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?	C	% / Survey respondents	Hospital collected data / FY22/23 Q1-Q3	65.50	57.50	Target established by Health Quality Ontario	

Change Ideas

Change Idea #1   Provide specific performance and patient feedback to respective departments

Methods	Process measures	Target for process measure	Comments
To advance patient and family engagement by improving the overall family satisfaction scores in the Intensive Care Unit (ICU).	Communicate monthly results, patient feedback and targets to each respective department Monitor FS-ICU results and solicit feedback from patients and families utilizing on-site or alternate from home methods.	100% process compliance (monthly reporting) Communicate monthly results at RPCC meetings, Joint Critical Care Steering Committee (JCC) meetings, ICU 6East and ICU 6West Quality boards, staff/family feedback	

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Theme III: Safe and Effective Care

Measure   **Dimension:** Effective

Indicator #2	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.	C	Rate per total number of discharged patients / Discharged patients	Hospital collected data / FY22/23 Q1-Q3	76.00	81.00	Target established by Health Quality Ontario	

Change Ideas

Change Idea #1	Change Idea #1: Re-Establish Medication Reconciliation Committee to formalize current requirements and further identity gaps and opportunities. Change Idea #2: Review sources of data and breakdown of changes that can be made with committee Change Idea #3: Continue with education and training for MDs and related staff with refreshers for targeted areas with low rates of medication reconciliation at discharge Change Idea #4: Review additional resources and models to increase rates with committee

Methods	Process measures	Target for process measure	Comments
The focus this year will be to identify positive factors influencing the process measure and increase education and awareness around this measure using the change ideas identified.	Percent of patients reconciled at discharge	81% of patients to be reconciled at time of discharge	Emerging from the COVID-19 pandemic the goal is now to renew focus on quality improvement initiatives such as medication reconciliation at discharge.

Measure

Dimension: Safe

Indicator #3	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.	C	Count / Worker	Hospital collected data / FY22/23 Q1-Q3	95.00	120.00	Target established by HRH	

Change Ideas

Change Idea #1	- Rollout of Meditech Outpatient Violence Special Indicator - Continuation of root cause analysis of all HC and LT incidents - Update Workplace Violence policy and procedure with best practice resources & legal requirements - Monthly meetings with violence Free Task Force - Establish a coordinated follow-up process between patient violence incidents (Meditech) and staff violence incident reporting (Parklane). - Update WPV safety plan risk assessment flow chart to include manager component and tools for effective controls

Methods	Process measures	Target for process measure	Comments
- Quarterly review of workplace violence incidents (Hz, FA, HC and LT) and root cause analysis– ie. trends - Quarterly review of Workplace Violence LIME modules for staff completion rates. Emphasis on the new De-escalation and Peer-to-Peer effective communication modules - Audit incident report software monthly for accuracy and identify gaps of missing information.	- Track number of severe incidents - goal of decreasing incidents resulting in health care and/or lost time - Track number of reported workplace violence hazards - goal of promoting near miss and first aid incident reporting - Monitor number of active safety plans and transition to inactive status within target dates	- Total number of WPV incidents to be less than 120 by March 31, 2023 - Target date of Dec 29, 2023 to complete 100% of 2023 workplace violence risk assessments - Target date of Dec 27, 2024 to complete 100% of 2024 workplace violence risk assessments	- Complete Health and Safety Excellence Program - Workplace Violence Policy and Program, Control of Hazards topic by Dec 3, 2023 to assist in meeting our goals and objectives outlined above. - New Reporting incident report forms to improve accessibility to staff and managers for timely completion and reporting of follow-ups.