

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Discharge Summaries - % of discharge summaries sent electronically to primary care provider within two business days	C	% / Discharged patients	In house data collection / April 1, 2023 - March 31, 2024	CB	50.00	This indicator for the 2023-24 QIP aligns with Health Quality Ontario for timely distribution of discharge summaries.	

Change Ideas

Change Idea #1 Create an electronic discharge summary with Electronic Patient Record (EPR) to facilitate timely submission of discharge summary to primary care provider within two business days

Methods	Process measures	Target for process measure	Comments
Complete installation of Electronic Patient Record (EPR) module. Confirm content and format of discharge summary template. Train attending physicians on electronic system	Audit of Discharge Summaries	Targeting 50% performance of discharged summaries 100% of all attending physicians to receive training on electronic system	

Measure **Dimension:** Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Risk Assessment Checklist (RAC) - Patient Falls: implementation of outstanding checklist mitigation strategies	C	% / All patients	In-home audit / Q3 FY 2022/23	94.00	100.00	We are aiming for 100% by the end of this Fiscal Year 2023-24 - This indicator aligns with required RNAO Best Practice Guideline Indicator	

Change Ideas

Change Idea #1 Risk Assessment Checklist (RAC) completed for every admission to West Park Healthcare Centre

Methods	Process measures	Target for process measure	Comments
RAC included in Electronic Patient Record (EPR)	Audit of RAC completion	100% of all West Park patients screened for falls risk upon admission	

Measure **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Did patients feel they received adequate information about their health and their care at discharge - Patient Satisfaction Survey	C	% / Discharged patients	In house data collection / April 1, 2023 - March 31, 2024	CB	CB	Target to be set based on performance related to peer performance.	

Change Ideas

Change Idea #1 Increased patient engagement prior to discharge

Methods	Process measures	Target for process measure	Comments
In-person patient forums on rehab units	Number of patient forums held	6 In-person forums	

Change Idea #2 Obtain feedback from patients and families related to discharge information

Methods	Process measures	Target for process measure	Comments
Discharge questionnaires distributed to patients at time of discharge in postage paid envelopes	Number of discharge questionnaires completed	60 completed and returned surveys	

Change Idea #3 Action items based on patient feedback provided in forums and surveys

Methods	Process measures	Target for process measure	Comments
Discharge questionnaires In-person patient forums	Number of action items addressed based on feedback	2 action items implemented as a result	

Theme III: Safe and Effective Care

Measure **Dimension: Safe**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Implementing a leading practice policy on identification of potential for violence during transfer of accountability.	C	% / Worker	In house data collection / April 1, 2023 - March 31, 2024	CB	100.00	Ministry of Labour highlighted the risk and recommended the policy	

Change Ideas**Change Idea #1** Implement Potential for Violence During Transfer of Accountability policy

Methods	Process measures	Target for process measure	Comments
Obtain approval of policy through all levels (Joint Health & Safety Committee; Nursing Professional Standards & Issues Committee; IT/Electronic Patient Records; Professional Practice; Director/Service Managers and Senior Leadership Team	Approved policy minuted and located on HUB (internal website)	100% of all clinical staff impacted Targeting Q1 2023-24	

Change Idea #2 Communicate Potential for Violence during Transfer of Accountability policy

Methods	Process measures	Target for process measure	Comments
Communication Plan	All staff to attest that they have been informed/educated on the policy and sign off as per new Learning Management System process	100% - all clinical staff impacted Targeting Q1 2023/24	

Change Idea #3 Training on Everyday Behavioural Tool

Methods	Process measures	Target for process measure	Comments
Training/education provided to selected clinical staff via course sign-up	Course enrollment tracked electronically Once trained/educated, use of Transition of Care form	100% - all clinical staff impacted Targeting Q1 2023-24	

Measure Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents report by hospital workers (as defined by OHSA) within a 12 month period as it relates to full-time employees Continue monitoring number of staff trained on annual compliance policy regarding Preventing Work Place Violence - Number of staff completing LMS modules	C	% / Worker	In-home audit / 2023-24	CB	80.00	Learning Management System is relatively new and being used in a much more comprehensive manner. This is an important focus for the Centre as we revamp old and introduce new policies in order to operate safely in our new building. The target measure for Full-time staff is 80%	

Change Ideas

Change Idea #1 Continue exploring learning opportunities regarding Workplace Violence that is progressive and current with leading edge best practice

Methods	Process measures	Target for process measure	Comments
Research current programs that are compatible with Learning Management System (LMS) and more interactive	Measure percentage of staff completing LMS modules	Target of 80% for Full-time employees	

Measure **Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents report by hospital workers (as defined by OHSA) within a 12 month period as it relates to part-time employees. Continue monitoring number of staff trained on annual compliance policy regarding Preventing Work Place Violence - Number of staff completing LMS modules	C	% / Worker	In-home audit / April 1, 2023 - March 31, 2024	CB	60.00	Learning Management System (LMS) is relatively new and being used in a much more comprehensive manner. This is an important focus for the Centre as we revamp old and introduce new policies in order to operate safely in our new building.	

Change Ideas

Change Idea #1 Continue to explore learning opportunities regarding Workplace Violence that is progressive and current with leading edge best practice

Methods	Process measures	Target for process measure	Comments
Research current programs that are compatible with LMS and more interactive	Measure percentage of part-time staff completing LMS training	60% of part-time staff	

Equity

Measure Dimension: Equitable

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Equity, Diversity & Inclusion	C	% / Worker	In house data collection / April 1, 2023 - March 31, 2024	CB	55.00	Target represents over half of the current Equity, Diversity & Inclusion Committee (EDIC) members. Target is reasonable since structure, terms of reference and membership may change; and given Campus Development priorities.	

Change Ideas

Change Idea #1 Equity, Diversity & Inclusion Committee (EDIC) members have expressed a need for foundational EDI training; as this would make them more effective in participating on the EDIC and assuming the role of EDI Champions for West Park Healthcare Centre.

Methods	Process measures	Target for process measure	Comments
Review of external foundational EDI training, with input from EDIC. Selection of training to be based on quality and cost/budget.	Completion of training. Post-training survey on satisfaction and understanding of EDI	55% of EDIC members completing the training	