Theme I: Timely and Efficient Transitions | Timely | Priority Indicator

	Last Year		This Year	
Indicator #5 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. (Windsor Regional Hospital)	**87.10** Performance (2022/23)	**91.50** Target (2022/23)	**77.23** Performance (2023/24)	**--** Target (2023/24)

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

• New electronic Health Information Management system (implemented in April 2021) auto-generates discharge summaries to community health care providers upon discharge • Timely completion of the discharge summary by physicians is tracked by the health records department • Community health care provider recorded at registration and captured in the patient's health record.

> **Target for process measure**
>
> • • 91.5% completed discharge summaries auto-generated to community provider where provider is identified within 48 hours • 80% or greater compliance with discharge summary completion by physicians

Lessons Learned

This continues to be work in progress with the implementation of Cerner (our new electronic health information management system). We have improved the data quality of the reports being run in Cerner which allows us to more accurately track our results.

Report Accessed: March 17, 2023

Theme I: Timely and Efficient Transitions | Efficient | Additional Indicator

	Last Year		This Year	
Indicator #2	**22.27**	**22.27**	**17.50**	**--**
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 (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

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

• Establish working group with community mental health service providers to review current ED diversion strategies • Work with the Mental Health and Addictions Network Table (MHAN is a sub-committee of the Windsor Essex Ontario Health Team) to advance Coordinated Access to Mental Health & Addiction Services • Post-Discharge Mental Health Clinic for a 7 day follow up appointment to ensure community based mental health and addiction services are being accessed in a timely manner

Target for process measure
- • Collecting baseline data to establish target for first year as a new and developing indicator

Lessons Learned

Identify trends among those presenting to the emergency department as the first point of contact and develop outreach initiatives. Identify service gaps in community and work with the Mental Health and Addictions Network (MHAN) Table to develop plans to address. Change ideas continue to make a positive impact with improved results

	Last Year		This Year	
Indicator #4 Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment. (Windsor Regional Hospital)	**5.10** Performance (2022/23)	**12.70** Target (2022/23)	**8.26** Performance (2023/24)	**--** Target (2023/24)

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 at the Patient Flow/Systems Huddles • Continue to develop and apply targeted strategies to individualized discharge plans to decrease ALC patients lengths of stay across all medical, surgical and critical care areas • ALC escalation meetings with Hospital and Home and Community Care leadership

> **Target for process measure**
>
> • • % 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

Conduct daily ALC & discharge huddles with hospital utilization team, social work, and HCC coordinators to identify barriers to discharge. Provide education to patients and families about the utilization of acute care and Home and Community Care (HCC) Services, including the hospital requirements under the newly enacted More Beds, Better Care Act, 2022 (Bill 7). Daily, weekly and monthly review of ALC's have helped with ongoing improvement in our results that remain well below the provincial average.

Theme II: Service Excellence | Patient-centred | Priority Indicator

Indicator #6

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)

Last Year

47.12
Performance
(2022/23)

58.40
Target
(2022/23)

This Year

59.81
Performance
(2023/24)

63
Target
(2023/24)

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

• Monthly reporting of results from patient satisfaction surveys ensuring that appropriate contact information including email address has also been collected • Standardized Leadership Rounding on all in-patient units with leaders asking about any concerns or needs patient has about going home • In-room white boards designed to provide communication to those involved in the circle of care • Leverage the electronic health information management system and Discharge Huddle process to ensure that the care team has provided the appropriate health information

Target for process measure
- • 58.4% or greater as established provincial benchmark

Lessons Learned

As a result of the discontinuation of the OHA/NRC survey in April 2022, an interim short form survey was rolled out in August 2022, as a more permanent solution was being finalized regionally. Response has been very positive to our interim process with more positive results overall. Daily standardized Leadership Rounding on all in-patient units with leaders asking about any concerns or needs patient has about going home, has helped to respond in real time and reduce issues.

Theme III: Safe and Effective Care | Effective | Priority Indicator

	Last Year		This Year	
Indicator #1 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)	**89.28** Performance (2022/23)	**90** Target (2022/23)	**91.15** Performance (2023/24)	**91.20** Target (2023/24)

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

> **Target for process measure**
> - • % improvement establishes target at 90.0%

Lessons Learned

A standardized and consistent approach with ongoing support. Audit the compliance and accuracy monthly. Change idea has made an impact as results continue to improve

Theme III: Safe and Effective Care | Safe | Priority Indicator

	Last Year		This Year	
Indicator #3 Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Windsor Regional Hospital)	**175** Performance **(2022/23)**	**166** Target **(2022/23)**	**308** Performance **(2023/24)**	**308** Target **(2023/24)**

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

• Safe workplace Elearn emphasizes code white policy, safe workplace policy, domestic violence /intimate partner protocol, professional staff conduct and flagging patients/visitors • Workplace violence results reported weekly at Monday Morning Huddle highlighting incidents resulting in harm • Code White/de-escalation training provided to all staff in high risk areas • Safe Workplace Indicator Team has cross department representation including high risk areas e.g. Emergency Department and Mental Health

> **Target for process measure**
>
> • • 90-95% of staff completed Safety in the Workplace Elearn •100% of incidents reported reviewed by care team and leadership • 95% of staff from high risk areas completing Code White training

Lessons Learned

While the overall number of incidents have increased, the goal is to reduce the number of incidents and at the same time promote a culture of reporting. Standard work is being created for prevention, investigation and debriefing of all incidents.

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