Theme I: Timely and Efficient Transitions

Dimension: Timely

Measure

Indicator #1	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room. (St. Joseph's Health Centre Toronto)	M	Hours	CIHI NACRS, CCO / Oct 2019– Dec 2019	41.80	40.55	Represents 3% reduction from the current performance as we identify opportunities for improvement through Value Stream Analysis.	
The time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room. (St. Michael's Hospital)	M	Hours	CIHI NACRS, CCO / Oct 2019– Dec 2019	22.07	21.41	Represents 3% reduction from the current performance as we identify opportunities for improvement through Value Stream Analysis.	
The time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room.	M	Hours	CIHI NACRS, CCO / Oct 2019– Dec 2019	33.12	32.13	This indicator is tracked at the site-level only.	

Change Ideas

Change Idea #1 Develop improvement plans through mapping and analysis of the time to inpatient bed value stream.

Methods	Process measures	Target for process measure	Comments

Value Stream Mapping Session	a) Mean Time to Inpatient Bed b) Value Stream Map of Time to Inpatient Bed completed c) Quick wins, projects and Kaizens identified to address improvement opportunities	b) Completion of Value Stream Map of Time to Inpatient Bed c) At least 2 Kaizen Events identified and executed to utilize A3 thinking and rapid cycle to deliver quality and process improvement Visual management systems developed to manage both process and results	This initiative will allow the development of a targeted improvement plan; identification of key measures of success and the development of a detailed action plan. Real change with standard work and visual management will be delivered.

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Theme III: Safe and Effective Care

Dimension: Safe

Measure

Indicator #2	Type	Unit	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. (Providence Healthcare)	M	Count	Local data collection / Jan - Dec 2019	67.00	67.00	The objective for this year is to continue to encourage reporting of incidents of workplace violence when they occur AND at the same time, focus on strategies to decrease on having the incidents from occurring in the first place. As such, we feel an appropriate target would be to stabilize our performance from last year.	
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (St. Joseph's Health Centre Toronto)	M	Count	Local data collection / Jan - Dec 2019	447.00	447.00	The objective for this year is to continue to encourage reporting of incidents of workplace violence when they occur AND at the same time, focus on strategies to decrease on having the incidents from occurring in the first place. As such, we feel an appropriate target would be to stabilize our performance from last year.	
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (St. Michael's Hospital)	M	Count	Local data collection / Jan - Dec 2019	336.00	336.00	The objective for this year is to continue to encourage reporting of incidents of workplace violence when they occur AND at the same time, focus on strategies to decrease on having the incidents from occurring in the first place. As such, we feel an appropriate target would be to stabilize our performance from last year.	

Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	M	Count	Local data collection / Jan - Dec 2019	850.00	850.00	The objective for this year is to continue to encourage reporting of incidents of workplace violence when they occur AND at the same time, focus on strategies to decrease on having the incidents from occurring in the first place. As such, we feel an appropriate target would be to stabilize our performance from last year.

Change Ideas

Change Idea #1 Implement Alert for Behavioural Care (ABC) Policy and Behavioural Care Plans.

Methods	Process measures	Target for process measure	Comments
Develop education plan that includes education and training on corporate policy and procedure, individual risk assessment tool and behavioural care planning. Implement education plan.	a) # staff trained. b) # individual risk assessments compliance. c) # behavioural care plans developed for patients identified as moderate or high risk for responsive behaviour.	a) >80% b) 100% c) 100%	FTE=7023 Houses of Providence are out of scope.

Change Idea #2 Implement psychological safety /health initiatives for leaders and staff.

Methods	Process measures	Target for process measure	Comments
a) Roll out 2 cohorts of the Mental Health in the Workplace Leadership Certification b) Determine the readiness to commence the journey towards CSA (CSA-Z1003-13) certification in Psychological Health and Safety in the Workplace standard.	a) # leaders who enrolled in the program who successfully completed the Mental Health in the Workplace Leadership Certificate. b) % of risk assessments completed at all 3 sites.	a) 80% completed the Mental Health in the Workplace Leadership certificate. b) 100% of risk assessments completed at all 3 sites.	

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Develop education plan that includes education and training on corporate policy and procedure, individual risk assessment tool and behavioural care planning. Implement education plan.	a) # staff trained. b) # individual risk assessments compliance. c) # behavioural care plans developed for patients identified as moderate or high risk for responsive behaviour.	a) >80% b) 100% c) 100%	FTE=4463

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Measure

Indicator #3	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of new stage II, III, IV, unstageable and deep tissue pressure injuries (House of Providence)	C	Count	Local data collection / January 2019 to December 2019	35.00	31.00	The QIP 19/20 was successful in reaching the target of 10% reduction of new stage II-IV pressure injuries in the Houses. Continuing with the same momentum, in the coming year, the goal will remain to reduce the occurrence of new stage II-IV pressure injuries after admission. The indicator will focus on measuring the number of new pressure injuries that occur in the Houses rather than the percentage. As staff increase their understanding of correct staging of a pressure injuries, we believe our target of 10% reduction is realistic.	

Change Ideas

Change Idea #1 Implement process for staff to complete e-learning module

Methods	Process measures	Target for process measure	Comments

• Work with appropriate departments to ensure module is incorporated into system • Set up module mandatory for all staff to complete annually • Ensure receive education and material related to pressure injuries to orientation	• % of staff who complete online learning module	100% of staff completed online learning module.	

Change Idea #2 Additional therapeutic custom care therapeutic mattresses

Methods	Process measures	Target for process measure	Comments
Evaluate the need for more surfaces	a) Needs assessment completed b) Number of custom therapeutic mattresses implemented	a) April 2020 b) TBA depending on results of evaluation	

Measure

Indicator #4	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of residents taking an antipsychotic (House of Providence)	C	%	Local data collection / 2019	23.40	21.10	This is a new metric on the QIP. Antipsychotic use has slowly been increasing in the last two years at Providence. A decrease of 10% is achievable with the improvement initiatives outlined below. This is a good opportunity to create a new monitoring process to ensure appropriate use of antipsychotic medications for residents.	

Change Ideas

Change Idea #1	Geriatric psychiatrist to review all residents taking antipsychotic over the next 6 months to determine: 1) Indication (e.g., psychosis, BPSD) 2) Appropriateness 3) Taper schedule for those with stable/resolved symptoms and/or taking > 4 months

Methods	Process measures	Target for process measure	Comments
Marnellie (BSO) to assist with scheduling of residents taking an antipsychotic with geriatric psychiatrist	% of residents taking an antipsychotic assessed by geriatric psychiatrist	100% of residents taking an antipsychotic assessed by geriatric psychiatrist	

Change Idea #2	Create and implement the use of an antipsychotic monitoring tool to be completed monthly for all residents taking an antipsychotic (would capture input from staff, family and be used at medication reviews to guide tapering)

Methods	Process measures	Target for process measure	Comments
a) Create tool with pharmacy, physicians and BSO to review b) Create guidelines for use of tool	a) % of staff using of monitoring tool b) # of interventions made based on use of tool	90% compliance with the use of the tool.	

Change Idea #3	Implement automatic reassessment of antipsychotics on admission and quarterly • Triggered in MDS • Compliance with completing of reassessments on admission and quarterly Care plan to reflect individualised non-pharmacological activities/treatments for residents exhibiting BPSD (family to be engaged)

Methods	Process measures	Target for process measure	Comments
Triggered in MDS	Compliance with completing of reassessments on admission and quarterly	100% compliance with completing reassessments on admission and quarterly	