Theme II: Service Excellence

Measure   **Dimension:** Patient-centred

Indicator #1	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	86.69	85.10	To maintain performance above the teaching hospital average (85.1%)	

Change Ideas

Change Idea #1   To re-establish collection of Patient Experience surveys (expected April 2023), review most recent results and respond as necessary.

Methods	Process measures	Target for process measure	Comments
Once survey collection re-established, for programs to review results at Integrated Quality and Operations Committees.	To review overall results. If not meeting Teaching Hospital Average, understand why this is occurring.	For initial review to begin after one quarter of collecting data.	Total Surveys Initiated: 263 As we have not had the ability to collect Patient Experience surveys, we will need to determine specific actions, once this information is available.

Measure   **Dimension:** Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To formalize and further embed the role of Essential Care Partners	C	Number / Other	Other / 2022/23	4.00	12.00	Organization capacity will support a total of 12 units.	

Change Ideas

Change Idea #1   Complete the pilot on 4 inpatient units and implement on 8 additional units for a total of 12 units by March 31, 2024

Methods	Process measures	Target for process measure	Comments
Working directly with staff at point of care to roll-out this initiative, learning from pilot units and implementing improvement ideas.	Number of units with Essential Care Partner program implemented.	To implement Essential Care Partner program on 12 inpatient units.	

Theme III: Safe and Effective Care

Measure   **Dimension:** Effective

Indicator #3	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)	88.20	88.00	To maintain current performance.	

Change Ideas

Change Idea #1 To focus on departments that are not meeting the hospital target of 88%.

Methods	Process measures	Target for process measure	Comments
Through data analysis and team collaboration, understand the barrier to not achieving the goal.	Once understanding the barriers, develop measures for improvement.	To increase the number of departments who are meeting the hospital target of 88%.	

Measure   **Dimension:** Safe

Indicator #4	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	962.00	900.00	Continued emphasis on reporting is required to ensure a safe and well workplace.	

Change Ideas

Change Idea #1   Continued focus on "support to report" to encourage staff to report incidents of aggression and violence.

Methods	Process measures	Target for process measure	Comments
Support to report campaign, timely follow-up with staff by management and occupational health, review of safety plan.	Number of reported events.	900 reported events for 2023/24	FTE=4227

Change Idea #2   Implementation of new hospital-wide guideline: Guideline for a Safety-Oriented Response to Escalating Behaviours of Patients, Families, Caregivers/Support people, Visitors

Methods	Process measures	Target for process measure	Comments
Roll-out to all leaders and staff. Update to mandatory Prevention of Violence in the Workplace training. Focus is on early and consistent intervention.	Completion of training of all staff.	Will be monitoring staff training as well as the issuing of responsibility letters as needed to patients, families etc.	

Equity

Measure   **Dimension:** Equitable

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Completion of the development of a training module for the process of collecting race and ethnicity data (inclusive of patient education)	C	Other / All patients	Other / 2022/23	0.00	1.00	Completion of the development of a training module that is required for the collection of race and ethnicity data.	

Change Ideas

Change Idea #1   To assemble a working group inclusive of community stakeholders to develop training module.

Methods	Process measures	Target for process measure	Comments
A collaborative approach to the creation of a training module for staff. Will also include the creation of educational resources for patients.	Completion of training module & educational resources for patients.	Completion of training module & educational resources for patients.	

Report Access Date: May 01, 2023