

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Information Exchange at patient transfers with the use of the paper based Transfer of Accountability form (Englehart and District Hospital)	C	% / All acute patients	Hospital collected data / 2023-24	80.00	100.00	Englehart site: To ensure patient safety at all transitions.	
Information Exchange at patient transfers with the use of the paper based Transfer of Accountability form (Kirkland And District Hospital)	C	% / All acute patients	Hospital collected data / 2023-24	99.50	100.00	Kirkland Lake site: To ensure patient safety at all transitions.	
Information Exchange at patient transfers with the use of the paper based Transfer of Accountability form	C	% / All acute patients	Hospital collected data / 2023-24	89.75	100.00	BRH: To ensure patient safety at all transitions.	

Change Ideas

Change Idea #1 Use of the transfer of accountability paper form (TOA)

Methods	Process measures	Target for process measure	Comments
Paper form scanned to all patient charts	Percentage of TOAs completed for patients on admission	Nursing staff will complete a TOA for 100% of patients admitted to the hospital	This measure promotes patient safety at transitions and aligns with Accreditation Canada's required organizational practices. This standard process will assist with the transition to Medi-Tech Expanse.

Measure **Dimension:** Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of survey respondents who responded usually/always to the following question: Did you receive enough information from the hospital staff about what to do if you were worried about your condition or treatment after your left the hospital? (Englehart and District Hospital)	C	% / ED patients	Hospital collected data / 2023-24	93.00	90.00	Englehart Site: To ensure appropriate transfer of information on discharge from the ED.	
Percentage of survey respondents who responded usually/always to the following question: Did you receive enough information from the hospital staff about what to do if you were worried about your condition or treatment after your left the hospital? (Kirkland And District Hospital)	C	% / ED patients	Hospital collected data / 2023-24	81.00	90.00	Kirkland Lake Site: To ensure appropriate transfer of information on discharge from the ED.	
Percentage of survey respondents who responded usually/always to the following question: Did you receive enough information from the hospital staff about what to do if you were worried about your condition or treatment after your left the hospital?	C	% / ED patients	Hospital collected data / 2023-24	88.50	90.00	To ensure appropriate transfer of information on discharge from the ED.	

Change Ideas

Change Idea #1 In order to increase the number of patients that receive access to the survey, registration staff will assist with the distribution of surveys.

Methods	Process measures	Target for process measure	Comments
Survey cards with a QR code and the statements - How did we do and unshared feedback is just a thought	Survey data will be collected through an on-line platform	To increase target population by 50% in order to expand responses for the patient experience to reach our goal of 95% for information transfer	This method will be piloted with the ED patient population and if successful, will be expanded throughout the hospital.

Measure **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of survey respondents who responded usually/always to the following question: Did you receive enough information from the hospital staff about what to do if you were worried about your condition or treatment after your left the hospital? (Englehart and District Hospital)	C	% / All inpatients	Hospital collected data / 2023-24	85.00	95.00	Englehart Site: To ensure appropriate transfer of information on discharge from the In-patient department.	
Percentage of survey respondents who responded usually/always to the following question: Did you receive enough information from the hospital staff about what to do if you were worried about your condition or treatment after your left the hospital? (Kirkland And District Hospital)	C	% / All inpatients	Hospital collected data / 2023-24	84.00	95.00	Kirkland Lake Site: To ensure appropriate transfer of information on discharge from the In-patient department.	

Percentage of survey respondents who responded usually/always to the following question: Did you receive enough information from the hospital staff about what to do if you were worried about your condition or treatment after your left the hospital?	C	% / All inpatients	Hospital collected data / 2023-24	84.50	95.00	To ensure appropriate transfer of information on discharge from the In-patient department.
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Change Ideas

Change Idea #1 Expand information sharing at discharge to ensure patient understanding of outcome of the acute care visit

Methods	Process measures	Target for process measure	Comments
Nursing staff to complete discharge summary	Survey data collected through on-line platform	To increase the overall % of patients that answer always/usually	As we move the Medi-Tech Expanse, nursing staff will have access to information that can be shared with the patient about warning signs and next steps.

Measure **Dimension:** Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Time Interval from Triage to In-patient bed admission (Englehart and District Hospital)	C	Hours / ED patients	Hospital collected data / 2023-24	5.05	5.00	Englehart site	
Time Interval from Triage to In-patient bed admission (Kirkland And District Hospital)	C	Hours / ED patients	Hospital collected data / 2023-24	5.00	5.00	Kirkland Lake	
Time Interval from Triage to In-patient bed admission	C	Hours / ED patients	Hospital collected data / 2023-24	5.03	5.00	BRH	

Change Ideas

Change Idea #1 To ensure timely transitions, monitor the time from triage to patient admission.

Methods	Process measures	Target for process measure	Comments
Data is collected and analyzed through Medi-Tech.	Number of hours to measure time interval from patient triage to patient admission.	Monitor time in hours	Currently this is completed manually. This process will change with Medi-Tech Expanse in 2024.

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of patients with repeat emergency visits following an emergency visit for a mental health condition within 14 days. (Englehart and District Hospital)	C	Count / ED patients	Hospital collected data / 2023-24	4.00	8.00	Englehart site	
Number of patients with repeat emergency visits following an emergency visit for a mental health condition within 14 days. (Kirkland And District Hospital)	C	Count / ED patients	Hospital collected data / 2023-24	19.00	25.00	Kirkland Lake site	
Number of patients with repeat emergency visits following an emergency visit for a mental health condition within 14 days.	C	Count / ED patients	Hospital collected data / 2023-24	23.00	29.00	BRH	

Change Ideas

Change Idea #1 Reduce number of repeat visits following a mental health visit.

Methods	Process measures	Target for process measure	Comments
Analyze hospital data to identify patients that meet the criteria	Number of repeat mental health visits within 14 days will receive follow-up from Mental Health Worker/Social Worker either in person or via telephone.	100 % of patients with repeat mental health visits will receive follow-up care	BRH will work with the patient's health care partners

Measure **Dimension:** Effective

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of emergency department patients with visits for mental health that received follow-up by a mental health support services worker during their emergency department visit. (Englehart and District Hospital)	C	Count / ED patients	Hospital collected data / 2023-24	CB	CB	Englehart site	
Number of emergency department patients with visits for mental health that received follow-up by a mental health support services worker during their emergency department visit. (Kirkland And District Hospital)	C	Count / ED patients	Hospital collected data / 2023-24	CB	CB	Kirkland Lake site	
Number of emergency department patients with visits for mental health that received follow-up by a mental health support services worker during their emergency department visit.	C	Count / ED patients	Hospital collected data / 2023-24	CB	CB	BRH	

Change Ideas

Change Idea #1 Ensure appropriate resources are shared with patients and follow-up has occurred with Primary Care or Canadian Mental Health Association (CMHA)

Methods	Process measures	Target for process measure	Comments
Mental Health Nurse/Social Worker will meet/call with identified ED mental health patients.	Number of patients offered follow-up from Mental Health Nurse/Social Worker during an ER visit.	50% of mental health patients that require follow-up will be seen by the Mental Health Nurse/Social work during or after their ER visit.	This is a new indicator - this is a current process that is followed at the Kirkland Lake site. Aim is to expand across both sites. Data collection is new for this indicator.

Measure **Dimension: Safe**

Indicator #7	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. (Englehart and District Hospital)	P	Count / Worker	Local data collection / Jan 2022–Dec 2022	13.00	0.00	Englehart site	
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Kirkland And District Hospital)	P	Count / Worker	Local data collection / Jan 2022–Dec 2022	30.00	0.00	Kirkland Lake site	
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	P	Count / Worker	Local data collection / Jan 2022–Dec 2022	43.00	0.00	BRH	

Change Ideas

Change Idea #1 Reduce workplace violence in the hospital by engaging patients and families in workplace prevention.

Methods	Process measures	Target for process measure	Comments
Promote workplace violence prevention with the use of brochure, posters , media platform and engage the Patient Advisors in the development of this initiative	Number of workplace violence incidents including verbal and physical violence	Minimize all types of workplace violence throughout all departments with increased education and public awareness	FTE=56 Expand our current practices to include the public