Theme I: Timely and Efficient Transitions | Efficient | Custom Indicator

	Last Year		This Year	
Indicator #1 Access to and use of Coordinated Care Plans for Couchiching OHT Target One Population patients. (Orillia Soldiers' Memorial Hospital)	**CB** Performance (2022/23)	**CB** Target (2022/23)	**85** Performance (2023/24)	**--** Target (2023/24)

Change Idea #1 ☑ **Implemented** ☐ Not Implemented

Validate anecdotal sense of improved information sharing and decision making as a result of Coordinated Care Plan access and use.

Target for process measure
- >40% survey response rate; 75% overall positive response, valuable free-text feedback

Lessons Learned

Key learnings provided opportunities to scale and spread the use of coordinated care plans to additional programs.

Change Idea #2 ☑ **Implemented** ☐ Not Implemented

Validate anecdotal sense of improved patient experience as a result of Coordinated Care Plan access and use.

Target for process measure
- >40% survey response rate; 75% overall positive response

Lessons Learned

patient experience feedback has reported benefits such as improved communication between care teams, improved navigation and less duplication for both patient and caregiver.

Change Idea #3 ☐ Implemented ☑ **Not Implemented**

Report Accessed: May 17, 2023

Integrate appropriate data into a relevant scorecard to better observe and report process and outcome measures associated with this work.

> **Target for process measure**
> - December 31, 2022

Lessons Learned

Planning for a scorecard is complete and execution and integration is planned for 23/24.

Change Idea #4 ☑ **Implemented** ☐ Not Implemented

Refine the definition of the Target One population.

> **Target for process measure**
> - Definition refined by March 31, 2023

Lessons Learned

We will now be moving forward with a standardized approach for patients and programs that will be utilizing coordinated care plans.

Comment

This directly links to the CQIP planning and intended sharing of custom indicators with the COHT.

	Last Year		**This Year**	
	20	**21**	**19.70**	**--**
Indicator #7 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. (Orillia Soldiers' Memorial Hospital)	**Performance (2022/23)**	**Target (2022/23)**	**Performance (2023/24)**	**Target (2023/24)**

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

Increase the number or patients supported by the WayHome@Home program

> **Target for process measure**
> - Increase in % of eligible program participants.

Lessons Learned

The program formally WayHome@Home - now Couchiching Health at Home succeeded volume targets in collaboration with the OHT>

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented

Refine ALC Indicator focus to acute patient population

> **Target for process measure**
> - Monitoring only

Lessons Learned

Working closely with the decision support team for increased education and awareness for ALC indicator.

Report Accessed: May 17, 2023

Change Idea #3 ☑ **Implemented**   ☐ Not Implemented

Demonstrate effectiveness of AHF partnerships

Target for process measure

- 100% occupancy (actual or in-transfer) of AHF beds

Lessons Learned

The success of the AHF program expanded from 20 to 25 beds and is planned to continue for until the end of 23/24 fiscal.

Change Idea #4 ☑ **Implemented**   ☐ Not Implemented

Demonstrate the effectiveness of the Geriatric Emergency Nurse

Target for process measure

- Reduced number of admissions from Long Term Care Homes; % of Total patient interactions with GEM Nurse.

Lessons Learned

This initiative was also extremely successful and has now moved from 5 days per week to 7 days per week. This will also continue into 23/24.

Comment

The organization had a large focus on flow, leveraging a multidisciplinary approach and maintaining a home first philosophy.

Indicator #6

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. (Orillia Soldiers' Memorial Hospital)

	Last Year		This Year	
	22.40	**25**	**20.50**	**--**
	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 ☐ Implemented ☑ **Not Implemented**

Mental Health beds in ED and on C6

> **Target for process measure**
> - Completion of renovated rooms, staff provision for occupancy by August 30, 2022

Lessons Learned

construction delays, supply chain delays, HHR challenges (trades)

Change Idea #2 ☑ **Implemented** ☐ Not Implemented

Review of staffing in ED

> **Target for process measure**
> - Reduction of ED "short staff" days

Lessons Learned

Clinical orientation nurse added temporarily to support multiple ED orientation, added ED baseline nursing staff with P4R

Change Idea #3 ☑ **Implemented** ☐ Not Implemented

Re-institute Patients in Motion meetings

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Target for process measure

- Meetings resumed by March 2023

Lessons Learned

Planning complete and will carry over for 23/24

Change Idea #4 ☑ **Implemented**   ☐ Not Implemented

Continue AHA focus on pre-midnight transfers from ED to floors

Target for process measure

- >4 out of 5 nightly transfers completed before midnight

Lessons Learned

This initiative was in support of improved flow but also saw positive feedback on staff satisfaction.

Change Idea #5 ☑ **Implemented**   ☐ Not Implemented

Continue weekend bed meetings

Target for process measure

- 1 Weekend Bed Meetings per weekend day

Lessons Learned

This initiative was in support of improved patient flow but was also well received as a communication/problem solving support.

Change Idea #6 ☑ **Implemented**   ☐ Not Implemented

Use of Surgical Short Stay unit as not needed for surgery patients for surge overflow

Target for process measure

- No target entered

Lessons Learned

The slow down in the surgical program as a result of the pandemic created an opportunity to support flow in times of surge. Moving forward with surgical ramp up, surgical needs will be prioritized but will continue to be used where capacity allows.

Comment

The organization has had a focus on patient flow across all acute care areas resulting in reduced ALC.

Theme II: Service Excellence | Patient-centred | Custom Indicator

	Last Year		This Year	
Indicator #4 Percentage of respondents who responded positively 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? (Orillia Soldiers' Memorial Hospital)	**81.30** **Performance (2022/23)**	**75** **Target (2022/23)**	**NA** **Performance (2023/24)**	**--** **Target (2023/24)**

Change Idea #1 ☐ Implemented   ☑ Not Implemented

Implement and monitor the effectiveness of the updated Patient Experience survey tool (defined by the OHA)

Target for process measure
- Return/participation rate of approximately 35 surveys completed/month; actionable opportunities for improvement based on identified trends.

Report Accessed: May 17, 2023

Lessons Learned

New tool was not available for 22/23

Change Idea #2 ☐ Implemented   ☑ **Not Implemented**

Capture patient email addresses for electronic survey tool

Target for process measure

- 50% of surveys returned in email mode.

Lessons Learned

Patient registration has started to populate email addresses into Cerner

Change Idea #3 ☐ Implemented   ☑ **Not Implemented**

Amend the length of the patient experience survey

Target for process measure

- Collecting Baseline

Lessons Learned

New tool was not available for 22/23

Change Idea #4 ☐ Implemented   ☑ **Not Implemented**

Explore opportunity to capture site specific improvement opportunities from survey responses.

Target for process measure

- Return/participation rate of approximately 35 surveys completed/month; data that can measure QI initiatives more directly and begins to capture patient context and environmental scan

Lessons Learned

New tool was not available for 22/23

Change Idea #5 ☐ Implemented   ☑ **Not Implemented**

Review of PREMS (Patient Reported Experience Measures) and PROMS (Patient Reported Outcome Measures) in context of OSMH's provided services

Target for process measure
- Relevant team members educated in interpreting PREMS and PROMS data as reported by CIHI

Lessons Learned

minimal collection of PREM/PROM (outpatient oncology and bundled hip and knee surgery)

Comment

No tool available for 22/23, will be moving forward with new OHA approved vendor for 23/24.

Theme III: Safe and Effective Care | Safe | Custom Indicator

	Last Year		This Year	
Indicator #5 The number of lost time incidents due to workplace violence injury (Orillia Soldiers' Memorial Hospital)	**5** Performance (2022/23)	**6** Target (2022/23)	**5** Performance (2023/24)	**--** Target (2023/24)

Change Idea #1 ☑ **Implemented** ☐ Not Implemented

As per "Number of workplace violence incidents reported by hospital workers" indicator.

Target for process measure

• As per "Number of workplace violence incidents reported by hospital workers" indicator.

Lessons Learned

Increased reporting was supported through both the JHSC and the workplace violence committees.

Comment

We continue to encourage a just culture and culture of reporting.

Theme III: Safe and Effective Care | Effective | Priority Indicator

Report Accessed: May 17, 2023

	Last Year		This Year	
Indicator #2	**83.47**	**82**	**83.68**	**83**
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. (Orillia Soldiers' Memorial Hospital)	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continue to educate prescribers on Med Rec practices and expectations

> **Target for process measure**
> - 0-80% by March 31

Lessons Learned

There continues to be new onboarding of prescribers who require education and support.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Continue to educate staff on Med Rec practices and expectations

> **Target for process measure**
> - 82% on admission and discharge across organization

Lessons Learned

Higher rates of staff turnover continue to support learning and competency.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Continue focus on OBS as this unit is still hybrid and does not solely use Cerner for medication activities

Target for process measure

- 82% completion of BPMH (admission MR)

Lessons Learned

This will be a continuation for 23/24

Change Idea #4 ☑ **Implemented**   ☐ Not Implemented

Continue focus on Paeds as this unit is still hybrid and does not solely use Cerner for medication activities

Target for process measure

- 82% completion of BPMH (admission MR)

Lessons Learned

This will be a continuation for 23/24

Comment

Efforts in 22/23 were scale and spread & sustainability to embed into practice.

Theme III: Safe and Effective Care | Safe | Priority Indicator

	Last Year		This Year	
Indicator #3 Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Orillia Soldiers' Memorial Hospital)	**344** Performance (2022/23)	**344** Target (2022/23)	**118** Performance (2023/24)	**115** Target (2023/24)

Change Idea #1 ☐ Implemented ☑ **Not Implemented**

Implement upgrades to Code White System

> **Target for process measure**
> - All tests complete

Lessons Learned

The code white upgrade have started but has not been fully rolled out due to technical system challenges and will be carried over to 23/24.

Change Idea #2 ☐ Implemented ☑ **Not Implemented**

Develop and test mini Work Place Violence Assessment Checklist

> **Target for process measure**
> - 1 pilot complete with learnings for scale and spread

Lessons Learned

Due to competing demands related to pandemic this initiative was not started.

Change Idea #3 ☐ Implemented ☑ **Not Implemented**

Refine reporting of Workplace Violence Incidents in the Incident Reporting System

> **Target for process measure**
> - Recommendations presented to WPV Committee by end of Q3 2022/2023.

Lessons Learned

The process has maintained a manual oversight to mitigate user errors.

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