospital stay	

Change Idea #2 Discharge follow-up phone calls

Methods	Process measures	Target for process measure	Comments
Discharge Planner calls all patients >65 after discharge to ensure smooth seamless transition home	Monitor LHIN data elements and patient and family satisfaction with care	100% of patients identified will receive a follow-up phone call	

Change Idea #3 Home First Joint Discharge Rounds (JDR) to ensure appropriate decisions to avoid long-term care

Methods	Process measures	Target for process measure	Comments
All discharges will be presented at JDR if long-term care being considered	Data reviewed at Admission & Discharge Committee to ensure internal reviews completed and changes implemented	Aggregate data required for tracking/trending; data will be used to make changes in discharge process so patients return home safely	

Change Idea #4 Implement bedside discharge rounds

Methods	Process measures	Target for process measure	Comments
Discharge planners, GEM nurse will lead discharge rounds	Discharge rounds will be done 24-48 hours after admission with complex patients	Bedside Discharge rounds will be completed on all complex patients	

Change Idea #5 Implement new Home First philosophies, polices and procedures

Methods	Process measures	Target for process measure	Comments
Discharge planners will lead implementation	Educate all staff, physicians and Senior Management on policies	80% compliance with all new policies and processes	

Measure **Dimension:** Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room.	M	Hours / All patients	CIHI NACRS, CCO / Oct 2019– Dec 2019	1.75	1.75	Our target is to maintain current performance as this is a new indicator that requires some baseline collection over the course of this year.	

Change Ideas

Change Idea #1 Bullet Rounds will be conducted daily on all inpatient units prior to bed meetings to ensure timely discharges take place

Methods	Process measures	Target for process measure	Comments
Bullet Rounds will ensure key team members are up to date on planned discharges and responsibilities to ensure all care requirements are in place to get patient home	Monitor compliance with rounds	90% of compliance with bullet rounds on all units	

Change Idea #2 Daily bed meeting to facilitate transfers from the ER Department and early discharge

Methods	Process measures	Target for process measure	Comments
Key units participate in daily bed meetings to enhance flow	100% participation by all team members on both inpatient units daily	To reach new target by March 31, 2021	

Change Idea #3 Audit use of medical directives/order sets in new Electronic Medical Record (EMR)

Methods	Process measures	Target for process measure	Comments
Educate all staff and physicians on new medical directive	Continue to monitor the data post change to ensure that length of stay for admitted patients has decreased	ER length of stay will be reduced by one hour with change improvements	

Change Idea #4 Review length of stay data at ED/Acute Care committee meetings

Methods	Process measures	Target for process measure	Comments
Data reviews for all key areas of process slow improvements are required 2019/20 year	Audits will be conducted to gauge success	100% of cases will reflect discussion and changes made	

Change Idea #5 Continue to move procedures out of the ER Department to Medical Day Care Unit when appropriate

Methods	Process measures	Target for process measure	Comments
Moved phlebotomies/blood transfusion to Day Care area; to move allergy shots and other procedures to Medical Day Care	Audit number of procedures moved	100% of cases will reflect discussion and changes made	

Change Idea #6 GEM nurse to conduct follow-up phone calls for patients seen outside GEM hours

Methods	Process measures	Target for process measure	Comments
Compile interventions with phone calls	Audit compliance and determine interventions put in place	Readmission/re-visits to ER Dept will be reduced by 60% for the patients called	

Change Idea #7 Implement electronic tracking board with new EMR

Methods	Process measures	Target for process measure	Comments
ED staff and physicians will have more sophisticated information to ensure timely transfers	Review new board on a daily basis and monitor staff satisfaction with information	Transfers will be monitored to ensure timely transfers take place	

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of respondents who responded "completely" to the following 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?	P	% / Survey respondents	CIHI CPES / Most recent 12 months	73.00	75.00	Already exceeded last year's target. New EMR does provide better information	

Change Ideas

Change Idea #1 Continue discharge planner follow-up phone calls for all patients over 65 years

Methods	Process measures	Target for process measure	Comments
Phone calls to be completed 24-48 hours post discharge	Discharge planners provide summary reports to Admission and Discharge Committee and Patient and Family Advisory Committee on a regular basis	80% of patients indicate they had all of the information they needed at discharge. 20% that were not well informed got additional information during the follow-up discharge call to ensure successful	Total Surveys Initiated: 103

Change Idea #2 Implement After Visit Summary (AVS) for all patients

Methods	Process measures	Target for process measure	Comments
Hospital is part of new EMR that generates AVS	Started in June 2019	Number of AVS summaries provided to the identified patient	AVS is individualized to patient

Change Idea #3 Educate staff about appropriate discharge practices and how to verify patients are well informed at discharges

Methods	Process measures	Target for process measure	Comments
Educate care providers at discharge best practice; use teach back method when giving discharge instructions to patients and caregivers	Verify with patients that they were well informed in discharge follow-up phone calls	90% of patients indicate they were well-informed	

Change Idea #4 Encourage My Chart with EPIC implementation of electronic medical record

Methods	Process measures	Target for process measure	Comments
All patients will have the opportunity to have access to MyChart	The number of patients that sign up for MyChart	80% of patients indicate they were well informed	

Measure **Dimension:** Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of complaints acknowledged to the individual who made a complaint within five business days.	P	% / All patients	Local data collection / Most recent 12 month period	100.00	100.00	Continue to strive for 100% compliance	

Change Ideas

Change Idea #1 All complaints will be acknowledged in the time frame

Methods	Process measures	Target for process measure	Comments
After policies to ensure follow-up is timely	Monitor compliance and report to Board CQI	100% of concerns will be acknowledged in time frame	

Change Idea #2 Follow-up will be done to determine if complaint was handled well

Methods	Process measures	Target for process measure	Comments
Track patient responses	Provide feedback to Board CQI	100% of patients will be asked if complaint was handled well	

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #5	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 2019– Dec 2019 (Q3 2019/20)	88.84	89.00	Still adjusting to new EMR and new processes. Limited baseline data available	

Change Ideas

Change Idea #1 Measurement and feedback related to the compliance with medication reconciliation

Methods	Process measures	Target for process measure	Comments
Monthly data from EMR with monitor compliance will be completed on medication reconciliation. Audit will encompass the number of completed medication	Educate staff and physicians when not complete	100% of reports will be brought forward to key stakeholders on a regular basis	

Change Idea #2 Provide continual feedback on the compliance with medication reconciliation

Methods	Process measures	Target for process measure	Comments
Provide monthly staff audit reports to Active Care, MAC and Pharmacy and Therapeutics Committee	Change ideas will be communicated to key team members; real time information will be available in EMR	100% compliance with dissemination and at least one improvement developed	

Change Idea #3 To develop an action plan with key stakeholders with defined accountabilities to maintain and sustain change

Methods	Process measures	Target for process measure	Comments
Nurse Managers will compile monthly data and generate change ideas from key stakeholders for improvement. This will be covered in EMR education	Monitor change ideas through new EMR	80% of change ideas will be implemented	

Change Idea #4 Develop mandatory education that will be completed by all nursing staff in Learning Management System (LMS)

Methods	Process measures	Target for process measure	Comments
LMS will be used to ensure compliance, this will be done for all in EMR education	100% participation by all staff in education	100% of staff complete education	

Change Idea #5 New EMR improve medication reconciliation compliance

Methods	Process measures	Target for process measure	Comments
Electronic audits available ongoing	Audit compliance	100% compliance	

Measure **Dimension:** Safe

Indicator #6	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.	M	Count / Worker	Local data collection / Jan - Dec 2019	8.00	10.00	Increased violence flagging in new EMR may be contributing to less reports of violence	

Change Ideas

Change Idea #1 Ensure workplace violence flagging forms are completed on admitted patients to alert staff of the patient violence risks

Methods	Process measures	Target for process measure	Comments
Assess each reported patient violence incident for completed flagging tool. Send out communication on "How to use the Violence Flagging Tool"	Number of workplace violence incidents reported	8 Workplace reports	FTE=250