Access and Flow | Efficient | Custom Indicator

	Last Year		This Year	
Indicator #1 Alternate Level of Care (ALC) rate (Windsor Regional Hospital)	**8.26**	**12.70**	**7.50**	**NA**
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

• Ongoing collaboration with Home and Community Care (HCC) for Intensive Hospital to Home (IHH) services • Daily, provide timely, patient level data tracking ALC's • Continue to develop and apply targeted strategies to individualized discharge plans to decrease ALC length of stay across all adult acute care • ALC escalation meetings with Hospital and Home and Community Care leadership

Process measure

• • Daily, the number of patients designated ALC by most appropriate discharge destination • Weekly and monthly average number of patients designated as ALC

Target for process measure

• • Continued % reduction in the overall number of patients designated as ALC • 100% of patients and/or families provided education about the appropriateness of acute care services and the availability of community support services

Lessons Learned

Consistent messaging throughout patient care journey by patient care team. Ongoing collaboration with community partners. Daily/weekly/monthly monitoring of ALC's.

	Last Year		This Year	
Indicator #3	**17.50**	**17.50**	**18.10**	**NA**
Number of individuals for whom the emergency department was the first point of contact for mental health and addictions care per 100 population aged 0 to 105 years with an incident MHA-related ED visit. (Windsor Regional Hospital)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

• Working group with community mental health service providers, EMS and Windsor Police Services to review ED diversion strategies • Work with the Mental Health and Addictions Network (MHAN), a sub-committee of the Windsor Essex Ontario Health Team (WEOHT), to advance coordinated access to mental health and addiction services. • Post-Discharge Mental Health Clinic 7 day follow to ensure community mental health/addiction services are accessed in a timely manner

Process measure

- • Monthly tracking of emergency department first time visit rates

Target for process measure

- • First year baseline data established as target for this new and developing indicator in collaboration with the Windsor Essex Ontario Health Team (WEOHT)

Lessons Learned

Ongoing monitoring of results with real time follow-up

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Experience | Patient-centred | **Priority Indicator**

	Last Year		This Year	
Indicator #5 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? (Windsor Regional Hospital)	**59.81** Performance (2023/24)	**63** Target (2023/24)	**70.66** Performance (2024/25)	**74** Target (2024/25)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

• Monthly reporting of patient satisfaction survey results (including interim short form survey rolled out in 2022/2023)
• Standardized Leadership Rounding on all inpatient units with leaders asking about concerns/ needs patient has about going home • In-room white boards provide communication to those involved in the circle of care • Leverage the electronic health information management system and Discharge Huddle process to ensure care team provides the appropriate information

Process measure

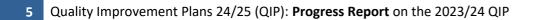- • % of patients who respond positively to this question

Target for process measure

- • 63.0% or greater as established target

Lessons Learned

Continued focus on patient experience throughout the patient care journey.

Comment

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Report Accessed: March 12, 2024

Safety | Effective | Priority Indicator

	Last Year		This Year	
Indicator #2	**91.15**	**91.20**	**91.10**	**96**
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. (Windsor Regional Hospital)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

• Standardize medication reconciliation process at both sites utilizing the new electronic health information system with identified reporting responsibilities for nursing, physicians (ED and MRP) and pharmacists/pharmacist technicians

Process measure

- • % of patients with medication reconciliation completed at discharge.

Target for process measure

- • 91.2% or greater as established target

Lessons Learned

Ongoing monitoring to ensure standardized process is being followed. Respond in real time when standardized process is not being followed.

Safety | Safe | Priority Indicator

	Last Year		This Year	
Indicator #4 Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Windsor Regional Hospital)	**308** Performance (2023/24)	**308** Target (2023/24)	**255** Performance (2024/25)	**NA** Target (2024/25)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

• Workplace violence results reported weekly at Monday Morning Huddle • Incidents reviewed weekly by Workplace Violence Working Group • Code White/Safety Manager Group (SMG) de-escalation training provided to all staff in high risk areas • Safe Workplace Working Group has cross department multi-disciplinary representation including high risk areas e.g. Emergency Department and Mental Health

Process measure

- • % of incidents reported are reviewed by care team, leadership and Workplace Violence Working Group in real time and overall weekly • % completing code white training from high risk areas

Target for process measure

- • 100% of incidents reported are reviewed by care team, leadership and Workplace Violence Working Group • High completion rate of Code White/Safety Manager Group (SMG) training from high risk areas: 100% of staff from the Mental Health Program and >90% of staff from the Emergency Department

Lessons Learned

Ongoing monitoring of results

Report Accessed: March 12, 2024