

Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Wise use of Blood Products for patients with pre hemoglobin levels <80g/L	C	% / Other	In house data collection / October-December 2022	85.00	80.00	High Reliability Organization	

Change Ideas

Change Idea #1 Improve use of choosing wisely practices regarding blood transfusion

Methods	Process measures	Target for process measure	Comments
% of orders where prescribing one unit at a time, with reassessment for additional units	% of audits where 1 unit appropriately ordered	65% of audits where 1 unit appropriately ordered	

Change Idea #2 Post transfusion hemoglobin draw

Methods	Process measures	Target for process measure	Comments
Reassessment of hemoglobin post transfusion	% of audits/ post hgb measurement completed	100% of audits indicate post hgb measurement completed	

Measure **Dimension:** Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reduced wait times for Emergency department non-admitted CTAS 3	C	Hours / Other	Other / April-September 2022	CB	8.00	High Reliability Organization	

Change Ideas

Change Idea #1 Improve workflow for assessing CTAS 3

Methods	Process measures	Target for process measure	Comments
Process map to be completed by team focusing on flow and process changes with change in geographical RAZ location	Process Map completed, flow chart created and geographical location changed	Change to geographical location completed	

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Inpatients receive adequate information about their health and care at discharge.	C	% / All inpatients	NRC Picker / April 2021-March 2022	84.00	86.00	High Reliability Healthcare, Exceptional Experience	

Change Ideas

Change Idea #1 Utilization of discharge order set

Methods	Process measures	Target for process measure	Comments
Refresh and roll out of discharge order set	% of discharge order sets completed on audit	50% of discharge order sets completed on audit	

Change Idea #2 Patients have new medications explained to them prior to discharge

Methods	Process measures	Target for process measure	Comments
Education will be provided verbally and in written instruction to patients with new medications ordered on discharge	% of top box results to question "Did you receive information about your medications on discharge"	72% of top box results for question "Did you receive information about your medications on discharge"	75th percentile top box, Top Box refers to scores of 9 and 10 on Likert scale

Theme III: Safe and Effective Care

Measure **Dimension:** Effective

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Proportion of hospitalizations where patients with a progressive, life-limiting illness, are identified to benefit from palliative care, and subsequently (within the episode of care) have their palliative care needs assessed using a comprehensive and holistic assessment.	C	% / Palliative patients	In house data collection / April - June 2022	10.00	40.00	High Reliability Healthcare, Exceptional Experience	

Change Ideas

Change Idea #1 Utilization of the Palliative Performance Scale (PPS) and the Edmonton Symptom Assessment Scale (ESAS) tools to improve communication and care pathways

Methods	Process measures	Target for process measure	Comments
PPS/ESAS tools used to guide communication and care plan	% of audits where tools utilized	50% of audits will indicate PPS and ESAS tools were used	

Change Idea #2 Improvement on 48hr Resuscitation Plans of Care conversation

Methods	Process measures	Target for process measure	Comments
48hr Resuscitation Plans of Care conversation tool utilized and completed	% of audits where Resuscitation Plans of Care occurred and was documented within 48hr	60% of audits where Resuscitation Plan of Care occurred and was documented within 48hr	

Change Idea #3 Improve management of Palliative patients

Methods	Process measures	Target for process measure	Comments
Utilization of standardized Palliative Order set	% of audits indicate order set completed	60% of audits indicate order set completed	

Measure Dimension: Effective

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reduce Unnecessary time spent in Acute Care - Alternate Level of Care (ALC) rate	C	% / ALC patients	Other / April 2022-December 2022	8.90	5.00	High Reliability Healthcare, Exceptional Experience	

Change Ideas

Change Idea #1 Barriers to discharge identified at time of admission

Methods	Process measures	Target for process measure	Comments
Conversation identifying barriers to discharge occurs within 48hrs	% of patients identified as having discharge barriers have 48hr conversation documented	40% of patients identified as having discharge barriers have 48hr conversation documented	

Change Idea #2 Improve communication to patient and families about discharge processes and supports at time of admission

Methods	Process measures	Target for process measure	Comments
Create admission package to be provided to patients identified as having barriers to discharge	Admission package created	Package is completed	

Measure **Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Workplace violence incidents: Number of workplace violence incidents resulting in injury, reported by staff	C	Count / Worker	In house data collection / April -January 2023	12.00	11.00	Exceptional Environment, High Reliability Healthcare	

Change Ideas**Change Idea #1** Education in de-escalation of potential workplace violence behaviours

Methods	Process measures	Target for process measure	Comments
Roll out of de-escalation program	% of staff receiving education by end of year	80% of staff receiving education	

Change Idea #2 Workplace Violence debrief reports embedded into Joint Health and Safety committee (JHSC) to provide feedback and review recommended actions based on incidents and risk assessments

Methods	Process measures	Target for process measure	Comments
Reporting actions completed as a result of workplace violence debriefs (from JHSC) to the Joint Quality, Patient Safety and Risk Committee	% of actionable recommendations completed by end of year	70% of actionable recommendations completed by end of year	

Change Idea #3 Increase emergency code awareness

Methods	Process measures	Target for process measure	Comments
Perform Mock Code: Lock Down/Shelter in place with debrief	Completed mock code Lock Down/Shelter in place with debrief within the year	Completed 1 mock code Lock Down/Shelter in place with debrief within the year	

Measure Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reduction in medication errors where transcription is involved	C	% / All inpatients	In house data collection / April-January 2023	15.00	12.00	High Reliability Healthcare, Exceptional Experience	

Change Ideas

Change Idea #1 Improvement in medication reconciliation at time of admissions

Methods	Process measures	Target for process measure	Comments
Audit accuracy of best possible medication history (BPMH) completed within 48hrs of admission	% of reduction in total discrepancies associated with BPMH orders	50% reduction in total discrepancies	

Change Idea #2 Improvement of transcription errors on inpatients

Methods	Process measures	Target for process measure	Comments
Audit co-signing of transcription on Medication Administration Record (MAR)	Increased % of audits where co-signing transcribed orders on MAR occurred	100% of audits indicate co-signing occurred of all medication orders	

Change Idea #3 Medications errors reported to PnT Committee for review and recommendations

Methods	Process measures	Target for process measure	Comments
Report created to provide to PnT Committee for review and recommendations	% of actionable recommendations were completed by end of year	50% of actionable recommendations were completed by end of year	

Equity

Measure Dimension: Equitable

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Top box results for question "During your visit, did you encounter difficulties or problems regarding- Disability, Culture/Ethnicity/Race, Sexual Orientation, Language, Religion, etc."	C	% / All patients	Other / April 2022-March 2023	CB	70.00	Exceptional Experience, High Reliability Healthcare, Exceptional Environment	

Change Ideas

Change Idea #1 Enhance accountability and awareness of patient rights

Methods	Process measures	Target for process measure	Comments
Development of a Declaration of Patient Values Policy with input from Patient Family and Advisory Council	Development of policy	Policy developed	

Change Idea #2 Improve response time for patient complaint acknowledgement

Methods	Process measures	Target for process measure	Comments
Acknowledge all complaints within 3 business days	% of complaints meeting acknowledgement timeframe by end of year	100% of complaints will meet acknowledgement timeframe	

Change Idea #3 Improve patient experience through cultural safety training by staff

Methods	Process measures	Target for process measure	Comments
Mandatory education on cultural safety to be provided to staff	% of staff who complete education by end of year	80% of staff will complete education	

Change Idea #4 Develop Indigenous Working Group

Methods	Process measures	Target for process measure	Comments
Develop TOR for working group, recruit membership	# of Meetings to occur within the year	2 Meetings to occur within the year	