Theme I: Timely and Efficient Transitions

Measure
Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Emergency Department Wait Time for Inpatient Bed	C	90th percentile / ED patients	Other / March 2022 Year to Date	19.69	16.00	Target based on top decile performance of Large Community Hospitals in Ontario	Waterloo Wellington Local Health Integration Network, Cambridge Memorial Hospital, Guelph General Hospital, St. Joseph's Health Care System Hamilton

Change Ideas

Change Idea #1 Re-establish the Patient Flow Committee post pandemic to develop initiatives in reducing wait times for inpatient beds

Methods	Process measures	Target for process measure	Comments
Identify priority improvements to reduce wait times Using PDSA cycles, implement improvements	1. % of Express Unit beds utilized on Monday's and Tuesday's 2. % of time patients holding in the ED are transferred to inpatient hallways stretchers when ED Surge Protocol activated when triggers met 3. % of time Mental Health Overflow algorithm activated when triggers met and one patient is surged to another unit 4. % of time additional porter shifts are staffed in the ED	1. 83% (5/6) of Express Unit beds will be utilized by end of Q1 (June 30/22) 2. Admitted patients holding in the ED will be transferred to inpatient hallway stretchers 100% of time ED Surge Protocol activated by end of Q1 3. 80% of the time the algorithm is activated at least one patient will be surged to either EAU, AIMH and/or CAIP by end of Q2 (Sept 30/22) 4. 80% of additional porter shifts will be staffed by end of Q2	

Measure   **Dimension:** Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Alternate Level of Care (ALC) Rate. The percentage of ALC days contributed by acute and post-acute ALC patients over the total number of acute and post-acute inpatient days.	C	% / All inpatients	In house data collection / March 2022 Year to Date	19.60	15.10	Target set to achieve median performance for Large Community Hospitals as an incremental progression towards top decile performance	Waterloo Wellington Local Health Integration Network

Change Ideas

Change Idea #1 Re-establish the patient flow committee post pandemic to develop initiatives in reducing wait times for inpatients

Methods	Process measures	Target for process measure	Comments
Support discharge planning transition from Home and Community Care Services to GRH Review and educate clinical criteria for post-acute regional beds Evaluate Coordinated Bed Access process	% of time EDD is entered on admission	EDD entered on 70% of admissions by March 31, 2023	

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	68.91	70.00	Striving for a 10% improvement over current performance, aligned with large community hospital top decile performance.	

Change Ideas

Change Idea #1 Begin phashing in Patient Experience Strategy actions focused on improving discharge information

Methods	Process measures	Target for process measure	Comments
Identify priority units for initial phase roll out Identify standard approach for customer service	% of patient oriented discharge summaries provided on discharge	70% of discharged inpatients will have patient oriented discharge information provided by March 31, 2023	Total Surveys Initiated: 2316

Theme III: Safe and Effective Care

Measure   **Dimension:** Effective

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Medication reconciliation at admission.	C	% / All inpatients	Other / March 2022 Year to Date	75.91	83.40	Targeting a 10% improvement over current performance	St. Joseph's Health Care System Hamilton

Change Ideas

Change Idea #1 Improve the % of time BPMH is completed on admission

Methods	Process measures	Target for process measure	Comments
Monitor outcomes from EDGE and HIPPO Develop BPMH annual course Monthly reporting on BPMH compliance by program Daily reporting on BPMH completion by program Implementation of pharmacy students on select units. Review and respond to SafetyNet incidents to assist with accountability	# of medication errors in SafetyNet with unconfirmed BPMH a contributing factor	10% reduction in medication safety events with incomplete BPMH as a contributing factor by March 31, 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	245.00	228.00	Targeting a 10% improvement over our 21/22 year end performance	

Change Ideas

Change Idea #1	Reduce workplace violence incidents by implementing the recommendations from the Violence in Workplace Review completed in April 2022. Develop security strategy

Methods	Process measures	Target for process measure	Comments
Statistical analysis of the problem Root cause analysis of most common trending incidents Update environmental risk assessments/prioritize based on statistical analysis of code white calls, etc Update process flow for satellite locations and education for staff at these sites Review de-escalation training protocols for staff in high and low risk areas	% of time de-escalation training is completed by staff in low risk areas	95% of staff in low risk areas assigned de-escalation training will complete it by March 31, 2023	FTE=3064

Change Idea #2	Develop a security strategy

Methods	Process measures	Target for process measure	Comments
Implement Electronic Personal Alarms (EPAs) in additional areas	% of time EPAs are utilized	EPAs utilized 95% f the time by March 31, 2023	

Measure   **Dimension:** Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In hospital sepsis. The rate of acute in hospital sepsis per 1,000 discharges. ED, Outpatients, mental health and post-acute are excluded	C	% / Other	CIHI DAD / January 2022 YTD	4.60	4.10	10% improvement over January 2022 YTD performance	

Change Ideas

Change Idea #1 Complete a current state review and identify gaps

Methods	Process measures	Target for process measure	Comments
Complete an audit of all 20/21 reported cases of sepsis to identify potential gaps Determine root cause of gaps Develop action plans to address gaps	% of sepsis charts reviewed and validated	50% of sepsis charts will be reviewed and validated by July 1, 2022 and 100% by Sept. 30, 2022	