

## Theme I: Timely and Efficient Transitions

### Measure Dimension: Timely

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent discharge summaries sent from hospital to community care provider within 48 hours of discharge	C	Number / All patients	WTIS, CCO, BCS, MOHLTC / January 2023-December 2023	CB	35.00	The goal for this target is to reach 35%	

### Change Ideas

Change Idea #1 Educate physicians on the chart completion policy and process for forwarding discharge summaries to the Primary Care Provider

Methods	Process measures	Target for process measure	Comments
The Health Records Manager and the Quality Manager will develop physician education. The Manager of Health Records will monitor compliance to this indicator. Data will be presented to the Medical staff and MAC as well as reported on a quarterly basis to the Quality Committee of the Board.	Education to be complete and delivered by the end of Q1.	75% of all physicians will have completed the education by the end of Q1. 90% of attending physicians will have completed the education by the end of Q3	

Change Idea #2 Determine which Physicians are not completing discharge summaries in a timely manner and provide education.

Methods	Process measures	Target for process measure	Comments
Medical records will log the number of complete and incomplete discharge summaries per Physician. This information will be shared with each Physician and the MAC.	Percentage of discharge summaries completed within 48 hours/Physician.	By the end of Q3 all physicians will have at least 35% of their discharge summaries delivered to the primary care provider within 48 hours of patient's discharge from hospital.	

**Measure**      **Dimension:** Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Emergency Department length of stay for patients admitted to hospital	C	Hours / Patients	WTIS, CCO, BCS, MOHLTC / January 2023 - December 2023	CB	8.00	Meet Ministry of Health targets	

**Change Ideas**

**Change Idea #1** Continue to move patients out of the ER once the decision to admit has been made. Utilize off service beds as a temporary strategy, as necessary. Continue to implement strategies to improve communication between physicians and the utilization coordinator/supervisor to expedite discharges.

Methods	Process measures	Target for process measure	Comments
Continue to monitor patients who have not been moved to an inpatient bed, to determine any mitigating factors.	Number of patients who are in an inpatient bed within 8.0 hours of the decision to admit. This data is reported at the Utilization Committee and sent monthly to the ER manager.	By the end of Q3 time to an inpatient bed will be less than or equal to 8.0 hours.	

**Measure**      Dimension: Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Emergency Department length of stay for high urgency patients not admitted to hospital	C	Hours / Patients	WTIS, CCO, BCS, MOHLTC / January 2023 - December 2023	CB	8.00	Meet Ministry of Health targets	

**Change Ideas**

Change Idea #1 Development of ED Fast Track for low urgency patients will enhance patient flow through the ED and support more responsive care for high urgency and low urgency patients.

Methods	Process measures	Target for process measure	Comments
Create enhanced patient flow by assessing low urgency patients quickly and transition them to appropriate services as needed.	Review ED wait times for high urgency ED visits.	Reduce ED wait times for high urgency ED visits to 4 hours or less.	

**Measure**      Dimension: Timely

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Emergency Department length of stay for low urgency patients not admitted to hospital	C	Hours / Patients	WTIS, CCO, BCS, MOHLTC / January 2023 - December 2023	CB	4.00	Meet Ministry of Health target	

**Change Ideas**

Change Idea #1 Plan, develop, and implement ED "Fast Track" for low urgency patients.

Methods	Process measures	Target for process measure	Comments
Create enhanced patient flow by assessing low urgency patients quickly and transition them to appropriate services as needed.	Review ED wait times for low urgency ED visits.	Reduce ED wait times for low urgency ED visits to 4 hours or less.	

## Theme II: Service Excellence

### Measure Dimension: Patient-centred

Indicator #5	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 consecutive 12-month period	CB	CB	CB	

### Change Ideas

Change Idea #1 Use of PODS (Patient Orientated Discharge Summaries) for all medical inpatients.

Methods	Process measures	Target for process measure	Comments
Staff will replace the current patient discharge instruction form with PODS. The PODS will be reviewed with patients prior to discharge, and the patient will have an opportunity to ask questions/make notes on the PODS. Patients and the discharging nurse will sign the PODS, which indicates that the instructions have been given and understood. The PODS contains a list of community providers that can be contacted if the patient has concerns once they are home.	Percentage of patients indicating a positive response in the Patient Experience Survey over the total number of surveys completed.	90% of patients completing and returning a Patient Experience Survey will answer yes to the 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" by the end of Q3.	

## Change Idea #2 Enhancement of the discharge follow up phone call program.

Methods	Process measures	Target for process measure	Comments
All completed PODS will be collected by the Health Records department. The follow up phone call nurse will use the PODS form as a template to guide the follow up phone call and address patient concerns and discharge challenges.	Number of patients who receive a follow up phone call over the number of patients who consent to receiving a follow up phone call.	By the end of Q3, 75% of patients who consent to receiving a follow up phone call will receive a follow up phone call.	

## Change Idea #3 Continue to utilize the Electronic Patient Experience Survey, in addition to the traditional paper survey.

Methods	Process measures	Target for process measure	Comments
Paper copies of the Patient Experience Survey are available in inpatient and outpatient units. Patients who consent to receive an electronic survey, are sent an email with a link to the Electronic Patient Experience Survey, through Surge Learning. Results of the paper and electronic surveys are collated.	The Executive team reviews results of the electronic and paper survey on a quarterly basis. Annual reviews of this data are presented to the Patient and Family Advisory Committee, the Quality Committee of the Board, Leadership and the Board of Directors.	All patients who consent will be sent an electronic survey. All patients in inpatient and out patient departments will have access to a paper copy of the survey.	

## Theme III: Safe and Effective Care

### Measure Dimension: Effective

Indicator #6	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)	CB	CB	CB	

### Change Ideas

Change Idea #1 Work toward electronic med rec tool and explore expanded role for pharmacy in med rec. Continue to educate nursing on patient safety related to med rec.

Methods	Process measures	Target for process measure	Comments
Med Rec on Discharge data will be monitored on a quarterly basis by the Patient Care Managers and the Quality/Risk Manager using on site audit and reported to the Med Rec focus group	The percentage of patients in a discharge sample who had Medication Reconciliation completed upon Discharge over total number of charts audited will be Reported to the Quality Committee of the Board Biannually	75% or more of Patient charts audited will have a completed Medication Reconciliation on Discharge over the total number of discharge charts audited.	

**Measure**      **Dimension: Safe**

Indicator #7	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	229.00	229.00	Maintain current performance.	

**Change Ideas**

Change Idea #1 JOHSC will repeat a formal violence/risk assessment. Continue to encourage and monitor reporting practices.

Methods	Process measures	Target for process measure	Comments
Continue to monitor reporting practices of violent incidents with the goal of increasing reporting through RL6 and reducing actual occurrences of violence.	Number of incident reports submitting through RL6 re. incidents of violence or threat of violence over 12 months.	Greater than 229 incidents will be submitted in the calendar year of 2023-24.	FTE=418  We have increased security in our hospital. We continue to promote increased reporting to ensure rate of incidence is accurately captured.

Change Idea #2 Develop a process by which partners can notify us if they are sending/bringing in a patient who is exhibiting violence.

Methods	Process measures	Target for process measure	Comments
Monitor number of patients arriving in ER by ambulance who were exhibiting violent/ threat of violent behaviours where we were notified prior to arrival.	Monitor the number of patients who were brought in to ER by Ambulance who where exhibiting violent / threat of violence behaviors where we were notified in advance of arrival over number of patients arriving in ER by ambulance who were exhibiting violent / threat of violence behaviors	60% of the time, ER will be notified in advance of patients arriving in ER by ambulance who were exhibiting violent / threat of violence behaviors	