

Theme I: Timely and Efficient Transitions | Efficient | Priority Indicator

Indicator #9

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. (Humber River Hospital)

Last Year

10.20

Performance
(2019/20)

12.70

Target
(2019/20)

This Year

6.51

Performance
(2020/21)

6.51

Target
(2020/21)

Change Idea #1

Continue to build capacity by using iPlan and the CLHIN's discharge planning pathway as tools for ALC management.

Target for process measure

- 100% of ALC patients to be tracked through iPlan.

Lessons Learned

Target achieved. Compliance with Discharge Planning Pathway supported by Joint Discharge rounds and iPlan. Engagement with key stakeholders, leveraging technology, accountability through Joint Discharge rounds and reporting.

Indicator #10

Unconventional spaces (Humber River Hospital)

Last Year

13.18

Performance
(2019/20)

0

Target
(2019/20)

This Year

0

Performance
(2020/21)

0

Target
(2020/21)

Change Idea #1

Maintain current performance of 0 inpatients receiving care in unconventional spaces

Target for process measure

- 100% of inpatients being tracked on iPLAN

Lessons Learned

Once the definition of unconventional spaces was determined, we were able to create a data collection process to ensure more accurate data is captured on a daily basis.

Theme I: Timely and Efficient Transitions | Timely | **Priority Indicator**

Indicator #4	Last Year		This Year	
	Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital. (Humber River Hospital)	78 Performance (2019/20)	80 Target (2019/20)	68.60 Performance (2020/21)

Change Idea #1

Develop and implement hospital policy mandating discharge summaries to be delivered to primary care providers within 48 hours of discharge

Target for process measure

- 100% of physicians made aware of corporate policy

Lessons Learned

Policy is under review.

Change Idea #2

Create a dashboard to track the delivery of discharge summaries

Target for process measure

- 80% of discharged patients had discharge summaries sent to their primary care provider within 48 hours of discharge

Lessons Learned

The dashboard is currently developed and a roll-out is scheduled for FY2020/21. In the interim, internal Meditech and Health Information System reports are tracking these results.

Theme I: Timely and Efficient Transitions | Timely | **Mandatory Indicator**

Indicator #8	Last Year		This Year	
	The 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. (Humber River Hospital)	12.28 Performance (2019/20)	10 Target (2019/20)	5.08 Performance (2020/21)

Change Idea #1

Develop close to real-time tracking of admitted patients in the ED waiting for an inpatient bed

Target for process measure

- 10-hour 90th percentile time to inpatient bed

Lessons Learned

IPOM was revised and implemented. Inpatient Tile with Boarders Tile available on inpatient units. "Pull" culture was re-enforced for getting real-time data.

Theme II: Service Excellence | Patient-centred | Priority Indicator

Indicator #5	Last Year		This Year	
	51.49	57.50	78.60	78.60
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? (Humber River Hospital)	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Monitor distribution of SMART discharge packages on inpatient units

Target for process measure

- 100% of inpatients receiving SMART discharge packages

Lessons Learned

The SMART discharge protocol is a framework nurses follow to ensure the following details are discussed at discharge - Signs and symptoms, Medications, Appointments, Results, Talk and answer questions.

Indicator #3	Last Year		This Year	
	88.97	91	97.80	100
Percentage of complaints acknowledged to the individual who made a complaint within five business days. (Humber River Hospital)	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Streamline HRH review process of patient complaints

Target for process measure

- 100% of email complaints acknowledged within 24 hours

Lessons Learned

Enhanced flagging in the Patient Relations database improved prioritization.

Theme III: Safe and Effective Care | Safe | Mandatory Indicator

Last Year

110

Performance
(2019/20)

118

Target
(2019/20)

This Year

121

Performance
(2020/21)

120

Target
(2020/21)**Indicator #2**

Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Humber River Hospital)

Change Idea #1

Increase workplace violence prevention awareness among HRH staff

Target for process measure

- 1) 100% of displayed signage complying with standardized HRH signage 2) 100% of identified violent patient flagged 3) 100% of new staff attending general orientation

Lessons Learned

No lessons learned entered

Change Idea #2

Increase safety measures across HRH

Target for process measure

- 1) At least 1 collaborative project with police identified 2) Code Silver Drill action plan executed 3) Active Attack Simulation plan executed

Lessons Learned

No lessons learned entered

Theme III: Safe and Effective Care | Effective | **Priority Indicator**

Indicator #6

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. (Humber River Hospital)

Last Year

1

Performance
(2019/20)

1

Target
(2019/20)

This Year

1

Performance
(2020/21)

1

Target
(2020/21)

Change Idea #1

Monitor number of palliative care patients who receive an initial assessment

Target for process measure

- 100% of palliative care patients receive a comprehensive assessment

Lessons Learned

Physician involvement is important. Learnings regarding goals of care have been discussed across programs and disciplines, and will continue to be improved in 2020/21.

Indicator #7

Rate of mental health or addiction episodes of care that are followed within 30 days by another mental health and addiction admission. (Humber River Hospital)

Last Year

14.23

Performance
(2019/20)

11

Target
(2019/20)

This Year

8.70

Performance
(2020/21)

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Target
(2020/21)

Change Idea #1

Enhance and strengthen collaboration efforts with select community partners (e.g., ARCs and RAAM)

Target for process measure

- 1 deep dive conducted with ARCS and RAAM

Lessons Learned

We are collaborating with two OHT partners (Cota and CMHA) to develop enhanced discharge support for patients with psychosis with 3+ readmissions within 30 days. No further initiatives planned with RAAM.

	Last Year		This Year	
Indicator #1	77.87	81	69	81
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. (Humber River Hospital)	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Enhance physician adoption of the medication reconciliation process

Target for process measure

- 85% of inpatient physicians received training on the medication reconciliation process

Lessons Learned

Physician support, education, and training has been implemented to increase adoption of the medication reconciliation processes.

Change Idea #2

Medication Reconciliation Steering Committee to review potential opportunities of incorporating clinical pharmacists in the workflow of medication reconciliation on discharge

Target for process measure

- Formative exercise to determine target

Lessons Learned

Clinical pharmacists are incorporated into the workflow of medication reconciliation on discharge, however, the process is still a physician led initiative.