Theme I: Timely and Efficient Transitions

Measure
Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment.	A	% / All patients	CIHI DAD / April 2020 – March 2021	21.30	21.30	The ALC rate is heavily dependent on resources available in the community including Home care services, Long Term Care beds and affordable retirement homes with assisted living. Given the impact to the community services and resources with COVID, the health system is struggling to ensure those not able to return to a former housing arrangement have the supports to leave acute care settings.	Home and Community Care

Change Ideas

Change Idea #1 Adjust patient care model at the offsite Alternate Level of Care (ALC) centre to provide resources that will assist with discharge of ALC patients to Long Term Care Homes and Retirement Homes.

Methods	Process measures	Target for process measure	Comments
Add Recreologist and Behaviour Therapist to offsite team	Positions approved and filled	By December 31, 2022	

Change Idea #2 Implement Alternate Level of Care Best Practice guidelines

Methods	Process measures	Target for process measure	Comments
Completion of Ontario ALC Self Assessment tool	Current State analysis completed with 3 changes planned	by December 2022	The changes identified through this gap analysis will form part of our ongoing work in reducing ALC pressures in 2023-2024. This is a multi-year process.

Change Idea #3	Improve internal flow of acute patients to post acute destinations; Complete Value Stream Map process to identify efficiencies and role clarification to improve timely triaging patients		
Methods	Process measures	Target for process measure	Comments
Completion of process mapping exercise	Process Mapping completed with 3 changes planned	By December 2022	This is a high complexity system with considerations needed for both human factors and involvement of multiple technologies. It will be a multi-year process to introduce major changes to processes and measure the impact.

Change Idea #4	Home and Community Care Partnership- establish a cross community panel to review long stay ALC patients with complex discharge needs		
Methods	Process measures	Target for process measure	Comments
Complete the implementation of the panel	Establish and implement long stay panel	By November 2022	

Change Idea #5	Development of new, external site for ALC patients with a focus on appropriate infrastructure for patient comfort and safety		
Methods	Process measures	Target for process measure	Comments
Identify potential site; develop contract with appropriate site; work with our facilities team and the on-site management to identify necessary physical plant alterations; monitor progress of changes made; plan procedures for movement of patients and staff.	Open new facility	By end August 2022	

Measure   **Dimension:** Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The (90th percentile) 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 / All inpatients	Local data collection / Oct-Dec 2022	27.90	26.50	Our goal is to improve this indicator by 5% by December 2022, with subsequent gains realized once a full slate of improvements can be implemented.	

Change Ideas

Report Access Date: June 21, 2022

Change Idea #1 Systematic identification of Predicted Discharge Date (PDD) on every inpatient within 24 hours of admission on A4 Rehabilitation unit.

Methods	Process measures	Target for process measure	Comments
Education and follow up with physicians admitting to A4 will take place, with auditing of the presence of the PDD through a Meditech report.	Number of charts with PDD in place within 24 hours of admission	75% of all inpatient charts will have the PDD completed by December 31, 2022	This is a pilot unit. Successful implementation will be followed by spread of the change idea to other inpatient units.

Change Idea #2 Paramedic Training for IV pumps and PICC line care for community paramedics to support earlier discharge to the community.

Methods	Process measures	Target for process measure	Comments
Specific skills using advanced medical equipment not normally used by paramedics is being taught to paramedics to allow them to support patients in the community who would otherwise not be able to be discharged home.	Number of patients discharged with paramedic support from the inpatient units: A4, C4, ACE and A3	20 patients will have paramedic support on discharge by the end of December 2022	

Change Idea #3 Conduct a value stream mapping exercise to identify focused areas for improvement in patient flow

Methods	Process measures	Target for process measure	Comments
Key stakeholders are meeting to go through specific and detailed steps of the admission and discharge processes for patients. This will elicit targeted areas for improvement.	Number of areas of improvement targeted for further development and resolution	Conduct Value stream mapping and identify 3 areas of improvement by the end of August 2022	This is a multi-staged, multi-year initiative that begins with the Value Stream Mapping exercise.

Change Idea #4 Develop a standardized approach to discharge rounds to ensure the most efficient use of time and the most effective planning

Methods	Process measures	Target for process measure	Comments
Standardize discharge rounds process	Number of units using standardized approach	3 units by December 31, 2022	As a pilot approach, the standardized discharge rounds process will be shared with other units once it is honed.

Change Idea #5 Review work of previous A3 to diagnose major factors slowing discharge of patients.

Methods	Process measures	Target for process measure	Comments
Prior to COVID, work took place to identify areas of improvement in the discharge of patients. This work will be reviewed and compared to current processes to identify top foci for improvement in the efficiency of the discharge process.	Completion of review	By December 31 ,2022	

Change Idea #6 Open MH Unit with 24 private rooms to decrease wait time due to isolation, gender, reactive behaviours.

Methods	Process measures	Target for process measure	Comments
A new Mental Health unit will be opened to address many issues, including the frequent need for private rooms. Designs have been completed and renovation work is underway.	Unit open to patient care	By September 2022	

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 "completely" 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?	P	% / Survey respondents	CIHI CPES / Most recent 12 mos	57.62	60.00	We are continually making efforts to improve the information provided to patients at their discharge. This year's focus will be on training and employing discharge champions to guide recommendations to improve discharge planning.	

Change Ideas

Change Idea #1 Identify discharge champions on each Medicine unit (A3, ACE, A4 and C4)

Methods	Process measures	Target for process measure	Comments
The Medicine portfolio will identify appropriate nursing staff to act as discharge champions for their individual units.	Number of discharge champions trained for each Medicine unit	2 trained discharge champions on each unit by December 31, 2022	Total Surveys Initiated: 464

Change Idea #2 Discharge champions will speak to patients in the same language the satisfaction survey utilizes

Methods	Process measures	Target for process measure	Comments
Discharge champions will become familiar with the language used in the satisfaction surveys to ensure they share information in a way that is recognizable to the patient.	Percent of discharge champions who follow scripted standard work based on audit of conversations with patients	Percent of discharge champions who follow scripted standard work based on audit of conversations with patients	

Change Idea #3 Transition Tool which is the patient document for all instructions needed after discharge will be adapted to the electronic platform. Requires comparison to current discharge package.

Methods	Process measures	Target for process measure	Comments
Discharge package will be revised to include transition tool and prioritized for electronic transition.	The revised Discharge package will be employed	By December 2022.	

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Theme III: Safe and Effective Care

Measure   **Dimension:** Effective

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of incidents reported that identify delay or lack of response to a patient's condition as the specific event type.	C	Count / N/a	In house data collection / April to December	62.00	56.00	We are aiming toward a 10% improvement in specific incidents that identify delay or lack of response to a patient's condition.	

Change Ideas

Change Idea #1 Integrate Welch Allyn vital signs machines to ensure NEWS2 score is populating.

Methods	Process measures	Target for process measure	Comments
Emergency Department and Peri-ops program do not yet have the Welch Allyn vital signs machines integrated into the electronic chart.	Integration of Welsh Allyn completed in all units	100% of targeted units (Periop and Emergency Department) integrated by January 2023	

Change Idea #2 Introduction of Simulation exercises throughout the organization to prepare frontline staff to recognize and respond to various emergency scenarios.

Methods	Process measures	Target for process measure	Comments
Working group is developing a series of simulation exercises that will be conducted on the care units, using a scheduled approach.	Number of inter-professional simulation exercise provided	3 simulation exercises will be run every 2 months from June to December 2022	

Change Idea #3 Make most effective use of the Rapid Response nurse as a support to front-line inpatient unit nurses.

Methods	Process measures	Target for process measure	Comments
In order to maximize access to the Rapid Response Nurse, a new schedule will be implemented.	Number of times the Rapid Response Nurse has to accept an assignment in the ICU.	No assignments will be allocated to the Rapid Response Nurse from October to December 2022 (Q3)	

Change Idea #4	In order to optimize the use of Rapid Response Assessments/Calls, the Rapid Response Team will offer a refresher/education session on "rapid response call-criteria and clinical roles" to the clinical units

Methods	Process measures	Target for process measure	Comments
Specific education will be developed and delivered by the Rapid Response nurses to the inpatient units.	Number of units offered education sessions	6 clinical units from September 2022 to March 2023	

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 / January - December 2021	534.00	534.00	Violence is a major concern in healthcare. We continue to focus on promoting a culture of reporting to allow us to understand the factors and plan appropriate interventions. The number of reports received do not necessarily reflect the number of incidents, as there is often more than one report submitted per incident.	

Change Ideas

Change Idea #1	Train specific Behavioral Support (BSO) champions on targeted units. This involves specific training in Gentle Persuasive Techniques and NICHE training.

Methods	Process measures	Target for process measure	Comments
Training will be provided through well established educational programs supported by our Geriatric Specialty nurses	Number of BSO trained champions	Ten BSO champions will be trained	FTE=1596 By December 31 2022

Change Idea #2	Provide Managers with weekly reports on reported events that are approaching 30 days open to help facilitate closure within 30 days.

Methods	Process measures	Target for process measure	Comments
Monthly monitoring of open reports that extend beyond the 30-day target	Percent of workplace violence incidents in the RL system that have been closed within 30 days	By December 31, 2022, 80% of all workplace violence incident reports will be investigated and closed within 30 days	

Change Idea #3 Spread Behaviour Support knowledge for care of patients with dementia. Requires dedicated funding through Learning and Growth funds.

Methods	Process measures	Target for process measure	Comments
Allow appropriate nursing staff to attend traiing in BSO techniques with backfill for their time supported with Learning and Growth funding.	Number of Behaviour Support Ontario education sessions provided and number of staff trained	6 sessions with 12 participants in each session will be provided from June 2022 to December 2022 (72 trainees)	

Change Idea #4 In order to maintain the safest environment as possible, all patients admitted to Mental Health will have their belongings searched for sharp or unsafe/contraband items.

Methods	Process measures	Target for process measure	Comments
Tracking of this activity will be reported from information entered in the Meditech chart.	Percent of patients who have their belongings searched on admission	By June 2022, 100% of patients will have their belonging searched upon admission	

Change Idea #5 Development of a 4-bed psychiatric intensive care unit (PICU) to provide intensive therapies for patients who are severely ill and frequently known to be violent

Methods	Process measures	Target for process measure	Comments
A purpose-built area psychiatric ICU is underway to be opened with the renovated inpatient mental health unit.	Opening of the PICU	By end September 2022, the PICU will be open	

Change Idea #6 Re-implementation of the Non-Violent Crisis Intervention (NVCI) training program expanded to physicians in high risk areas -

Methods	Process measures	Target for process measure	Comments
A portion of the training is through e-learning with the remainder involving a virtual interaction with the trainers.	Number of training sessions scheduled, and number of staff trained	Schedule 18 NVCI training sessions in 2022. Train 1/3 (275) of the staff that are due for training by the end of 2022.	

Measure   **Dimension:** Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of incidents reported related to issues in management of medications per 1000 patient days	C	Rate per 1,000 patient days / All patients	Local data collection / June to December	6.30	6.00	This represents a 5% improvement.	

Change Ideas

Change Idea #1 Improve flow of pre-operative orders from surgeon's office to QCH patient chart (the "hold queue"). Currently requires a booking clerk to transcribe orders into Meditech for post operative care, which results in human error.

Methods	Process measures	Target for process measure	Comments
To be examined for specific recommendations to improve the safety of information trasnfer.	Number of "Hold queue" errors identified in incident reports	50% improvement from January to March 2022 to October to December 2022	

Change Idea #2 Bar Code Scanning compliance of patient own medication: Compliance with scanning each medication prior to medication delivery, resulting in patients receiving the correct drug 100% of the time.

Methods	Process measures	Target for process measure	Comments
Pharmacy to review and develop process to ensure patient's own medications, if they must be used in the hospital, are bar coded prior to use.	Percent of times patient's own medications are appropriately scanned prior to administration	85% by December 2022	There will still be several situations in which meds do not have a bar code due to pharmacy hours

Change Idea #3 Minimize soft Overrides on "Plum 360" Smart Pumps (most commonly used pump for large volume infusions). Nurses are over riding the soft limits on occasion to accommodate higher or lower rates than are programmed.

Methods	Process measures	Target for process measure	Comments
Review incidents where over-rides are taking place to determine whether the rates are appropriate, and adjust accordingly.	Override alert rate per 1000 programs	70/1000 pump usages (current rate is 101/1000) for the quarter October to December 2022	