



Queensway Carleton Hospital

QUALITY IMPROVEMENT PLAN

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Submitted

March 24, 2021



NARRATIVE REPORT OVERVIEW

We are extremely proud of the accomplishments realized in 2020-2021 despite the sudden shifting in our intentions as a result of the COVID-19 pandemic. Queensway Carleton Hospital staff were faced with a massive stress in ensuring that high quality patient care would continue in the face of unpredicted and unpredictable pressures. Innovative solutions to keep our Emergency Department functioning while managing high volumes of outpatients requiring testing, assessment and ultimately vaccination resulted in the transformation of a school into an outpatient centre seeing up to 600 patients per day, well as the renovation and redesign of our main conference space into a vaccination clinic that is destined to treat over 500 patients per day to begin. The unprecedented number of patients requiring alternate levels of care, resulting from an inability to return people to their long term care home or retirement home due to the large numbers of COVID-19 outbreaks in this sector forced QCH to re-evaluate the options for housing these individuals. Our teams negotiated with a local hotel, and were able to renovate two floors of hotel space into large, comfortable and sunny rooms for up to 56 patients awaiting return to their congregate living settings. This ultimately freed beds in our acute care hospital to treat those with more acute needs.



The time and energies directed to these necessary and urgent shifts in our business required that we postpone other intended and important plans. The goal to have a complete electronic record by February 2021, including establishing computerized physician order entry has been delayed further into the year. Our planned efforts to improve the patient experience with full application of the Health Quality Ontario Transition Tool and to better identify people with life limiting illness using the Hospital Patient One Year Mortality risk index is work that will continue, and that you will find on the 2021-2022 Quality Improvement Plan.



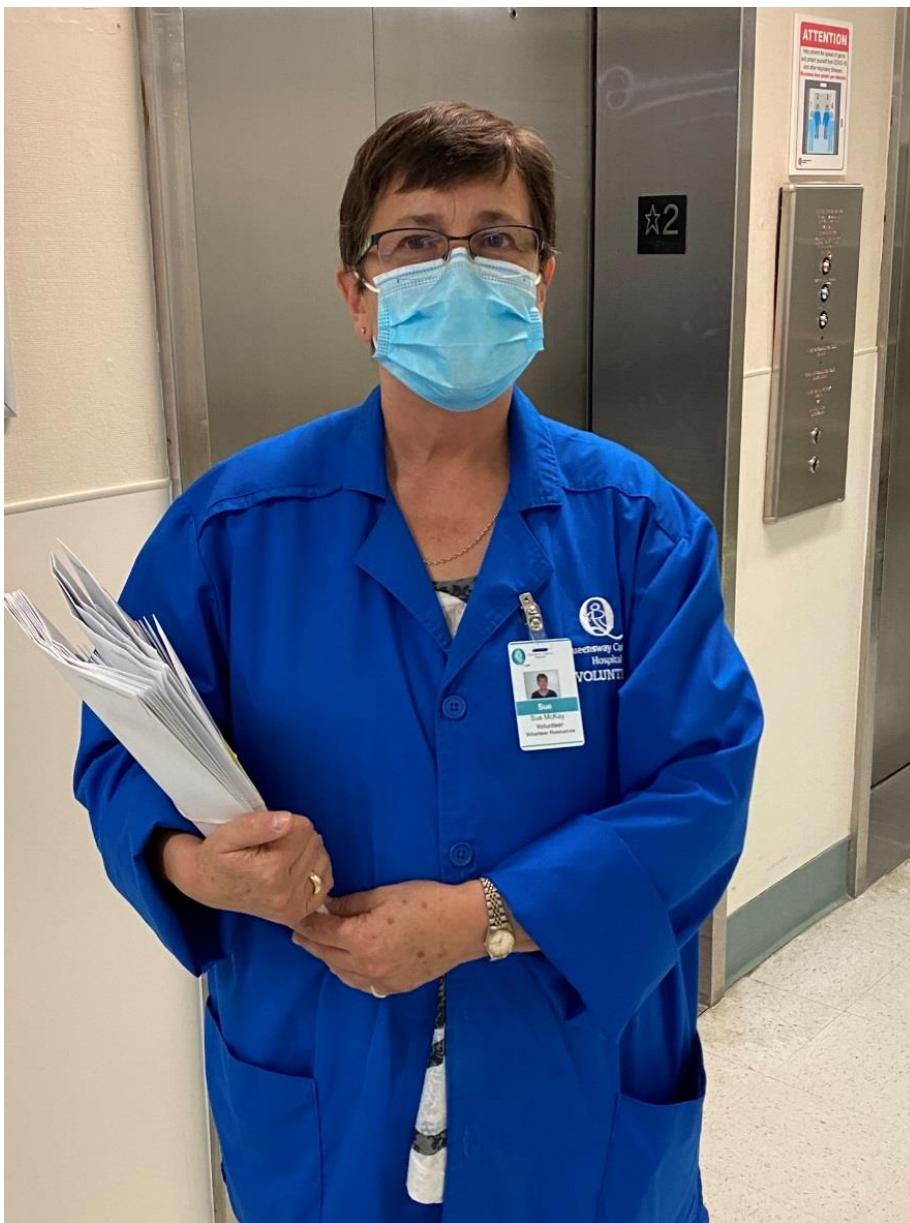
Queensway Carleton Hospital is known as an organization that is patient and family centered and that constantly strives to improve the quality of care provided to our patients. We have been named the best hospital in Ottawa for a second year through Newsweek's Best Hospitals Survey, and we have not only survived, but excelled through the challenges of the COVID-19 pandemic with impressive use of innovative thinking and the support of our patients and families, staff, physicians and volunteers.

DESCRIBE YOUR ORGANIZATION'S GREATEST QI ACHIEVEMENT FROM THE PAST YEAR

A major achievement in patient care at Queensway Carleton Hospital involved our investment in the automatic integration of recorded vital signs into the electronic health record which provides an ability to calculate a "NEWS2" score. NEWS2 is a National Early Warning System that helps identify patients with early signs of deteriorating health. We know from data provided by the Healthcare Insurance Reciprocal of Canada (HIROC) that delay in adequately identifying, assessing and responding to early signs of deterioration, in particular related to sepsis and neurological deterioration, is considered a high-risk issue in healthcare settings. The investment we have made in integration of vital signs and education for NEWS2 implementation helps our staff recognize these serious situations and intervene quickly.

COLLABORATION AND INTEGRATION

Queensway Carleton Hospital has received approval to continue our work with over 70 health care partners to develop the "Four Rivers" OHT (Ontario Health Team), bringing together primary care, public health, and community and social services to improve access to the right care at the right time in the right place for our patients. A full application and submission to government is now in process for this exciting new approach to coordination of care.



PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

2020-2021 has been a very busy year for the Queensway Carleton Hospital Patient and Family Advisory Council (PFAC). The year started with the ongoing involvement in committees, working groups, interviews, the development of the strategic plan and starting to brainstorm on accreditation recommendations regarding wayfinding.

Then COVID. After a short period to regroup, they were back up and contributing, adapting to online meetings, changing priorities and short deadlines. It has been humbling and proud to see how during this crisis the voice of the patient and family was not lost in the need to make decisions but incorporated and heard throughout. PFAC has been busier than ever.

Several highlights include:

- PFAC member contributing to both the hospital's and regional IPAC committee.
- Ethics subgroup on allocation of resources to discuss how to communicate with patients and families if we need to make such decisions.
- Patient portal development. The need for the patient portal to be implemented a year and a half sooner than anticipated was required to ensure that patients had the results and reports to facilitate virtual meetings with not only doctors at QCH, but in the community as well. The 2-month implementation timeframe required that the members to provide feedback multiple times a week. This was a PFAC priority and the impact for patients has been immeasurable.
- Wayfinding. COVID provided the perfect opportunity to look at wayfinding and to try different options to see what would work. PFAC provided their expertise and experience to the process.
- PFAC also continues to be involved in the different committees, working groups and interviews.

PFAC members miss the personal interactions and coming to the hospital for meetings but continue to be amazed and proud at how Queensway Carleton Hospital has adapted and made the voice of patient and families a priority during this exceptional year.



WORKPLACE VIOLENCE PREVENTION

There were a total of 148 workplace violence events reported by workers (employees, physicians, contractors, students, etc.) through our electronic incident reporting system (RL) in 2020, plus an additional 126 workplace violence events documented in security shift logs, code white reports, after hours manager reports, etc. for a total of 274 workplace violence events.

REPORTED THROUGH RL	148
UNREPORTED THROUGH RL	126
TOTAL	274

2021 will see QCH focus on a virtual platform for our violence training. The new format will include blended learning for on-line training and in-class training in a virtual environment.

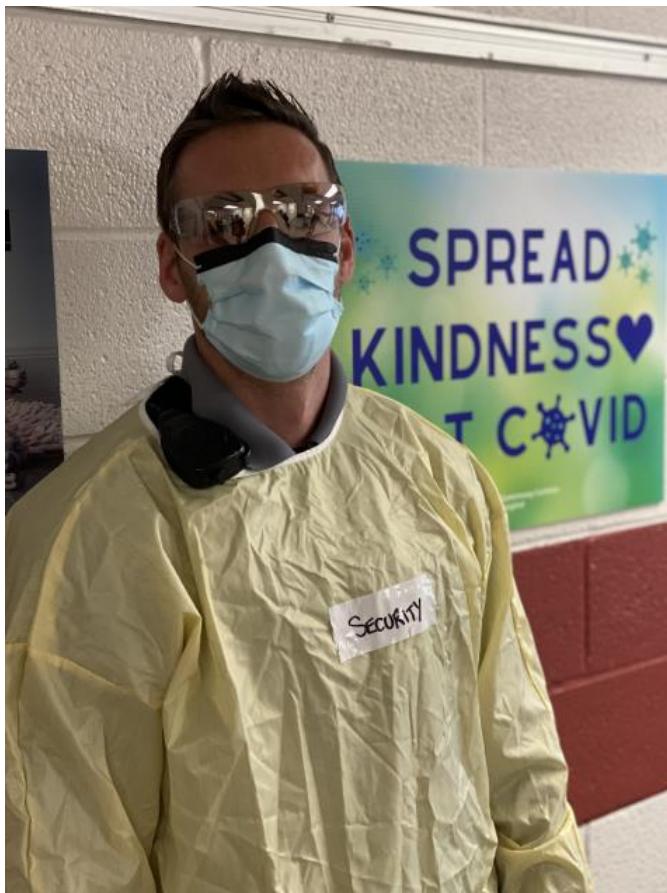
In addition, we will continue to focus on improving our reporting:

- Work is underway to create an electronic process for collecting Security Shift Reports which often contain information on incidents of violence that are not reported through the electronic incident reporting system. This will enable more accurate collection of reports of incidents of violence and facilitate mitigation responses. This data is currently collected for our QIP but through a manual process.
- Foster a culture of reporting by contacting staff directly following violent incidents to request reporting through the designated appropriate avenue (i.e. RL)
- Promote the use of hospital email by all staff to allow for easier follow up with staff and education on reporting
- Recognize the role of 'reporting champions' - Clinical Managers After Hours & Security Staff who document Code Whites and encourage involved staff to report through RL
- Continue to report on violent incidents at JOHSC and to senior management through scorecard

Additional interventions to assist in minimizing violent incidents and their impact at QCH include the following:

- QCH has invested in a 24-hour security presence dedicated to our Emergency Department. We will monitor the success of this pilot in hopes to see a decrease in the risk of violence in the Emergency Department.

- We will continue to respond in follow up to incidents and monitor for patterns, whether related to a specific patient population or a specific control that needs to be considered. Understanding the challenges workers are faced with and working together on solutions remains a valuable way to improve our culture of safety.



- Monitor patterns of violent incidents through RL and other means and connect with manager/staff to provide support and/or risk assessment for the area or unit
- Promote awareness on 'how to summon assistance' and the importance of reporting incidents and engaging in problem solving at Daily Improvement Huddles
- Review all incidents of violence and recommend corrective actions to managers, including violence flagging / appropriate communication to individuals involved in the patient's circle of care.

VIRTUAL CARE

In response to the COVID-19 pandemic the Ministry of Health encouraged

hospitals to convert outpatient in-person activity to a virtual environment. The Queensway Carleton took the approach to convert eligible activity to a virtual platform by using the Meditech Patient Portal, OTN and Aetonix. The target is to achieve 70% virtual visits and 30% in-person visits.

The Hospital transitioned several clinics to a virtual platform. The key drivers were - a specialized clinic for Skin and Soft Tissue/Infectious Disease (SSTIC), Chronic Disease management, Pre-Op Assessment Clinic and Outpatient Physiotherapy.



SSTIC and Chronic Disease clinics leverage both the OTN platform and the Meditech Patient Portal. Patients and their families are seen virtually using video conferencing. The Outpatient Physiotherapy offer all post-op joint patients the option of using virtual care. The physiotherapists are able to achieve 100% of their patients' goals – range of motion, strength, gate and personal goals. We experienced a high patient satisfaction rate.

An exciting project is the introduction of Aetonix in the post-op management for all hip and knee replacement patients. The Aetonix solution will provide virtual visits for long-term patients with their loved ones and care partners. Virtual care

will be applied during various points in the patient's journey – pre-habilitation, preoperative assessments, 7-day post-discharge monitoring and it will allow patients to participate in patient-reported outcome measures (PROMS).

Queensway Carleton Hospital has experienced very positive outcomes by patients who were managed using a virtual platform. Our Hospital plans to onboard more virtual activity over the coming year.

CONTACT INFORMATION

Questions related to our Quality Improvement Program may be sent to questions@qch.on.ca.

OTHER

Excerpts from comments made by our patients and families:

1. A hospital physiotherapist has been providing virtual physiotherapy appointments to me since January 8, 2021. I must say that with regular appointments my mobility has increased significantly, and I am now ready to discharge to community programs. The physiotherapist helped me overcome my initial hesitancy to move forward in my exercises and mobility, but her encouragement is definitely paying off in my ability to now manage many of the functions of daily life. Recovery will still take time, but I am moving in the right

direction and am pleased with the progress. Our Physio appointments have been virtual which means that I do not have to travel (I would have had to get a drive). I get one on one attention and with the current technology, she is able to see the progress and make recommendations for further exercises. My physiotherapist has been very positive and encouraging and is supporting my transition to community programs now that I have reached a certain level of function with her guidance.

2. I was in the hospital from December 4 to December 6, 2020. Although I am remiss in not remembering the names of the nursing staff who cared for me, I must state that my overall impression of them was extremely positive. I understood at the time that staff were extremely busy but despite this, I felt that I got excellent care and attention.
3. I have visited the QCH on four occasions in the last seven weeks because of a tibial plateau fracture. On each occasion, I have been amazed at how each and every staff member and volunteer has been incredibly polite and many have a sense of humour. Given these challenging times, and how understaffed and overworked the people are, I would really like them to know how much they are appreciated and respected. I know there are difficult patients but even they are treated with politeness and patience. The staff understands how anxious patients get, especially if there are delays or problems. Kudos!
4. I was brought to the ER on Sunday morning – I was there from ~8am until ~3pm. In that time, I had an x-ray, ultrasound, and had my blood taken. I was in several different areas of the ER during that time. I wanted to reach out to let you know that every single person I encountered at the hospital was kind and patient, not only to me, to everyone in the ER room around me. Every single worker in that department made it more pleasant for everyone around them. I thought you should know that the staff in the ER (and I'm sure the rest of the hospital) are extremely compassionate, friendly, and informative.



SIGN-OFF

I have reviewed and approved our organization's Quality Improvement Plan on _____

Board Chair _____

Board Quality Committee Chair _____

Chief Executive Officer _____



Quality Improvement Plan Follow-up Report for 2020-2021

Theme I: Timely and Efficient Transitions

1)	AIM		MEASURE					CHANGE		
	Issue	Quality Dimension	Measure/ Indicator	Unit/ Population	Period	Actual	Target	Change Ideas	Actual	Target
Timely and Efficient Transitions	Efficient	Total number of alternate level of care (ALC) days	Rate per 100 inpatient days	July - September 2020	27.1	20.1	Rehouse patients to small hospital partners	11	12	
								Opened November 2020 ✓	Complete in 2020	
								Fairfield Hotel expansion	Opened 56 beds (February 2021) ✓	56 beds

lower is better

Comments: As a direct result of COVID-19, the number of ALC patients housed at QCH rose substantially as they were unable to return to any long-term care or retirement home in outbreak. Local small hospitals were unable to continue accepting transfers of any ALC patients due to their own COVID-related struggles. QCH Leaders were integral in opening a 146-bed facility in Ottawa to house ALC patients from all Ottawa-based hospitals. QCH also entered into an agreement to redesign a hotel into two 28-bed ALC units to safely care for these patients while freeing up the acute care beds for others requiring hospital-based care. Despite all of these efforts, the number of ALC patients was higher than our target.

2)	AIM		MEASURE					CHANGE		
	Issue	Quality Dimension	Measure/ Indicator	Unit/ Population	Period	Actual	Target	Change Ideas	Actual	Target
Timely and Efficient Transitions	Efficient	Number of patients receiving care in unconventional spaces	Average patients per day	April - December 2020	Inpatients:	0 ▼	Establish baseline	Add 18 transitional beds to existing space	20 ▲	18
					ED Patients:			Repurpose Administrative wing as transitional unit	Opened November 2020 ✓	Complete in 2020

lower is better

Comments: During the height of COVID transmission in the community, an unanticipated decrease in Emergency Department (ED) presentations resulted in fewer emergency admissions to hospital. In addition, the required limitation on elective procedures provided access to additional beds for the emergent admissions. Therefore, use of unconventional spaces to transition from the ED to an admitted bed was extremely limited. In an effort to minimize the holding patients in unconventional spaces, we were able to open 20 beds on an unfunded unit to make optimal use of our space and provide safe care to those requiring inpatient beds.

3)	AIM		MEASURE					CHANGE		
	Issue	Quality Dimension	Measure/ Indicator	Unit/ Population	Period	Actual	Target	Change Ideas	Actual	Target
Timely and Efficient Transitions	Timely	Discharge summaries sent from hospital to primary care provider within 48 hours of discharge	Percentage of total discharge reports sent within 48 hours	October - December 2020	94%	90%	Develop standard work to review chart deficiencies in real time	86%	80% of deficiencies identified on day discharge summary is due	

higher is better

Comments: Despite the current status, QCH physicians have discharge summaries completed within 48 hours, the vast majority of the time. These are automatically sent to primary care physicians.

4)	AIM		MEASURE					CHANGE		
	Issue	Quality Dimension	Measure/ Indicator	Unit/ Population	Period	Actual	Target	Change Ideas	Actual	Target
Timely and Efficient Transitions	Timely	Time to inpatient bed following disposition decision in ED	Hours	October - December 2020	14.2	27.10	Develop field in electronic record for potential discharge date	Incomplete: Awaiting CPOE implementation	Complete required build within the electronic record	
							Record actual discharge time	Incomplete: Training halted due to COVID	Complete required training	

lower is better

Comments: The lower occupancy in the hospital compared to usual resulted in a great improvement in time to an inpatient bed during this period. Opening of an additional 20 beds impacted the ED LOS as more beds were available for patients requiring admission.

Theme II: Service Excellence

5)	AIM		MEASURE					CHANGE		
	Issue	Quality Dimension	Measure/ Indicator	Unit/ Population	Period	Actual	Target	Change Ideas	Actual	Target
Service Excellence	Patient-Centred	Respondents who are completely satisfied with "Did you receive enough information for hospital staff about what to do if you were worried about your condition or treatment after you left the hospital"	Percentage of completely satisfied respondents	April - December 2020	64%	66.5%	Best Practice transition team to review compliance with HQO Transition Tool	Incomplete: Halted due to COVID	90% of gaps identified	
							Establish standard work for discharge messaging and measure compliance	Incomplete: Halted due to COVID	80% of nurses complete all parameters	

higher is better

Comments: There were lower volumes of survey respondents than usual likely due to the pandemic.

AIM		MEASURE					CHANGE		
Issue	Quality Dimension	Measure/ Indicator	Unit/ Population	Period	Actual	Target	Change Idea		
Service Excellence	Patient-Centred	Complaints acknowledged in a timely manner	Percentage of complaints acknowledged within 5 business days	January - December 2020	98.04% 	98%	No change ideas were identified. Given our current rate of compliance that is exceeding 97%, we have concentrated our energies on quality improvement in other areas		

higher is better

Theme III: Safe and Effective Care

AIM		MEASURE					CHANGE		
Issue	Quality Dimension	Measure/ Indicator	Unit/ Population	Period	Actual	Target	Change Ideas	Actual	Target
Safe and Effective Care	Effective	Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created	Percentage of the proportion of the total number of patients	October - December 2020	87% 	88%	Implement CPOE with a forced function requiring physicians to review and reconcile medications on discharge	Incomplete: Due to delays of CPOE implementation 	25% with discharge prescription in the electronic chart

Comments: The data is based on the number of discharge prescriptions printed compared to number of discharges. There are nearly ½ the number of discharge prescriptions printed over the same three-month time frame this year compared to last year. The delay in CPOE implementation due to COVID impacted the opportunity to develop this force function that will ensure the reconciliation of medications at discharge. Implementation of CPOE will also make data collection much easier. This will be completed in 2021-2022.

AIM		MEASURE					CHANGE		
Issue	Quality Dimension	Measure/ Indicator	Unit/ Population	Period	Actual	Target	Change Ideas	Actual	Target
Safe and Effective Care	Effective	Proportion of hospitals where patients with a progressive, life-limiting illness are identified to benefit from palliative care and have these needs assessed.		July - December 2020	Not available ---	Establish baseline	Develop a report to identify patients who score positively with the HOMR tool	Incomplete: Work delayed due to COVID 	Report development complete

Comments: Baseline to be established once the Hospital Patient One Year Mortality Risk (HOMR) report is functioning in the electronic record. This work is being completed in partnership with the Montfort Hospital, and is expected to be reintroduced in 2021-2022.

9)	AIM		MEASURE					CHANGE		
	Issue	Quality Dimension	Measure/ Indicator	Unit/ Population	Period	Actual	Target	Change Ideas	Actual	Target
Safe and Effective Care	Effective	Percent of unscheduled repeat emergency visits following an emergency visit for a mental health condition	Percent of all primary mental health visits in ED	April - June 2020	11.1% 	17.2%	Create a discharge plan for patients consulted to Crisis Intervention Services RN in ED	Incomplete: Work delayed due to COVID 	95% will be given a discharge plan	
							Offer Wellness Check services to consult liaison patients	100% of target patients 	100% of target patients	
							Develop inpatient wellness plan to provide to patients admitted for more than 72 hours	Incomplete: Work delayed due to COVID 	70%	

lower is better

Comments: The bulk of this work was well on its way when it was postponed due to COVID-19 priorities. This will be completed in 2021-2022.

10)	AIM		MEASURE					CHANGE		
	Issue	Quality Dimension	Measure/ Indicator	Unit/ Population	Period	Actual	Target	Change Ideas	Actual	Target
Safe and Effective Care	Safe	Number of workplace violence incidents reported by hospital workers within a 12-month period	Count of reports	January - December 2020	274 	183	Enhance RL system to enable fulsome investigation of violent incidents and allow closure within 30 days	48% 	95% closed within 30 days	
							Expand Non-Violent Crisis Intervention Training to additional high-risk areas	Unable to pull reports 	85% of ED, Mental Health, ALC and Med/Surg (C4) staff trained	

lower is better

Comments: We continue to do deep dives into all violence reporting avenues - shift logs, code white reports, etc. QCH still demonstrates a culture of underreporting through the conventional means of reporting in the RL system. Due to space needs to accommodate physical distancing, our training rooms were no longer accessible to conduct NVCI courses. A focus has been on developing an online platform to provide this training.

Queensway Carleton Hospital 2021-2022 Quality Improvement Workplan

INDICATOR 1 – ALC DAYS			
	Actual	Target	Comments
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	27.4 ALC patient days /100 inpatient days July -September 2020	27.4 ALC patient days Reporting period: July – September 2021	The reduction in available LTCH beds will not resolve until new capacity is made available. LTCH are not returning to 4 residents per room, therefore, 800 beds are effectively removed from the system. Our target is based on previous year's data.
CHANGE IDEAS			
1. Continue to work with small hospital partners with vacant beds to rehouse ALC patients from the acute centre	11 patients were transferred to small hospital partners in 2020	6 patients will be transferred from QCH to a partner hospital in 2021	This target is half the previous year's target as local hospital partners have not been able to accept ALC patients due to COVID concerns.
2. Fairfield expansion to accommodate full utilization of additional ALC beds.	60% occupancy February 2021	90% occupancy	The very restrictive criteria for ALC patients to be selected for the Fairfield site make it difficult to fill the beds fully. This is not a purpose-built facility, therefore high risk patients cannot be placed in this setting.
3. Explore a longer term strategy or location for transitional care beds		Ministry approval for funding to support an initiative or partnership	

INDICATOR 2 – UNCONVENTIONAL SPACES

Unconventional spaces	Collecting Baseline Timeframe undefined	Average total number of unconventional spaces used for inpatients (Apr-December 2020 = 0) Average total number of unconventional spaces used for ED patients (April – December 2020 = 4.6)	Criteria defining the exact measure for what constitutes an unconventional space: Inpatients: As of 12 midnight, how many acute patients have been admitted to receive inpatient care and are placed in unconventional spaces in the facility excluding the ED? ED: As of 12 midnight, how many acute patients have been admitted to receive inpatient care and remain in unconventional spaces in the ED as there is no bed available? =Obs A and B lounge =Obs A&B Hallway =Cubes IWR 11&12 =Offload nurse =CT Scan waiting area
CHANGE IDEAS			
1. Solidify a process for Care Facilitators to recognize and refer appropriate patients for repatriation to other organizations	Number of stable medical or surgical patients from catchment area of smaller hospitals who are repatriated.	60% of appropriate patients transferred back to hospital closest to home	Returning patients to their closest appropriate hospital will make beds available at QCH for admissions from the ED, thereby avoiding use of unconventional spaces.
2. Develop a community/paramedic partnership to support patients who have not yet transitioned to ED staff.		MOU signed for a committed resource identified to provide care	

INDICATOR 3 – TIME TO INPATIENT BED

	Actual	Target	Comments
The (90 th 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.	14.2 hours from October-December 2020	27.4 hours: October to December 2021	The actual results achieved in 2020 were skewed due to the influence of COVID. Target set is in keeping with pre-COVID data.
CHANGE IDEAS			
1. Develop a field in the electronic record to capture the potential discharge date for all patients within 24 hours of admission	Not yet available	In December 2021, 90% of medical and surgical inpatients will have a PDD listed within 24 hours of admission	This will be accomplished with the implementation of CPOE
2. Establish a process to ensure the actual time of discharge for every patient is recorded in real time and available to the ACC clerks for recording in the patient chart.		90% of patients discharged from C4 and D4 in December 2021 will have a recorded time of discharge that is accurate.	Efforts to move this project forward were waylaid by COVID. ACE and A3 have about 70% of PDD inserted within 2 hours of admission

INDICATOR 4 – PATIENT SATISFACTION WITH DISCHARGE INFO

	Actual	Target	Comments
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?	64% YTD Fiscal Period Reporting period April 2020 – November 2020	66.5% Reporting period April–December 2021	Target is based on pre-COVID target
CHANGE IDEAS			
1. Create a best practice transition team to review and assess compliance with the guidelines outlined in the HQO Transition Tool between hospital and home and develop tools, including education to mitigate identified gaps	Not yet measured	90% of identified gaps will have a plan developed for mitigation by December 31, 2021	Previous change idea
2. Establish standard work for a consistent message that nurses will provide to patients prior to discharge on Medicine and Surgery in patient units.	Not yet measured	80% of nurses will complete all parameters identified in the consistent messaging in December 2021	Previous change idea

INDICATOR 5 – MEDICATION RECONCILIATION

	Actual Oct-Dec 2020	Target	Comments
Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged	87% October-December 2020	95% October to December 2021	With CPOE being active for inpatients and the discharge routine requiring a discharge med rec to be done, I would put the target as 95%. When CPOE comes into place, it will be easier to collect this data.
CHANGE IDEAS			
1. Implement CPOE in late fall with a forced function requiring physicians to review and reconcile all home medications and in hospital medications to determine which medications are required on discharge	Not available	75% of patients discharged to home, retirement homes or Long-Term Care Homes or transferred to another hospital will have a discharge prescription in their electronic chart	Previous change idea

INDICATOR 6 – PALLIATIVE CARE			
	Actual	Target	Comments
Proportion of hospitalizations where patients with a progressive, life-limiting illness, are identified to benefit from palliative care, and subsequently (within the episode of care) have their palliative care needs assessed using a comprehensive and holistic assessment	Not available	Collecting Baseline (most recent 6-month period)	Baseline to be established once the Hospital Patient One Year Mortality Risk (HOMR) report is functioning in the electronic system
CHANGE IDEAS			
1. Develop a report to identify patients who score positively with the Hospital Patient One Year Mortality Risk (HOMR) tool.	Baseline to be established once the HOMR report is functioning in the electronic system		A project plan is being developed with a multi-institutional committee including QCH and l'hôpital Montfort. We have a workplan and the script to build the flag in Meditech but this has not yet been done.

INDICATOR 7 – REPEAT ED VISITS (MENTAL HEALTH)

	Actual April-June 2020	Target	Comments
Percent of unscheduled repeat emergency visits following an emergency visit for a mental health condition.	11.1% April-June 2020	17.2% April – June 2021	Previous (2019) actual value was 20.02%. COVID had a very large influence on people's behaviours in terms of coming to the ED, so the 2020 measurement is likely skewed.
CHANGE IDEAS			
1. Create a Discharge Plan (hard copy) to all patients consulted to the Crisis Intervention Services RN in ED and discharged.	Not currently in place	95% of all patients seen by CIS RN will be given a completed Discharge Plan by August 2021	PFAC review completed and changes have been made towards a final draft. Plan re: roll out to be created (timeline TBD).
2. Develop Inpatient Wellness Plan (hard copy) to give to all admitted MH patients upon discharge from the Inpatient unit.	Not currently in place	70% of all patients admitted to the Inpatient unit for 72 hours or more will be given a completed Wellness Plan in August 2021	PFAC review completed and changes have been made towards a final draft. Note: Discussions with inpatient RNs and education have begun.

INDICATOR 8 - VIOLENCE

	Actual Jan-Dec 2020	Target	Comments
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12-month period	274	274	
CHANGE IDEAS			
1. Enhance RL system to enable a fulsome investigation of violent incidents and educate managers on incident investigation and mitigation strategies to decrease incidents of violence.	Currently 47% of incidents are closed within 30 days	75% of incidents closed within 30 days by December 2021	COVID has slowed all response times. Monthly reports will be going to managers for the last quarter to bring some closer attention to this metric.
2. Expand Non-Violent Crisis Intervention training content to add additional high-risk areas based on our risk assessments and enhance the focus on de- escalation strategies	Not available	66% of ED, Mental Health, ALC and Med/Surg (C4) staff will be trained	Virtual training will be available in 2021 to compensate for the lack of in-person training space. Renewal requirements has been adjusted from every 2 years to every 3 years to enable a broader group of staff to receive training. We will be adding (ACE and C4) in 2021/2022.