Theme I: Timely and Efficient Transitions

Measure **Dimension:** Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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.	A	Rate per 100 / ED patients	See Tech Specs / April 2020 – March 2021	22.27	22.27	Collecting Baseline as this is first year of this new indicator	Windsor Essex Ontario Health Team, Mental Health and Addictions Network Table (Windsor - Essex)

Change Ideas

Change Idea #1 • 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

Methods	Process measures	Target for process measure	Comments
• 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 MHAN Table to develop plans to address	• Monthly tracking of emergency department first time visit rates	• Collecting baseline data to establish target for first year as a new and developing indicator	

Measure Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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.	A	% / All patients	CIHI DAD / April 2020 – March 2021	5.10	12.70	HSAA target is 12.7%. Goal is continued improvement year-over-year. WRH has been among the top ALC performers in Ontario.	Windsor Essex Ontario Health Team, Home and Community Care, Hotel Dieu Grace Healthcare

Change Ideas

Change Idea #1 • 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

Methods	Process measures	Target for process measure	Comments
• Conduct daily ALC/discharge huddles with hospital utilization team, social work, HCC coordinators, and other community services to identify barriers to discharge. Review at Patient Flow and System Huddles • Provide education to patients and families about the appropriateness of acute care services and Home and Community Care services • Daily, weekly and monthly review of ALC's • Monthly review at Corporate Utilization Committee represented by medical directors and administration	• Daily, the number of patients designated ALC by most appropriate discharge destination • weekly and monthly average number of patients designated as ALC	• % 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	

Measure

Dimension: Timely

Indicator #3	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	87.10	91.50	5% improvement from Current Performance	

Change Ideas

Change Idea #1 • 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.

Methods	Process measures	Target for process measure	Comments
• Discharge summaries auto-generated and sent electronically to community health care providers • Discharge summary compliance monitored by Chief, Medical Quality and the Medical Affairs Department • Ensure health care provider contact information is being captured at admission by the patient registration department.	• % completed of discharge summaries sent to community health care providers where a community provider is documented • % compliance of discharge summary completion by physicians	• 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	

Theme II: Service Excellence

Measure

Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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?	P	% / Survey respondents	CIHI CPES / Most recent 12 mos	47.12	58.40	Based on provincial baseline for FY2020-21 downloaded from NRC	

Change Ideas

Change Idea #1 • 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

Methods	Process measures	Target for process measure	Comments
• Monthly reporting of results from patient satisfaction surveys and leadership rounding across the organization ensuring that appropriate contact information including email address has been collected from patients • On-going monitoring of completion of in-room patient white boards • Leverage new electronic information management system and discharge huddle process to confirm that appropriate health information has been provided to patient prior to discharge	• % of patients who respond positively to this question	• 58.4% or greater as established provincial benchmark	Total Surveys Initiated: 312

Theme III: Safe and Effective Care

Measure

Dimension: Effective

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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.	P	Rate per total number of discharged patients / Discharged patients	Hospital collected data / October 2021– December 2021	89.28	90.00	New electronic HIM system launched in April 2021 that captures this data	

Change Ideas

Change Idea #1 • 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

Methods	Process measures	Target for process measure	Comments
• Audit the compliance and accuracy monthly	• % of patients with medication reconciliation completed at discharge.	• % improvement establishes target at 90.0%	

Measure

Dimension: Safe

Indicator #6	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.	P	Count / Worker	Local data collection / January - December 2021	175.00	166.00	5% improvement from current performance	

Change Ideas

Change Idea #1 • 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

Methods	Process measures	Target for process measure	Comments
• Ongoing monitoring of E-learn compliance • Standard work created for prevention, investigation and debriefing • Weekly monitoring of results with clinical leadership team at Monday Morning Huddle and review of every incident in real time with leadership, the process improvement team and the bargaining unit leadership as required • Monitoring staff completion of Code White/de-escalation training program.	• Monthly rate of E-learn compliance • % of incidents reported and reviewed by care team and leadership • % completing code white training from high risk areas	• 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	FTE=3273