

Theme I: Timely and Efficient Transitions

Dimension: Efficient

Measure

Indicator #1	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data.	P	Rate per 100 inpatient days	hospital collected data / Quarter	20.68	21.00	Based on sustained 2019-2020 performance, anticipated HSAA target	

Change Ideas

Change Idea #1 Collaborative Family Meetings

Methods	Process measures	Target for process measure	Comments
Improve the practice of timely family meetings that include community partners to support ALC transitions	Amount of time between admission and scheduling family meeting	Family meetings will be scheduled within 1 week of admission.	

Change Idea #2 Clarify patient care expectations

Methods	Process measures	Target for process measure	Comments
Implement the Move-On program to acute medical floor through communication and staff facilitation to help decrease functional decline.	Training of staff in Move-On program requirements	90% of existing staff will be trained on Move-On program requirements, new staff will be trained on requirements through onboarding	

Change Idea #3 Promote "Home-First" philosophy

Methods	Process measures	Target for process measure	Comments
Update communication around Home-First Philosophy and continue to distribute resource pamphlets throughout hospital.	Pamphlets and brochures distributed to patient rooms in bedside information packages	All materials to be reviewed and updated by June 1, 2020 with a plan for circulation.	

Measure

Indicator #2	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Access to and use of Coordinated Care Plans for Couchiching OHT year one population patients	C	%	hospital collected data / Fiscal Year	CB	CB	This is a new indicator and no performance data exists currently	Couchiching FHT

Change Ideas

Change Idea #1 Identify patients with Coordinated Care Plans

Methods	Process measures	Target for process measure	Comments
Coordinate with Health Links and other stakeholders develop action plan to sharing Coordinated Care Plans.	Number of clinically frail patients with Coordinated Care plans	Collecting Baseline	

Change Idea #2 Increase access to Coordinated Care Plans by care teams

Methods	Process measures	Target for process measure	Comments
Work with partners to improve and spread access to Coordinated Care Plans	Number of staff members with access to Coordinated Care Plans	Collecting Baseline	

Measure

Indicator #3	Type	Unit	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	hospital collected data / Quarter	23.82	25.00	Based on sustained strong 2019-2020 performance	

Change Ideas

Change Idea #1 Support ED Patients with flow guidance

Methods	Process measures	Target for process measure	Comments
Recruit and onboard Patient Navigator to support patient flow in ED	Date ED Navigator is hired	ED Navigator hired by April 30, 2020	Position description was prepared as part of 2019-2020 QIP work
Change Idea #2 Leverage community partnerships			
Methods	Process measures	Target for process measure	Comments
Review Home and Community Care Service Agreement	Date service agreement is reviewed	Review HCC Service Agreement by May 1, 2020	
Change Idea #3 Evaluate Bed Meeting effectiveness			
Methods	Process measures	Target for process measure	Comments
Regularly evaluate and report on the effectiveness of both the 8:30am daily bed meeting and weekend bed meeting	Number of evaluations	1 per quarter for each bed meeting (8 evaluations total)	
Change Idea #4 Review and act on P4R performance measures			
Methods	Process measures	Target for process measure	Comments
Regularly review P4R performance indicators and implement actions to address opportunities to improve performance as required.	Frequency of P4R performance reviews	Review P4R performance monthly (12 reviews total)	
Change Idea #5 Focus on Pre-Midnight Transfers			
Methods	Process measures	Target for process measure	Comments
Continue consistent application of flow practices to ensure that all possible transfers are complete before midnight through regular communication with unit stakeholders	Frequency of status update communication before and after midnight	1 Pre-midnight status report and 1 Post-midnight action report to be communicated to unit stakeholders daily	

Theme II: Service Excellence**Dimension:** Patient-centred**Measure**

Indicator #4	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of respondents who responded "Yes" 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?"	C	%	hospital collected data / Fiscal Year	CB	CB	This is a new data collection process and no baseline data exists currently.	

Change Ideas

Change Idea #1 Plan and implement post-discharge follow-ups

Methods	Process measures	Target for process measure	Comments
Identify and establish relationship with partner to assist with outgoing and incoming post-discharge follow-ups	Signed agreement with partner	Collecting Baseline	

Change Idea #2 Review opportunities for patient education

Methods	Process measures	Target for process measure	Comments
Identify themes for patient education based on collected findings from post-discharge follow-ups	Identified opportunities for patient education	Collecting Baseline	

Theme III: Safe and Effective Care

Dimension: Effective

Measure

Indicator #5	Type	Unit	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	hospital collected data / Quarter	86.93	82.00	Embed strong 2019-2020 performance, spread to areas that have not adopted current practice standards	

Change Ideas

Change Idea #1 Spread Medication Reconciliation on Discharge practices to OBS and Paeds

Methods	Process measures	Target for process measure	Comments
Determine which patients actually require Medication Reconciliation, learn from and integrate unit specific practices into standards. Identify barriers to spreading practice to OBS and Paeds, and work through possible solutions as appropriate	Scheduled integration planning meetings	Integration planning meetings will begin before June 30, 2020	

Change Idea #2 Continue to educate prescribers on Medication Reconciliation practices and expectations

Methods	Process measures	Target for process measure	Comments
Identify appropriate communication means to educate prescribers, confirm key messages, develop content, publish training in appropriate format, determine process to validate completion rates	Established education validation plan	Education validation plan will be confirmed by September 30, 2020	

Change Idea #3 Continue to educate staff on Medication Reconciliation practices and expectations

Methods	Process measures	Target for process measure	Comments
Socialize performance of Medication Reconciliation on Admission to affect improved quality of Medication Reconciliation on Discharge.	Shared Medication Reconciliation performance reports for communication to front-line	Distribute updated Medication Reconciliation performance reports (1 per month) to all managers and executive sponsor (12 reports total)	

Measure

Indicator #6	Type	Unit	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	hospital collected data / Calendar Year	106.00	108.00	Based on sustained strong 2019-2020 performance	

Change Ideas

Change Idea #1 Continue educating staff on Workplace Violence awareness

Methods	Process measures	Target for process measure	Comments
Develop/deliver training to all staff on the positive identification of workplace violence and how to report incidents	Attendance at Safe Management Group training sessions	90% of all new hires complete SMG training within 90 days of onboarding	FTE=860

Change Idea #2 Standardize work place violence debriefing practices

Methods	Process measures	Target for process measure	Comments
Develop and implement a protocol for staff debriefing after workplace violence incidents	Percentage of completed debrief tools following Code White incidents	100% of reported Code White incidents will have completed debrief tool attached	FTE=860

Change Idea #3 Improve the capture of workplace violence incidents reports that are not clearly identified by staff as workplace violence

Methods	Process measures	Target for process measure	Comments
Use key terms to capture workplace violence incident reports to increase awareness of workplace violence risk.	Number of identified key terms being used to validate workplace violence incidents through incident reporting system	5 key terms will be embedded in the risk management report by April 30, 2020	FTE=860

Change Idea #4 Build staff confidence in identifying and supporting each other during workplace violence incidents, and test upgraded Code White system.

Methods	Process measures	Target for process measure	Comments
Conduct Mock Code White incidents	Number of Code Whites	Conduct 1 Mock Code White per Quarter (4 in total)	FTE=860

Measure

Indicator #7	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The number of lost time incidents due to workplace violence injury	C	Count	hospital collected data / Fiscal Year	4.00	6.00	Based on 2019-2020 QIP performance	

Change Ideas

Change Idea #1 As per "Number of workplace violence incidents reported by hospital workers" indicator.

Methods	Process measures	Target for process measure	Comments
As per "Number of workplace violence incidents reported by hospital workers" indicator.	As per "Number of workplace violence incidents reported by hospital workers" indicator.	As per "Number of workplace violence incidents reported by hospital workers" indicator.	Countermeasures used to increase the number of reported workplace violence incidents will form the basis of work for this indicator.