

Experience | Patient-centred | Custom Indicator

Indicator #3	Last Year		This Year	
	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 Health)	65.50 Performance (2023/24)	57.50 Target (2023/24)	NA Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Provide specific performance and patient feedback to respective departments

Process measure

- 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.

Target for process measure

- 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

Lessons Learned

There was a pause of the FSICU during COVID with family/visitor restrictions to ICUs. There was a provincial strategy to restart FSICU in Q1 2023 2024. The FSICU is an ICU survey through a provincial strategy of Critical Care Services Ontario.

Unfortunately have seen a decreased volume of the number of surveys completed by families prior to patient discharge

Revised the methodology to do the survey both electronically (through FSICU webpage) in addition to printing and have nurse externs doing 1:1 survey completion with patient families.

Safety | Effective | **Custom Indicator**

	Last Year		This Year	
Indicator #1	76	81	NA	NA
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 Health)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Change Idea #1: Re-Establish Medication Reconciliation Committee to formalize current requirements and further identify 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

Process measure

- Percent of patients reconciled at discharge

Target for process measure

- 81% of patients to be reconciled at time of discharge

Lessons Learned

All of the above change ideas were implemented and are underway. Re-establishing the Medication Reconciliation Committee (multi-stakeholder and interdisciplinary) has led to constructive conversations, validation of change ideas and other key insights into quality improvement. This in-turn has led to broader/shared ownership and further ideas to address challenges.

In reviewing the sources of data, new opportunities and areas of data focus including physician specific information, Women and Children program and timing aspects were identified. Further physician training requirements were identified and validated. There was an increase in awareness around conversion functionality in Meditech amongst physician groups and leaders. The Capstone (UofT Engineering) project is underway and is a quality improvement project with goals such as increasing the completion rate and improving the quality of Med Rec on discharge. This team is approaching the challenges with a different lens and perspective (outside the box thinking from non-healthcare lens) to potentially identify alternative models/processes. Quality outcome metrics must also be included with other process metrics and indicators.

Indicator #2	Last Year		This Year	
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12-month period. (Humber River Health)	95	120	NA	NA

Change Idea #1 Implemented Not Implemented

- 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

Process measure

- 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

Target for process measure

- 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

Lessons Learned

The initiative to communicate safety measures for workplace violence (i.e., de-escalation training, and reporting incidents through staff incident reports) promotes reporting of incidents. The number of reported violence incidents has increased in comparison to 2022/2023. This suggests that measuring incidents by severity (i.e., lost time incidents) may be a more effective measure, in comparison to measuring workplace violence by the number of reported incidents. Additionally, the decision to include near miss incidents may allow for greater visibility for potential violence risks across the organization.

