Theme I: Timely and Efficient Transitions

Measure

Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Access to and use of Coordinated Care Plans / shared with COHT (Newly created number of coordinated care plans)	C	Number / at-risk cohort	Other / April 1 to March 31	85.00	160.00	creation of 2-3 new patient coordinated care plans in the standardized program target cohort per week	Couchichng OHT

Change Ideas

Change Idea #1 Standardized identification of patients and programs that will benefit from a coordinated care plan.

Methods	Process measures	Target for process measure	Comments
Development of criteria for patients who require a coordinated care plan.	number of patients identified as needing the standardized criteria and consent to a care plan.	40 newly created care plans per quarter for patients who meet the standardized criteria.	

Change Idea #2 To ensure full access for specified COHT partners (including OSMH) to have rights to create and edit coordinated care plans.

Methods	Process measures	Target for process measure	Comments
working with OH and HCCHS to validate security authorization for use of a provincial tool.	Successful access of 8 of 8 anchor COHT partners. (Currently at 5/8)	Access for 8 of 8 anchor partners by Q3.	

Change Idea #3 Integrate appropriate data into a Performance Metrics Workbook (PMW) to monitor and report process and outcome measures.

Methods	Process measures	Target for process measure	Comments
COHT will collect monthly data from CHRIS HPG for COHT Senior team review/monitoring.	COHT senior team will receive quarterly for review/monitoring.	Performance Metric Workbook will be in place for Q1 data collection.	

Change Idea #4 Education of stakeholders for notification/identification of a coordinated care plan (Alert code 1 in OSMH Cerner EMR).

Methods	Process measures	Target for process measure	Comments
Host several education sessions/huddles throughout the year.	Target ED, GEM nurses, patient navigators, primary care and home care stakeholders.	Host 1 education session per quarter starting in Q1	

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	C	Hours / ED patients	CIHI NACRS / April 1 2023 to March 31 2024	20.50	22.50	Reduction in target from 25hr to 22.5hr, although current YTD performance is good - it does not include respiratory season of Q4. With surgical ramp up, the surge bed capacity will be lost for a total of 5 beds. As a result of discontinued covid funding the COHT care clinic will be closing for access of non attached patient and will impact ED volumes.	

Change Ideas

Change Idea #1 Execution of Patients in Motion meeting (PIM).

Methods	Process measures	Target for process measure	Comments
Daily huddle directly following the bed meeting for real time review of flow, monthly meeting of managers/directors to review trends and to support the creation of a PIM scorecard.	Creation of scorecard that will review each clinical area and P4R metrics.	For inpatient bed assignment (when bed ready/cleaned) - target of 30min For ICU bed assignment (when bed ready/cleaned) - target of 90 min (as per CCSO standard)	Intention of PIM is a collaborative & interdisciplinary membership/design.

Change Idea #2 The addition of 2 new mental health safe rooms in ED in Q1			
Methods	Process measures	Target for process measure	Comments
Track construction completion/occupancy permits	Occupancy permit received and room occupied	Occupancy permit received and room occupied by end of Q1	This is a carry-over initiative from 22/23 due to supply chain & construction issues and delays

Change Idea #3 Expansion of extra care area (ECA) on inpatient mental health to support reduction in ED LOS for mental health patients who require ECA.			
Methods	Process measures	Target for process measure	Comments
Increase by 1 net new bed (4 beds to 5 beds). Continuation of ED/Mental health collaboration meeting to support flow.	Implementation of a project charter/project management to support construction completion.	Project completion by Q4	

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 positively 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?".	C	% / Survey respondents	Other / 2023-2024	CB	75.00	Based on previous performance results from the NRC Picker vendor (20/21).	

Change Ideas

Change Idea #1 Successful start and implementation of the new patient survey platform Qualtrics in May 2023.

Methods	Process measures	Target for process measure	Comments
Decision support data transfer monthly, beginning May 2023.	Monitoring of Qualtrics dashboard to validate received responses.	25 surveys received per month	Historically with NRC Picker - phone survey, it was determined that an adequate sample size was greater than 25 surveys per month (old NRC Picker paper survey had very low sample sizes).

Change Idea #2 Develop a communication/education strategy endorsed by PFAC to encourage patients to participate in Qualtrics survey if/when received post discharge at home.

Methods	Process measures	Target for process measure	Comments
To develop both patient and staff education material/posters for use in clinical areas. Patient rounding for awareness/education.	Attendance at staff huddles to support communication and receive information on barriers and opportunities. PFAC	100% of all units who discharge patients that will receive the survey, receive education on how to encourage participation in the survey by end of Q1.	The comments are reflective of hospital related issue on discharge.

Theme III: Safe and Effective Care

Measure

Dimension: Effective

Indicator #4	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)	83.68	83.00	Gradual increase by 1% due to current state of hybrid charting/EMR status. Planning to begin in 23/24 for EMR automation/standardization of Cerner as part of the EMR roadmap. Current performance metric is reflective of Q3 in 22/23.	

Change Ideas

Change Idea #1 Ensure advocacy for local programs to see progression to CPOE

Methods	Process measures	Target for process measure	Comments
Engagement with Clinical Informatics Committee, other committees through GBIN Roadmap project dedicated to CPOE	Pharmacy Membership on committees and feedback to Medication Quality & Safety Committee	Membership on Clinical Informatics Committee and GBIN Roadmap Committees by March 31	

Change Idea #2 Continue to educate staff and prescribers on Med Rec practices and expectations.

Methods	Process measures	Target for process measure	Comments
Prepare and send out information on Med Rec definitions and prepare learning package for prescribers	Monitor, socialize performance of Med Rec on admission to improve quality of Med Rec on admission	0-50% of prescriber completion of learner video	

Change Idea #3 Continue focus of Med Rec compliance on OBS and pediatrics to ensure sustainability in the newest clinical go-live departments (currently paper documentation)

Methods	Process measures	Target for process measure	Comments
Continue to monitor plan/compliance for BPMH completion on admission	Monthly review of admission data for admission BPMH with decision support	>83% on admission	

Measure

Dimension: Safe

Indicator #5	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	118.00	115.00	The increase of reporting target is intentional to create greater awareness and improved safety as part of a just culture.	

Change Ideas

Change Idea #1 Completion of code white system upgrade.

Methods	Process measures	Target for process measure	Comments
Adoption as a corporate priority with project management oversight/support	Completion of upgrade to all areas in originally scoped work.	Completion of upgrade and removal of redundancy by Q4.	FTE=1020

Change Idea #2 Creation of a quarterly "Culture of Safety Report". This report provides statistics on reporting, how to report along with tips and tools for safety across the organization.

Methods	Process measures	Target for process measure	Comments
The communication department in consultation with the JHSC/workplace violence committee/OH&S	Completion of 4/quarterly reports for the year with distribution to all team members.	quarterly/4 reports for the year	

Change Idea #3 Increased resource dedication towards health and safety with a full time health and safety specialist position.

Methods	Process measures	Target for process measure	Comments
The Safety Specialist will be hired and report to the manager of OH&S. Responsible for ensuring legislation compliance and support safety education & training.	Hiring anticipated for Q2.	Hiring anticipated for Q2.	

Change Idea #4 Refine reporting workplace violence incidents in the incident reporting system.

Methods	Process measures	Target for process measure	Comments
In consultation with user stakeholders seek feedback regarding understanding of utilization. Feedback will inform program changes to ensure more accurate reporting of all incidents that are workplace violence related.	Improve understanding and accuracy of workplace violence incidents as defined by OHSA.	Program changes implemented by Q4.	

Measure

Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The number of lost time incidents due to workplace violence (WPV) injury.	C	Count / Worker	Hospital collected data / January 1 2023 to December 31 2023	5.00	5.00	Training will result in an increased awareness of what constitutes a WPV violence incident. Occupational Health focus is on early and safe return to work and accommodation where required.	

Change Ideas

Change Idea #1 Staff Training on the prevention and management of aggressive behaviour.

Methods	Process measures	Target for process measure	Comments
Ensure all staff receive appropriate crisis intervention training, low risk training for staff with little to no direct patient or family contact, moderate risk training for staff in areas that may have potential for aggression and violent behaviour and high risk training for staff in areas of high frequency and intensity of behavioural episodes and high probability for staff and patient harm.	1. Training completion rates for staff for e-learning module; 2. Training completion rates for staff in 2-day training; 3. Time to complete training modules after onboarding or expiry of previous training module (if applicable).	1. 100% of new staff to complete crisis intervention training before work on the floor by December 2023; 2. 95% of new staff complete e-learning modules within 60 days of orientation; 3. 90% of current staff to have current crisis intervention training complete by December 2023; 4. 90% of current staff to have e-learning training complete by December 2023.	

Change Idea #2	Provide opportunities for interprofessional learning by simulating a violent patient incident (mock code white) in an environment that closely resembles real clinical situations.		
Methods	Process measures	Target for process measure	Comments
Under the direction of the Code White Sub-Committee, conduct quarterly Mock Code White exercises followed by assessment of code team performance and response.	# of code white exercises held and follow up assessment completed	2 Mock Code White (violent patient simulation) exercises complete by December 2023 2 Assessments of Code team performance and response by December 2023	

Change Idea #3	Gentle Persuasive Approach (GPA) Training: Review current program, identify areas for enhancement & increase training opportunities.		
Methods	Process measures	Target for process measure	Comments
Review current GPA program, identify areas for enhancement & implement strategies. GPA training to be extended to identified positions.	During debriefing, identify techniques used during workplace violence incidents (i.e. GPA, crisis intervention training etc.).	Program will be reviewed identify areas for enhancement by September 2023. Staff identified for training by December 2023.	

Change Idea #4	Enhance debriefing processes for WPV related codes: code white, code purple, code silver		
Methods	Process measures	Target for process measure	Comments
Via sub-committee, enhance debriefing tool, process & implement algorithm for escalation identification.	Revised debriefing tool & algorithm.	Enhanced debriefing tool and algorithm to be in place by November 2023.	