

Theme I: Timely and Efficient Transitions

Measure		Dimension: Timely						
Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	
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.	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	84.60	85.00	This target was chosen as it is expected that the ability to maintain 85% will be a challenge given the significant amount of change expected in the content of the discharge summary.		

Change Ideas

Change Idea #1 Revise the content of the discharge summary.

Methods	Process measures	Target for process measure	Comments
Obtain feedback from community care providers on the content desired and customize the discharge summary for each clinical service.	Feedback received from clinical services as well as community care providers.	The target for the process measure is that all clinical services complete a customized discharge summary which incorporates feedback received from community providers.	

Measure **Dimension:** Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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.	M	Hours / All patients	CIHI NACRS, CCO / Oct 2019– Dec 2019	22.92	22.80	This target will position SJHH as performing at the median.	

Change Ideas

Change Idea #1 To reduce the wait time for admitted patients in the Emergency Department.

Methods	Process measures	Target for process measure	Comments
To review major processes related to wait time for an inpatient bed including reducing impact of isolated patients, transport times, bed turnaround times.	Programs will establish targets that will contribute to the overall goal.	The overall goal is to reduce inpatient admitted wait time to 22.8 hours.	

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Implement family communication boards in the Special Care Nursery.	C	% / Family	Hospital collected data / 2020/2021	0.00	85.00	This is a new initiative and a challenging process to achieve consistency.	

Change Ideas

Change Idea #1 Develop bedside communication board using co-design methodology

Methods	Process measures	Target for process measure	Comments
Creation of multidisciplinary working group. Communication board designed and approved by Family Engagement working group.	Pilot communication board on 3 patients by March 2020.	Feedback provided from the pilot, changes made and final board created and launched by April 2020.	

Theme III: Safe and Effective Care

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.	M	Count / Worker	Local data collection / Jan - Dec 2019	896.00	900.00	Continue to sustain the long-term upward trending.	

Change Ideas

Change Idea #1 Continued promotion and communication of the "Support to Report" Program

Methods	Process measures	Target for process measure	Comments
Various communication methods to keep this top of mind as well as monitoring of reported incidents by program and follow-up with Quality Councils.	Number of reported incidents by program.	Program specific.	FTE=3750

Measure Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Ensure all patients admitted to MHAP, who are identified at 'risk of suicide' have a 'completed' safety plan within the electronic health record. For a safety plan to be considered 'complete' it must be completed, reviewed within 7 days of admission or transfer to the unit.	C	% / Mental health patients	Hospital collected data / 2020/2021	73.00	90.00	Suicide is the leading cause of death in Canada and worldwide. SJHH is committed to providing person centred care that empowers and promotes hope among those experiencing suicidality.	

Change Ideas

Change Idea #1 Review unit templates (in electronic health record) to determine if update required to include Safety Plan prompt.

Methods	Process measures	Target for process measure	Comments
Managers and nurse educators to review all templates.	Number of units that have reviewed templates.	All units to review templates.	