Access and Flow

Measure - Dimension: Timely

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department wait time to inpatient bed	O	Hours / ED patients	CIHI NACRS / ERNI hospitals: December 1st 2022 to November 30th 2023. Non-ERNI hospitals: April 1st 2023 to September 30th 2023 (Q1 and Q2)	22.43	22.00	As a result of the pandemic our region has seen an increase in population growth and unattached patients. The past 1-2 years have been a struggle to maintain our current target of 22.5 and we will strive for a small reduction of 0.5hrs in 24/25.	

Change Ideas

Change Idea #1 Corporate philosophy change from push to pull of inpatient units from the ED

Methods	Process measures	Target for process measure	Comments
This change idea will be monitored and tracked at the patients in motion meeting.	Number of patient to inpatient bed from time bed was assigned - 30 minutes	75% of all patients to inpatient bed from time bed was assigned within 30 minutes.	

Change Idea #2 Implement unit scorecards for monitoring compliance for 30 min pull time adherence.

Methods	Process measures	Target for process measure	Comments
Work to be completed at patient in motion meeting and then shared with units.	total number per unit	Scorecards developed and shared with units by end of Q2	

Measure - Dimension: Timely

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reporting the number of new coordinated care plans(CCP's) created for CHF and COPD patients in the CHIS HPG system to be accessed/utilized by COHT partners.	C	Number / People	HSSO CHRIS / April 1 2024 to March 31 2025	CB	100.00	Target based on number of hospital admissions and patient seen in community (ie heart function clinic) and by GEM in the ED. Total is approx 400-500 patients, however some are already captured in a current coordinated care plan through work done in 23-24 with frail seniors.	Couchiching FHT, Couchiching OHT

Change Ideas

Change Idea #1 Education events to promote the utilization of CCP's for CHF and COPD

Methods	Process measures	Target for process measure	Comments
manual collection of data	Led and tracked by OHT lead/ED	1 session per quarter	

Change Idea #2 Creation of COHT chronic disease HUB

Methods	Process measures	Target for process measure	Comments
The HUB will identify patients through central intake and clinical navigation	Monitored by COHT leadership (transfer payment agreement).	HUB to be in place for Q2.	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, senior management, board) who have completed relevant equity, diversity, inclusion, and anti-racism education	C	% / Staff	Hospital collected data / April 1 2024 to March 31 2025	CB	100.00	The expectation is to track senior level leader compliance to set a baseline in 24/25 for indigenous culture safety training.	

Change Ideas

Change Idea #1 Partnering with the IHC to provide a full day training on indigenous cultural safety

Methods	Process measures	Target for process measure	Comments
The will be tracked though HR.	Planning done through HR	Completion end of Q1	

Change Idea #2 Develop a tracking tool to monitor compliance

Methods	Process measures	Target for process measure	Comments
Tool to be developed by HR.	Compliance reporting will be shared with Senior team quarterly.	tool developed for end of Q1.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Patient experience: Did you receive enough information when you left the hospital?	C	% / Survey respondents	Other / April 1 2024 to March 31 2025	CB	75.00	With the many delays of implementation of Qualtrics in 23/24, we do not have any data to make an adjustment in the target. OSMH did engage in some phone surveys which showed positive feedback, however there is potential for feedback bias.	

Change Ideas

Change Idea #1 Design, develop and implement internal and external communication plan.

Methods	Process measures	Target for process measure	Comments
Output measure of number of groups who received communication and training.	Number of huddles, committees met with.	All impacted clinical areas, Leadership council and PFAC will receive a minimum of 2 communication/education touch points by June 30th.	

Change Idea #2 Ensure every patient discharged received written communication for discharge instructions

Methods	Process measures	Target for process measure	Comments
Leveraging the current depart tool.	Automated electronic documentation option to demonstrate written instruction provided.	80% of discharged patients.	

Change Idea #3	The Expected date of discharge will be displayed on the newly standardized patient whiteboards, ensuring that all patients and their families are informed. This will facilitate proactive discussions regarding discharge planning with the care team.		
Methods	Process measures	Target for process measure	Comments
New Standardize patient whiteboards will be installed on all units by Q3. Nurses will update the expected date of discharge on the patient whiteboards to facilitate communication with families by Q4	Managers will round with patients and review to ensure whiteboards are updated. patient rounding surveys will include a questions of: Is the whiteboard fully up-to-date.	75% of all new patient whiteboards will be fully up-to-date by Q4 2024.	

Safety

Measure - Dimension: Safe

Indicator #3	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	Number / Staff	Hospital collected data / April 1 2024 to March 31 2025	4.00	5.00	Indicator met in 23/24 but missed in 22/23. Will maintain target due to lack of sustainability and a shift in staff demographics (novice workforce post pandemic).	

Change Ideas

Change Idea #1 Review and customization of in person crisis prevention intervention training/SMG.

Methods	Process measures	Target for process measure	Comments
Workplace violence prevention stakeholder committee that reports to the corporate workplace violence committee (in conjunction with JHSC) will be responsible for recommendations for customization.	Consultation, contract negotiation and implementation all in scope.	Completion targeted for Q1.	

Change Idea #2 Implement a mock code white opportunities for staff.

Methods	Process measures	Target for process measure	Comments
EPC will coordinate and lead with code white committee.	Monitoring will be completed at EPC and reported to workplace violence committee.	1 mock code white per quarter.	