Theme I: Timely and Efficient Transitions

Measure   **Dimension:** Timely

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital.	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	92.60	90.00	The hospitalist program started in June 2021 and since it's implementation, we have seen 2 quarters where the data was above our target. Since it is still a new program, we have decided to set our target at 90% in hopes that we are able to continually achieve this target.	

Change Ideas

Change Idea #1 Continue to gather quarterly data to prove that the hospitalist program increases the efficiency with regards to patient discharge summaries and continuity of care post discharge.

Methods	Process measures	Target for process measure	Comments
Quarterly audits performed by extrapolating data from Meditech.	Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital. Include this indicator in our Dashboard to be discussed at our monthly Quality Working Group meetings.	90% of patients discharged from hospital will have discharge summaries delivered to primary care providers within 48 hours for this fiscal year (2022-23).	Since implementation of the hospitalist program in June 2021 on the acute care floor, we have seen that 2 of the 3 quarters in the last fiscal year have data above 90%. This verifies the efficiency of the hospitalist program for timely discharge planning.

Theme II: Service Excellence

Measure   Dimension: Patient-centred

Indicator #2	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 mos	100.00	90.00	The current performance is based on a small number of patients who take the time to fill out the surveys. Our efforts to collect a larger number of patient surveys still proves difficult. Our target is set at 90% because with such a small number of respondents, the data can easily be skewed. Since we have been consistently above our target, our goal is to maintain our performance as it proves that our patients feel they are receiving enough information when leaving the hospital.	

Change Ideas

Change Idea #1 1)"Increase proportion of patients receiving enough information leaving hospital" is included as an indicator in our strategic plan. 2)Monitor distribution and return of patient satisfaction surveys. Surveys include the question: "Did you receive enough information concerning your treatment?"

Methods	Process measures	Target for process measure	Comments
The number of surveys returned is counted each month by the administrative assistant and posted on our Strategic Plan dashboard. The number of patients answering that they received enough information is counted each month by the administrative assistant and posted on our Strategic Plan dashboard.	Number of surveys distributed and number of surveys returned and number of patients receiving enough information is reviewed quarterly by the Quality Working Group.	Since our performance over the past fiscal year has been consistently above our target of 90%, our goal for this fiscal year is to maintain our performance above our target as this shows that our patients are satisfied with the amount of information they receive when they leave the hospital.	Total Surveys Initiated: 30

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 / October 2021– December 2021	99.09	97.00	Our goal is to maintain current performance. Over the last fiscal year our performance has been 96.9% overall. There are still small improvements to be made and this is why we have set a retrograde target.	

Change Ideas

Change Idea #1 1)Improve Medication Reconciliation Worksheet whenever required to make it more user-friendly, in consultation with users. 2) Update clerical duties to investigate when medication reconciliation was not performed.

Methods	Process measures	Target for process measure	Comments
1) Regular audits to ensure compliance with medication reconciliation protocol. 2)Periodic reviews of data at Pharmacy Committee, MAC, and Quality Committee	1) Number of reviews of data at Pharmacy Committee, MAC, and Quality Committee 2) Percentage of non-compliance cases	1) 4 quarterly audits 2) 4 reviews of audits at identified committees	

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 / January - December 2021	12.00	11.00	Our goal is to reduce our overall incidents of workplace violence by 10%. However, this indicator can be easily skewed by a patient with a medical condition that triggers aggressive behavior, as was the case in 2021. Unless there is a change in the number of such patients cared for in our institution, we expect to be able to achieve this target.	

Change Ideas

Change Idea #1 1)Monthly Code White, Silver or Purple drills.

Methods	Process measures	Target for process measure	Comments
1)Continue having monthly drills or bench-top exercises. Rotate among all departments. To meet with OH&S officer to implement scheduled drills by department with different scenarios. 2) Emergency Code general overview education in Surge Learning. 3) Emergency Code cheat sheet Education.	1) Number of drills for either Code White, Silver or Purple. 2) Number of staff that complete education on Emergency Code General Overview at orientation in Surge Learning. 3) Number of staff that complete the Emergency Code Cheat Sheet in Surge Learning as part of annual education.	1) 10 drills per year. 2) 100% new staff completed education in Surge Learning 3) 100% staff active	FTE=103 1)Staff Health /Education Officer to send drill calendar /reminders to appropriate lead and report results to OH&S Committee/post on board. 2)Staff Health to assign in Surge Learning 3)Staff Health / Education Officer to assign in Surge Learning

Change Idea #2 Staff Education and Training on Gentle Persuasive approach and verbal de-escalation techniques.

Methods	Process measures	Target for process measure	Comments
1) One annual training session for Gentle Persuasive Approach is offered to front-line staff (in person or online) 2) Verbal de-escalation education is mandatory annually in surge learning	1) Number of staff that completed the course and number of sessions offered. 2) Number of staff that complete the mandatory education in Surge learning.	1) One annual training session is offered to front-line staff (in person or online) 2)100% of active staff have completed training by December 31st 2022.	1) Staff Health/Education Officer to organize and offer one session per year to front line staff. 2) Staff Health/Education Officer to assign in Surge Learning

Change Idea #3 Workplace Violence Events / OH&S Committee

Methods	Process measures	Target for process measure	Comments
Workplace Violence events communicated at OH&S committee	Workplace Violence Events included as part of regular OH&S committee meeting agenda. This gives members the opportunity to review and provide recommendations.	OH&S Committee minutes include Workplace Violence Reports and recommendations.	