

AIM		MEASURE						CHANGE			
Quality dimension	Issue	Measure /Indicator	Unit/ Population	Source / Period	Current performance	Target 2019/20	Target Justification	Planned improvement initiatives (Change Ideas)	Methods	Process Measures	Target for Process measures
Efficient	Average number of inpatients receiving care in unconventional spaces per day	Total number of inpatients receiving care in unconventional spaces in each day (at 12am), summed for all days in the given reporting period, divided by total submission days within the given time period. <i>Note: metric is changing.</i>	Daily Bed Census Summary/All patients placed in unconventional spaces excluding same day discharges	Finance/ December 2019	30.58	Reduce by 10%	Reliance on external approvals	1. Continue to pursue approvals to advance work on the OTMH Emergency Department shell space (for High Acuity Intake Zone). Based on approvals would execute per methods.	1. Support the Ministry in their efforts to develop a streamlined capital planning process; 2. Use the Variation Protocol under the PA to initiate and complete functional programming and design; 3. Develop and submit planning documents to the Ministry to support the approval of the project; 4. Seek Board approval to implement; and 5. Submit Permit drawings to the Town of Oakville.	% steps completed	100%
								2. Continue to pursue approvals to advance work on the MDH Med Surge 12 bed POD.	1. Support the Ministry in their efforts to develop a streamlined capital planning process; 2. Use the Variation Protocol to initiate and complete functional programming and design; 3. Develop and submit planning documents to the Ministry to support the approval of the project; 4. Seek Board approval to implement; and 5. Submit permit drawings to the Town of Milton.	% steps completed	100%
								3. Onboard advisors to initiate Georgetown Redevelopment Project, Stage 1.	1. Finalize procurement of advisors(Functional Programmer and Architect); 2. Finalize site development options; and 3. Finalize the Master Program and Facility Development Plan.	% steps completed	100%

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Efficient	Alternate level of Care	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter.	Rate per 100 inpatient days/All Inpatients	QTIS, CCO, BCS, MOHLTC/Quarter/ Jul-Sept201	10.98	Reduce by 10%	HSAA	1. Spread Substitute Decision Maker (SDM) Toolkit.	1. Re-assemble working group; 2. Conduct internal scan/needs assessment; 3. Educate on materials; 4. Create Implementation plan and 5. Evaluate.	% steps completed	100%
Timely MANDATORY NEW	Timely access to care/service	Time interval between the Disposition Date/Time and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room.	Hours/All Patients	CIHI/NACRS Q3 FY 2019/20(i.e. October 2019 – December 2019)	28.4	20h	Corporate scorecard	1. Develop Nurse inserted PICC Program.	1. Assemble group; 2. Conduct best practice review; 3. Develop model/framework; 4. Determine resources; 5. Hire staff,Implement and 6. Evaluate, monitor.	% steps completed	100%
								2. Initiate Estimated Date of Discharge (EDD) improvement initiative pilot on OTMH 5S medicine – supplement with visual whiteboard communication.	1. Assemble group; 2. Conduct current state analysis; 3. Develop process, supporting materials; 4. Implement and 5. Evaluate & Monitor.	Inpatient medicine length of stay	(7.1 days) per SLT Scorecard
								3. Evaluate Physician Directed Rounds.	1. Assign resource; 2. Define evaluation parameters; 3. Conduct evaluation; 4. Share finding & recommendations; 5. Implement changes based on evaluation and 6. Monitor.	Inpatient medicine length of stay	(7.1 days) per SLT Scorecard
								4. Launch educational program to support selected bedside interventional procedures by Hospitalists.	1. Assemble group; 2. Conduct current state analysis; 3. Develop process, supporting materials; 4. Implement and Evaluate.	Inpatient medicine length of stay	(7.1 days) per SLT Scorecard

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								5. Develop a daily inpatient diagnostic imaging-tracking log to identify common themes and targeted strategies to address delays.	1. Assemble group; 2. Conduct current state analysis; 3. Develop process, supporting materials; 4. Implement and 5. Evaluate & Monitor.	Inpatient medicine length of stay	(7.1 days) per SLT Scorecard
Patient - centered	Patient experience; Did you receive enough information when you left the hospital?	Percentage of respondents who responded positively to the question: Did you receive enough information about your condition or treatment after you left the hospital?	Inpatient Units surveyed using CIHI CPES Inpatient Care survey tool.	CIHI/CPES/ Most recent consecutive 12 months	55% (Q1 2019/20)	10% improvement	Modest target due to implementation timeline in 2021	1. In alignment with the Interchange project, embark on work to design the new <i>Care Path</i> interventions in selected patient populations.	1. Utilizing the Interchange; 2. Documentation working group conduct current state analysis of existing tools; 3. Identify selected patient populations (ex. CHF, COPD, Pneumonia); 4. Design new tools and processes; within Meditech expense; 5. Finalize specifications and 6. Prepare for implementation.	# of care paths designed	2
								2. In alignment with the Interchange project, design and implement a new Discharge Summary tool in alignment with the Patient Oriented Discharge Summaries (PODS) Framework.	1. Utilizing the Interchange Documentation working group conduct current state analysis of existing tools; 2. Identify selected patient populations; 3. Design new tools and processes within Meditech expense; 4. Finalize specifications and 1. Prepare for implementation.	% steps completed	100%

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Effective	Medication Safety	Total number of discharged patients for whom a Best Possible Medication Discharge Plan (BPM DP) was created as a proportion of the total number of patients discharged	Rate per total number of discharged patients/Hospital admitted patients	Hospital Collected data/ October 2019	32%	78%	Consistent with previous target for admission med rec.	1. Explore new model with goal to achieve a prospective Best Possible Medication History/Med Rec on Admission.	1. Identify lead and working group; 2. Conduct analysis of current process with existing electronic tools; 3. Evaluate options based on new Meditech Expanse tools; 4. Prepare for implementation of new solution/model and 5. Determine next steps.	% steps completed	100%
								2. Conduct gap analysis with current Med Rec processes vs. Meditech Expanse Best Practice Document with focus on Discharge processes and prescription writing.	1. Identify lead and working group. 2. Conduct analysis of current process with existing electronic tools for med rec at discharge 3. Leveraging best practice document, evaluate options based on new suite of tools. 4. Prepare for implementation of new solution/model. 5. Determine next steps.	% steps completed	100%
Effective transitions NEW	Repeat ED visits for Mental Health	Percent of unscheduled repeat emergency visits following an emergency visit for a mental health condition. (within 30 days).	% ED Patients	CIHI NACRS/ April-June 2019	17.82	10% Reduction	New Indicator: modest reduction.	1. Shift model of care to Dialectical Behavioral Therapy (evidence based psychotherapy that is effective with this population).	1. Identify program leaders responsible for implementation; 2. Provide training and clinical supervision to staff; 3. Review and revise current programming (inpatient, day treatment and outpatient) to align with Dialectical Behavioral Therapy; 4. Implement and 5. Evaluate & monitor.	% steps completed	100%

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								2. Review and enhance Child and Adolescent Outpatient Services and Urgent Care Clinic to support patients representing to the ED.	1. Identify program leaders responsible for review process; 2. Conduct current state analysis; 3. Implement changes based on review and 4. Evaluate & monitor.	% Steps completed	100%
Safe MANDATORY	Workplace Violence	Number of workplace violence incidents reported within a 12-month period	Total number of reported WPV incidents	IRS/Employee Incident Jan-Dec 2019	630	Maintain	Continued focus on raising awareness and encouraging reporting	1. Expand Staff Support Model (structured critical incident debriefing) across enterprise.	1. Assemble working group; 2. Confirm model; 3. Identify facilitators; 4. Educate facilitators; 5. Determine launch date; 6. Implement program and 7. Evaluate & monitor.	% Steps completed	100%
								2. Management Response Toolkit – strengthen support and accountabilities (alignment with new features in RL6 Upgrade to enhance oversight of these incident types)	1. Utilizing WPV Steering Committee conduct current state analysis of program; 2. Determine evaluation framework; 3. Host focus groups with front line staff to identify themes/gaps in current response; 4. Provide educational sessions for people leaders based on feedback; 5. Implement program and 6. Evaluate & monitor.	% program review/enhancement complete	100%
Timely	Transitions in care	Percentage of patients discharged for whom a discharge summary is sent to primary care provider within 48 hours of discharge.	Acute and post-acute hospital inpatient discharge.	Local data collection/ Most recent 3-month period	Collecting baseline.	TBD	Emerging metric	1. Initiate phase one of multi-year plan to strengthen relationship with primary care and establish collection of metric.	1. Assemble working group; 2. Define high level, multi-year plan; 3. Define detailed plan for year 1; 4. Determine process to collect baseline data; 5. Execute year one plan and 6. Evaluate & monitor.	% phase one complete	100%

