

Aim		Measure				Change				
Quality Domain	Issue	Measure/Indicator	Current Performance	Target	Target Justification	Planned Improvement initiatives (Change)	Methods	Process measures	Target for process measure	Comments
Effective	Effective transitions	"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?"	50.1	57.00	Represents a 14% increase	Continued roll out & spread of Accountable Care Unit practices	Daily, bedside rounding with physician, nursing, and as required other members of the allied health team (pharmacist, physio etc)	% of patients participating in daily bedside rounds	90%	
Patient-centred	Person experience	"Would you recommend this emergency department to your friends and family?"	45.70	52.00	Big dot indicator challenging to move. 2018-19 will see our emerg department moving into newly constructed space that is more spacious (double # square feet) which is desirable but will require staff getting use to working in new space with new processes.	Evaluate the pilot resilience training program for emerg physicians and charge nurses that was implemented winter 2018	Finish the implementation (spring 2018) and evaluate the pilot program	Evaluate tool scores (burnout inventory, EQi inventory), course evaluation, and outcome measure such as staff satisfaction, patient satisfaction and # of patient complaints and compliments from emerg	variable by tool - looking at a rolled up evaluation	testing a pilot of using resilience training as a strategy for clinicians to self-reflect on how they are interacting with patients and each other as a method to improve patient satisfaction. If successful will need to consider spread.
Safe	Medication safety	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.	CB	100.00	Medication reconciliation at discharge for all patients discharged from our medical and pediatric units. Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged. Targeting 2 units only (medical/peds) as an incremental way of implementing across the hospital. Hospitalists as a team of physicians are engaged in the process.	Develop a medication reconciliation project plan	steering group developed, executive sponsor, plan developed and approved, resources hired	milestones achieved by dates identified in the plan	implemented	We will be targeting all medical and all pediatric discharges in our 2018-19 QIP
Safe	Workplace Violence	Number of workplace violence incidents reported by hospital workers (as by defined by Ontario Health & Safety Act) within a 12 month period.	270.00	330.00	While we have seen a dramatic increase in the number of incidents reported in the last few years we still feel that there are incidents occurring that are not being reported. One of the main areas of foci for this upcoming year is educating and promoting reporting - the definition of workplace violence and when to report, how to report.	Develop code white training for non-high risk areas	program developed and rolled out to areas that do not require hands-on code white training (clerical in most areas, food services, HSKP staff).	# staff identified trained	greater than 90%	
Timely	Timely access to care/services	90th percentile emergency department length of stay for admitted patients	21.40	15.00	Remains a priority for CMH. Moving into newly constructed A Wing in fiscal 2018-19 which will mean substantially larger footprint but will require attention to detail when transferring over established processes and implementing new processes.	Implement a rapid assessment zone for CTAS 4's and 5's	wide engagement of idea, small trials implemented (couple hours, single day), build spread plan (week), debrief and modify, build sustainability plan	90th %tile time from triage to discharge for all CTAS 4's and 5's	4 hours	