

Access and Flow | Efficient | Custom Indicator

	Last Year		This Year	
Indicator #1	85	160	180	NA
Access to and use of Coordinated Care Plans / shared with COHT (Newly created number of coordinated care plans) (Orillia Soldiers' Memorial Hospital)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Standardized identification of patients and programs that will benefit from a coordinated care plan.

Process measure

- number of patients identified as needing the standardized criteria and consent to a care plan.

Target for process measure

- 40 newly created care plans per quarter for patients who meet the standardized criteria.

Lessons Learned

Complex frail seniors, patient of geriatric outreach, GEM and Couchiching health at home.

Change Idea #2 Implemented Not Implemented

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

Process measure

- Successful access of 8 of 8 anchor COHT partners. (Currently at 5/8)

Target for process measure

- Access for 8 of 8 anchor partners by Q3.

Lessons Learned

8 of 8 met and no new will be required.

Change Idea #3 Implemented Not Implemented

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

Process measure

- COHT senior team will receive quarterly for review/monitoring.

Target for process measure

- Performance Metric Workbook will be in place for Q1 data collection.

Lessons Learned

OHT balance scorecard implemented.

Change Idea #4 Implemented Not Implemented

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

Process measure

- Target ED, GEM nurses, patient navigators, primary care and home care stakeholders.

Target for process measure

- Host 1 education session per quarter starting in Q1

Lessons Learned

Success with quarterly lunch and learn education sessions.

Access and Flow | Timely | Custom Indicator

	Last Year		This Year	
Indicator #6	20.50	22.50	24.30	NA
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)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 **Implemented** **Not Implemented**

Execution of Patients in Motion meeting (PIM).

Process measure

- Creation of scorecard that will review each clinical area and P4R metrics.

Target for process measure

- 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)

Lessons Learned

Change in leadership posed a challenge to maintain momentum. New leadership successful in organizing an in person workshop with all clinical leads for education and goal setting.

Change Idea #2 **Implemented** **Not Implemented**

The addition of 2 new mental health safe rooms in ED in Q1

Process measure

- Occupancy permit received and room occupied

Target for process measure

- Occupancy permit received and room occupied by end of Q1

Lessons Learned

Timeline delays due supply chain barriers.

Change Idea #3 **Implemented** **Not Implemented**

Expansion of extra care area (ECA) on inpatient mental health to support reduction in ED LOS for mental health patients who require ECA.

Process measure

- Implementation of a project charter/project management to support construction completion.

Target for process measure

- Project completion by Q4

Lessons Learned

Timeline delays due to change in contractor/project management, now back on track and will be completed for March 2024.

Change Idea #4 **Implemented** **Not Implemented**

Introduction of a new dedicated offload nurse shift to support ED flow.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The new resource enhanced overall flow in the department and helped to stabilize nursing staffing.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year	
Indicator #4	CB	75	85	NA
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?”. (Orillia Soldiers' Memorial Hospital)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Successful start and implementation of the new patient survey platform Qualtrics in May 2023.

Process measure

- Monitoring of Qualtrics dashboard to validate received responses.

Target for process measure

- 25 surveys received per month

Lessons Learned

Delayed due to third party challenges. Qualtrics not implemented until Q4. Alternative plan in place for data collection via phone survey by volunteers.

Change Idea #2 Implemented Not Implemented

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

Process measure

- Attendance at staff huddles to support communication and receive information on barriers and opportunities. PFAC

Target for process measure

- 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.

Lessons Learned

Communication and education not started until Q4 and is ongoing.

Change Idea #3 Implemented Not Implemented

Alternative data collection for patient survey implemented in Q3 to support baseline data.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Alternate methods of collection explored and multi mode collection for robust data capture started in Q4.

Safety | Safe | **Custom Indicator**

	Last Year		This Year	
Indicator #5				
The number of lost time incidents due to workplace violence (WPV) injury. (Orillia Soldiers' Memorial Hospital)	5	5	4	NA
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Staff Training on the prevention and management of aggressive behaviour.

Process measure

- 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).

Target for process measure

- 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.

Lessons Learned

Regular policy updates in progress and will have future change in electronic platform. OSMH will also be reviewing efficacy of in person training.

Change Idea #2 Implemented Not Implemented

Provide opportunities for interprofessional learning by simulating a violent patient incident (mock code white) in an environment that closely resembles real clinical situations.

Process measure

- # of code white exercises held and follow up assessment completed

Target for process measure

- 2 Mock Code White (violent patient simulation) exercises complete by December 2023 2 Assessments of Code team performance and response by December 2023

Lessons Learned

Mock code white activity completed and increased success with a mock blitz. Training redesign as a result of staff input/feedback.

Change Idea #3 Implemented Not Implemented

Gentle Persuasive Approach (GPA) Training: Review current program, identify areas for enhancement & increase training opportunities.

Process measure

- During debriefing, identify techniques used during workplace violence incidents (i.e. GPA, crisis intervention training etc.).

Target for process measure

- Program will be reviewed identify areas for enhancement by September 2023. Staff identified for training by December 2023.

Lessons Learned

Execution as planned.

Change Idea #4 Implemented Not Implemented

Enhance debriefing processes for WPV related codes: code white, code purple, code silver

Process measure

- Revised debriefing tool & algorithm.

Target for process measure

- Enhanced debriefing tool and algorithm to be in place by November 2023.

Lessons Learned

CSIM community partners engaged and tool updated. Tool has been proven effective through multiple uses.

Safety | Effective | Priority Indicator

	Last Year		This Year	
Indicator #2	83.68	83	84.69	NA
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 (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Ensure advocacy for local programs to see progression to CPOE

Process measure

- Pharmacy Membership on committees and feedback to Medication Quality & Safety Committee

Target for process measure

- Membership on Clinical Informatics Committee and GBIN Roadmap Committees by March 31

Lessons Learned

EMR advancement to CPOE put on hold due to project challenges.

Change Idea #2 **Implemented** **Not Implemented**

Continue to educate staff and prescribers on Med Rec practices and expectations.

Process measure

- Monitor, socialize performance of Med Rec on admission to improve quality of Med Rec on admission

Target for process measure

- 0-50% of prescriber completion of learner video

Lessons Learned

Regular updates and data provided at unit huddles/huddle boards. New physician/prescriber orientation packages updated.

Change Idea #3 **Implemented** **Not Implemented**

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

Process measure

- Monthly review of admission data for admission BPMH with decision support

Target for process measure

- >83% on admission

Lessons Learned

Extensive engagement and focus groups with staff. Increased audit scope and intervals. All incomplete charts during the audit, triggered a full chart audit for deeper dive.

Change Idea #4 **Implemented** **Not Implemented**

Customized audit tool to new clinical area to ensure a comprehensive review of evidence of med rec.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The success was spread to all clinical area tools for Q4 this year.

Safety | Safe | **Priority Indicator**

	Last Year		This Year	
Indicator #3	118	115	110	NA
Number of workplace violence incidents reported by hospital workers (as defined by OHSa) within a 12 month period. (Orillia Soldiers' Memorial Hospital)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Completion of code white system upgrade.

Process measure

- Completion of upgrade to all areas in originally scoped work.

Target for process measure

- Completion of upgrade and removal of redundancy by Q4.

Lessons Learned

on track for completion by March 31 2024 as planned.

Change Idea #2 **Implemented** **Not Implemented**

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.

Process measure

- Completion of 4/quarterly reports for the year with distribution to all team members.

Target for process measure

- quarterly/4 reports for the year

Lessons Learned

Great success and will maintain in future.

Change Idea #3 **Implemented** **Not Implemented**

Increased resource dedication towards health and safety with a full time health and safety specialist position.

Process measure

- Hiring anticipated for Q2.

Target for process measure

- Hiring anticipated for Q2.

Lessons Learned

Specialist was completed and unfortunately the individual did not stay in the role and is in the process of recruitment.

Change Idea #4 **Implemented** **Not Implemented**

Refine reporting workplace violence incidents in the incident reporting system.

Process measure

- Improve understanding and accuracy of workplace violence incidents as defined by OHSA.

Target for process measure

- Program changes implemented by Q4.

Lessons Learned

System updates completed and the team continues to enhance reporting.