# 2021/22 WORK PLAN

| INDICATOR | TARGET | CHANGE INITIATIVE(S) | METHODS | PERSON RESPONSIBLE |
|---|---|---|---|---|
| Emergency Department wait time for inpatient bed | 12 hours | • Implement electronic TOI for ED to ward transitions, reducing delays associated with verbal TOI.<br>• ED Diversion Project | • Engage Cerner specialist and work with ED and inpatient clinical teams on education and communication plan<br>• Conduct audits to verify electronic TOI is being completed<br>• Work with community partners to develop a process for diversion of some ED care into the community | Director, ED, Medicine, Regional Stroke, Access & Flow |
| Emergency Department physician initial assessment (PIA) average wait in hours – 90$^{th}$ %ile | 3 hours | Identify and prioritize resources necessary to reduce the impact of bottlenecks within the ED that have a significant impact on PIA and patient flow. | • Utilize Fracture Clinic space for ED level patients<br>• Adjust physician start time from 1400 to 1000 for shifts paid for by P4R funding to better align with patient arrival times<br>• Dedicated ED phlebotomist<br>• Optimize utilization of ACA/fast track area | Director, ED, Medicine, Regional Stroke, Access & Flow |
| % of time provincial wait time target is met for ED | 89.7% | • Identify and prioritize resources to address patient flow bottlenecks within and beyond the walls of the ED.<br>• ED Patient Flow Project | • Optimize capabilities within Cerner to utilize real time data to flag bottlenecks and trigger escalation<br>• Pilot admission avoidance strategy with LHIN service provider<br>• Partner with NLOT and GIM to offer virtual consultation for patients in LTCH & RH<br>• Develop real time flow information display in ED | Director, ED, Medicine, Regional Stroke, Access & Flow |

# 2021/22 CHANGE INITIATIVES

| INDICATOR | TARGET | CHANGE INITIATIVE(S) | METHODS | PERSON RESPONSIBLE |
|---|---|---|---|---|
| Avoidable Beds (Conservable Beds + ALC Beds) | 123 beds | Implement strategies aimed at decreasing inpatient LOS, reducing ALC rates and reducing hospital readmission rates, leveraging virtual care where possible. | • Expand RRTP from medicine units to entire site, including ED, to facilitate earlier discharges and a reduction in referrals to inpatient rehab<br>• GEM nurses to provide virtual follow up for patients discharged from medicine program at high risk for readmission<br>• Implement geriatric model of care, which will improve discharge planning for frail seniors | Director, ED, Medicine, Regional Stroke, Access & Flow |
| % of time BPMH is completed on admission | 80 % | 1) Decrease the knowledge gap of clinical staff<br>2) Increase accountability for the process | • Monitor outcomes from EDGE learning course<br>• Implement HIPPO education module<br>• 1:1 coaching with nursing staff (piloting in ED)<br>• Monthly reporting on BPMH compliance by program<br>• Daily reporting on BPMH completion by program<br>• Implementation of pharmacy students on select units | Integrated Director, Pharmacy Director, Professional Practice |

# 2021/22 CHANGE INITIATIVES

| INDICATOR | TARGET | CHANGE INITIATIVE(S) | METHODS | PERSON RESPONSIBLE |
|---|---|---|---|---|
| Did you receive enough information when you left the hospital - % | 70 % | Analyze results to identify and prioritize programs with significant impact on indicator "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?" and pilot initiatives to improve performance | Identify areas with positive variance in results, understand what allows them to achieve better results, and mobilize that knowledge to areas with lower performance | Clinical Program Directors |
| Number of workplace violence incidents overall | 176 | Reduce frequency of violence incidents. | • Statistical analysis of problem<br>• Root cause analysis of most common trending injuries<br>• Update environmental risk assessments/ prioritize based on statistical analysis of code white calls etc.<br>• Update process flow for satellite locations and education for staff at these sites<br>• Review de-escalation training protocols for staff in high risk areas. | Director, Occupational Health and Wellness |