

Access and Flow

Measure - Dimension: Timely

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Average time to inpatient bed for acute inpatients	C	Hours / All acute patients	CIHI NACRS / April 1, 2024 - March 31, 2025	11.80	10.80	Goal is to decrease average wait time from admission order to leaving the ED to an acute inpatient unit (e.g., General Internal Medicine, Surgery, Nephrology, Critical Care) by one hour (8% reduction). Have seen increased care demands while continuing to see closures of beds/resources within the community. While making system improvements, we are looking to continue to understand the system and where efficiencies can be made.	

Change Ideas

Change Idea #1 Develop and implement triggers for surge strategies, inclusive of extra resources, into standard work

Methods	Process measures	Target for process measure	Comments
Engage stakeholders (e.g., Patient Flow, Acute and MHAP clinical leaders, patients), develop trigger tool for surge strategies with subsequent standard work inclusive of escalation processes	% of time the trigger tool is completed in accordance with standard work	95% Trigger tool completion rate	Would want to understand % of escalation required and if was appropriate to see if changes were needed to trigger tool

Change Idea #2 Implement weekend discharge rounds in the General Internal Medicine Program

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders (GIM charge nurses, physicians, patients) to implement standard work.	Weekend rounds completion rate in GIM (%); # of discharges on weekends	100% weekend round completion rate in GIM	Factor of success: Kaizen event was completed with GIM team where this was identified as an opportunity for improvement.

Change Idea #3 Implement standardized discharge rounding tool and process for proactive discharge planning and coordination in the General Internal Medicine Program

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders (e.g., all healthcare team members, digital solutions, patients), conduct environmental scan of peers and literature, develop tool with formalized standardized process, simulate with table top exercise, test, implement	% of standardized discharge tool/process being utilized in GIM rounds	Standardized discharge tool being utilized in % in GIM rounds	Factor of success: Kaizen event was completed with GIM team where this was identified as an opportunity for improvement.

Change Idea #4 Complete a driver diagram to develop further hypotheses and change ideas

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders (e.g., physicians, nurses, patients) and review flow data. Utilize information gathered from data, Kaizen event to complete gap analysis and develop a driver diagram	Completion of driver diagram	Completed driver diagram	Change ideas determined from driver diagram to be implemented, tracked and monitored

Measure - Dimension: Timely

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Average time to inpatient bed for mental health and addictions inpatients	C	Hours / Mental health patients	CIHI NACRS / April 1, 2024 - March 31, 2025	15.00	14.00	Goal is to decrease average wait time from admission order to leaving the Psychiatric Emergency to a Mental Health and Addictions inpatient unit (e.g., Acute, Tertiary) by one hour (6.7% reduction). Have seen increased care demands while continuing to see closures of beds/resources within the community. While making system improvements, we are looking to continue to understand the system and where efficiencies can be made.	

Change Ideas

Change Idea #1 Gather current state metrics regarding MHAP patient flow. Considerations for further investigation include: Transportation to W5th site, need for high intensity observation areas (e.g., seclusion or PICU), and need for private rooms (e.g., IPAC, responsive behaviours)

Methods	Process measures	Target for process measure	Comments
Engage stakeholders and develop working group (e.g., physicians, MHAP leaders, charge nurses, patients, digital solutions)	Current state assessment completion	Current state assessment completed	

Change Idea #2 Complete shadowing of a patient journey

Methods	Process measures	Target for process measure	Comments
Engage stakeholders (e.g., physicians, MHAP leaders, charge nurses, patients, digital solutions). Conduct a shadowing of patient journey from ED, to PES, to Mental Health Inpatient Bed at Charlton and W5th. Identify wastes and opportunities for improvement	Current state assessment completion	Current state assessment completed	

Change Idea #3 Complete a driver diagram to develop further hypotheses and change ideas

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders and working group members. With current state assessment, conduct gap analyses and complete driver diagram to develop change ideas	Completion of driver diagram	Driver diagram completed	Change ideas determined from driver diagram to be implemented, tracked and monitored

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of leaders who have completed San'yas Indigenous Cultural Training	C	% / Other	In house data collection / April 1, 2024 - March 31, 2025	CB	75.00	Leaders are defined as managers and above, in addition to physician chiefs; target has been adjusted for 20% reduction in the "N" for Leaders who are unable to finish the training (e.g. staff turnover, medical leaves etc). Starting journey on education and training	

Change Ideas

Change Idea #1 Understand which leaders have already taken the course

Methods	Process measures	Target for process measure	Comments
Engage with internal and external stakeholders to best understand how this information might be collated	Implement process to obtain list of leaders who have completed the training	Completed implementation of process to obtain list of leaders who have completed the training	

Change Idea #2 Roll-out to pre-determined leader groups in 2-month increments

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders, develop rollout plan	Roll out plan completion	Roll out plan completed	

Change Idea #3 Develop and implement information transfer process between San'yas and St. Joes LMS system to accurately assess who has completed the course

Methods	Process measures	Target for process measure	Comments
Engage with internal and external stakeholders, identify opportunities to decrease manual processes wherever possible.	Implementation of a standardized information transfer process	Completion of a standardized information transfer process	

Change Idea #4 Develop and implement bi-monthly progress report to VPs to support their portfolio in completing the training

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders (e.g., leaders, IT) on how best to report out this information with guidance for next steps	Bi-monthly progress report completion	Bi-monthly progress report completed	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of inpatient units participating in the Essential Care Partners Program.	C	Count / Other	Hospital collected data / April 1, 2024 - March 31, 2025	12.00	16.00	<p>Units are in different stages of implementation</p> <p>Focus is on continued spread and optimization (e.g., increase number of ECPs per unit, satisfaction)</p> <p>Eventually would look to have the ECP program in place in all inpatient areas and set up processes that ECPs can be recognized throughout the system (ambulatory, homecare, villa etc.)</p>	

Change Ideas

Change Idea #1 Understand current state for units that have implemented the ECP program and develop targeted supports to optimize program

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders of units who have currently implemented the ECP program to understand challenges and learnings. Work with Digital solutions to better track and understand # of ECPs within each unit. Utilize these learnings to create changes, celebrate and spread	# of ECPs onboarded; Healthcare worker satisfaction; Patient and family satisfaction	Unknown at this time; Satisfied; Satisfied	

Change Idea #2 Onboard one critical care unit

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders. Work with the unit and their patients through the 4-phased approach to initiate, develop, test and implement the ECP program with the nuances of their unit. Invite these groups to join corporate ECP working groups	# of ECPs onboarded; Healthcare worker satisfaction; Patient and family satisfaction	Unknown at this time; Satisfied; Satisfied	

Change Idea #3 Onboard one surgical inpatient unit

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders. Work with the unit and their patients through the 4-phased approach to initiate, develop, test and implement the ECP program with the nuances of their unit. Invite these groups to join corporate ECP working groups	# of ECPs onboarded; Healthcare worker satisfaction; Patient and family satisfaction	Unknown at this time; Satisfied; Satisfied	

Change Idea #4 Onboard one mental health inpatient unit

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders. Work with the unit and their patients through the 4-phased approach to initiate, develop, test and implement the ECP program with the nuances of their unit. Invite these groups to join corporate ECP working groups	# of ECPs onboarded; Healthcare worker satisfaction; Patient and family satisfaction	Unknown at this time; Satisfied; Satisfied	

Change Idea #5 Onboard an inpatient unit

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders. Work with the unit and their patients through the 4-phased approach to initiate, develop, test and implement the ECP program with the nuances of their unit. Invite these groups to join corporate ECP working groups	# of ECPs onboarded; Healthcare worker satisfaction; Patient and family satisfaction	Unknown at this time; Satisfied; Satisfied	

Safety

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of hospital acquired level 3, 4 and unstageable pressure injuries.	C	Number / All inpatients	Hospital collected data / 2024/2025	14.00	10.00	Reduction of 1 reportable pressure injury per quarter Level 3, 4 and unstageable pressure injuries are all reportable as per policy Looking to continue to understand current state on a journey to zero preventable harm.	

Change Ideas

Change Idea #1 Improve data capturing in the SIR system

Methods	Process measures	Target for process measure	Comments
Engage with clinical and patient safety stakeholders, review current incident report structure to develop standard documentation processes (e.g., actual grading of pressure injuries vs. reportable pressure injury vs. never event), review current data sharing practices around pressure injuries	Pressure injury incident report change to support improved capturing of level 3,4, and unstagable pressure injuries	Pressure injury incident report change completed	

Change Idea #2 Conduct point prevalence pressure injury assessment and gather practice process metrics to understand current state (e.g., Braden, skin assessments)

Methods	Process measures	Target for process measure	Comments
Engage stakeholders including Skin and Wound Committee. Conduct point prevalence pressure injury assessment. Conduct literature review, Gather pressure injury data inclusive or process metrics (E.g., braden and skin assessments). Utilize information to complete current state assessment, gap analysis and driver diagram.	Current state assessment completion	Current state assessment completed	Change ideas determined from driver diagram to be implemented, tracked and monitored

Change Idea #3 Implement a phased approach to standardized procurement of therapeutic surfaces

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders. Develop and implement a phased approach to standardized procurement of therapeutic surfaces.	Phased standardized procurement approach of therapeutic surfaces completion	Phased standardized procurement approach of therapeutic surfaces completed	

Change Idea #4 Policy and standard work development and implementation on the removal of medical devices to conduct skin assessments

Methods	Process measures	Target for process measure	Comments
Engage stakeholders, conduct environmental scan, complete standard work inclusive of documentation, develop education/training, implement.	Skin assessment compliance with standard work	% skin assessment compliance with standard work	

Change Idea #5 Enhance the interdisciplinary approach to skin and wound care

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders, understand current state, develop future state, understand where there are gaps and how we might take steps towards the future desired state.	Implementation of change idea to enhance the interdisciplinary approach to skin and wound care	Completed the implementation of a change idea to enhance the interdisciplinary approach to skin and wound care	Once change ideas determined, will look to implement, track and monitor.

Change Idea #6 Engage patients and families in pressure injury prevention activities

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders, understand current state, develop future state, understand where there are gaps and how we might take steps towards the future desired state.	Implement a change idea to improve engagement of patient and families in pressure injury prevention activities	Completed the implementation of a change idea to improve engagement of patient and families in pressure injury prevention activities	Can explore how the Essential Care Partner Program can link into the prevention of pressure injuries work.

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of best possible medication history (BPMH) completed for inpatients	C	% / All inpatients	Hospital collected data / April 1, 2024 - March 31, 2025	67.00	80.00	Discovered an error in data collection which has since been rectified Second year will look for 90% as Medication Reconciliation is an ROP and part of Medication Safety Quality Standards	

Change Ideas

Change Idea #1 Understand barriers and develop local action plans for the 3 areas with the largest opportunity for improvement

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders, understand current state by reviewing data, patient and staff shadowing to understand processes and documentation, complete gap analysis and develop local change ideas for improvement.	BPMH improvement change idea implementation	A BPMH improvement change idea implemented in each of the 3 areas identified with the largest opportunity for improvement.	Once change ideas determined, will be tracked and monitored

Change Idea #2 Formalize BPMH standard work in the ED

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders. Conduct environmental scan of literature and peers. Complete current state and gap analysis. Develop, test and implement standard work	% of time BPMH is completed in accordance with standard work	BPMH is completed in accordance with standard work in the ED 80% of the time.	

Change Idea #3 Complete a driver diagram to develop further hypotheses and change ideas

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders. Conduct environmental scan of literature and peers. Collect data and conduct shadowing of patient journeys to complete current state, gap analysis	Driver diagram completion	Driver diagram completed	Change ideas determined from driver diagram to be implemented, tracked and monitored

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of suicide risk assessment completed at triage	C	% / Patients	Hospital collected data / April 1, 2024 - March 31, 2025	77.00	90.00	<p>Suicide risk screening is an ROP that is very important to St. Joes as we are a large mental health care provider.</p> <p>Second year will aim for 100% of eligible patients to be screened</p> <p>A patient is eligible for screening if they are marked during triage as having a mental health history, substance history or a chief complaint related to suicide, self-harm, or substance use.</p>	

Change Ideas

Change Idea #1 Implement change to Dovetale triage assessment for required questions to not need extra clicks

Methods	Process measures	Target for process measure	Comments
Engage with clinical and IT stakeholders around definition, requirements and current layout of questions to make it easier for end user.	Change to Dovetale triage assessment completion	Change to Dovetale triage assessment completed	

Change Idea #2 Implement cue (e.g., flag or mandatory field) when eligible chief complaint and past medical history is selected

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders, understand current definitions, alerts, cues and pathways. Leverage and learn from other strategies used to improve compliance with documentation. Explore and test solutions. Develop change management/training plan. Implement	Cue (e.g., flag or mandatory field) to complete suicide risk assessment implemented	Cue (e.g., flag or mandatory field) to complete suicide risk assessment implementation completed	

Change Idea #3 Develop and implement standard work to complete screening

Methods	Process measures	Target for process measure	Comments
Engage stakeholders, understand screening current state, develop future state, identify gaps and change ideas, develop and agree to standard work. Document standard work.	Compliance with suicide risk screening standard work	90% compliance with suicide risk screening standard work	

Change Idea #4 Implement audit and feedback process for triage nurses

Methods	Process measures	Target for process measure	Comments
Engage stakeholders, assess ability to monitor individual performance to allow for audit and feedback and work with Dovetale to rectify. Develop process for audit and feedback for individuals as well as the overall team (e.g., sharing at huddles or weekly emails). Make ED team aware of audit and feedback purpose and processes. Implement	# of times audit and feedback is completed	To be determined	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Workplace violence lost time injury frequency rate	C	Rate / Staff	Other / April 1, 2024 - March 31, 2025	0.04	0.04	<p>Decrease from 0.044 to 0.043 (4% reduction)</p> <p>First year utilizing metric</p> <p>Want to continue to understand systems further to optimize target .</p> <p>Seeking to minimize lost time injuries on our journey to zero preventable injuries.</p>	

Change Ideas

Change Idea #1 Review the workplace violence LTIFR data to identify high-risk areas and construct a driver diagram. Utilize information to tailor focused support and identify effective strategies aimed at reducing both the severity and frequency of workplace violence incidents

Methods	Process measures	Target for process measure	Comments
Engage stakeholders. Review data. Conduct workplace shadowing in high-risk areas. Complete current state, gap analysis and develop driver diagram.	Driver diagram completion	Driver diagram completed	Change ideas determined from driver diagram to be implemented, tracked and monitored

Change Idea #2 Conduct an environmental scan of what other organization are doing to decrease the workplace violence LTIFR

Methods	Process measures	Target for process measure	Comments
Engage with internal and external stakeholders. Conduct literature and peer environmental scan. Utilize information to support current state and gap analysis. Will be used to inform driver diagram.	Environmental scan completion	Environmental scan completed	

Change Idea #3 Maintain current processes such as: Submission of annual prevention of workplace violence assessments; annual review of safety policies; quarterly review of all incidents at WPV Steering Committee; sharing of data with leaders on a monthly basis

Methods	Process measures	Target for process measure	Comments
Engage with stakeholders and committee structure	Completion of standard work	Standard work completed	