

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



3/31/2021

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

ontario.ca/excellentcare

Overview

This is an open communication to the Patients and Families in our community who we exist to serve in fulfilling our four strategic goals to:

- 1) *Forge a new path to meet the changing needs of our growing communities*
- 2) *Champion a culture of exemplary care and deliver clinical excellence*
- 3) *Create an environment where the best experiences happen*
- 4) *Own our role to improve the system*

Our intent is to share our Quality Improvement Plan (QIP) in an open and transparent declaration of our pursuit of Quality and Patient Safety. Thank you for taking the time to find and read our QIP. Every year we create a new plan and post it publically which is a part of our commitment to you. At Southlake Regional Health Centre (Southlake), we are committed to continuously improving the quality and safety of the care we deliver to our patients and families and the work environment we provide to our staff, physicians and volunteers. Our QIP is an important element in our commitment to *create an environment where the best experiences happen*, and our ability to achieve quality outcomes and create value in healthcare. The QIP is the foundation to prioritize our Quality and Patient Safety efforts. Last year, we launched our five Patient Safety Priorities. We continue with these priorities for this year. These five priorities are a part of our QIP and are also on every quality and patient safety huddle board across the organization. Programs continue to create real time commitments to improving the quality and patient safety for patients and communicate and monitor these important safety priorities on a daily basis. In addition, the results of the QIP are fully analyzed and discussed at minimum, quarterly, at all of our Leadership and Board Committees and each of us is held accountable to achieve the QIP outcomes through our personal Management Performance Plan process. Staff, physicians and volunteers have access to the most up to date data, through our Business Intelligence System which helps us to monitor our performance. With this system, our staff has the ability to drill down into each report element to monitor portfolio or unit-level real time performance against our goals. At Southlake, we embrace our responsibility to ensure that each of us is aware of and actively pursuing our priorities.

We are proud of the work we do, and we know that we can always improve. We would like to invite you to tell us about your experience with us, good or bad. Please share your thoughts on what we should do more of and/or where we can improve. Your voice is essential to our ongoing journey. One of our values is *“Every Voice Matters”*, and therefore, we commit to listen respectfully and take actions accordingly. We thank you for taking the time to help us.

For the 2021/2022 QIP, Southlake has ten indicators that we will maintain and/or improve upon. Below are two posters for our five Patient Safety Priorities. These can be found throughout the hospital, and on the Quality and Patient Safety huddle boards. The first one is patient facing and the second one is for providers. The following five indicators are our top Patient Safety Priorities, and will be our priority focus this year:



1. Improve the Compliance of Two Patient Identification to 95%

To keep patients safe we want to reduce the errors that could result when not properly identifying a patient's identity. Two-client identification has been determined as an evidence based method to reduce errors during medication administration, treatments, tests and procedures. This means that with every interaction we will use two pieces of information to ensure we have the right patient (e.g. name and date of birth). In Q4 2020/21 and throughout 2021/22, Southlake has changed the methodology for how we collect this information. We now ask patients, through a real time survey, about the frequency of their identity being checked. This replaces the previous manual audits. This approach is more sustainable and will increase the number of people who can participate. It will also provide the opportunity for patients to be involved in measuring our performance. As one of our five Patient Safety Priorities, corporate results from this feedback will be shared broadly, and unit specific data will be posted on Quality and Safety huddle boards throughout the hospital.

2. Improve Medication Reconciliation compliance for patients at discharge in all clinical areas to 90%

It is important that patient's know what medications to take when they leave the hospital or care setting. Often, changes to their medications will need to occur from what they were taking prior to their stay. We help to make this happen by performing medication reconciliation on discharge. We monitor this process by checking the number of patients who had a Best Possible Medication Discharge Plan (BPMDD) created. In 2020/21, implementation roll-out across clinical units occurred. In 2021/22, we have increased our target to 90% following the success of last year's improvements. This year there will be a greater focus on a units that are not meeting the target. As one of our five Patient Safety Priorities, corporate compliance results will be shared broadly, and unit specific data will be posted on Quality and Safety huddle boards throughout the hospital.

3. Reduce rate of Patient Falls in Inpatient Areas Resulting in Harm to 0.5

The majority of inpatients are older adults and falls are a major concern that can prolong their hospital stay. Many falls can be prevented by implementing best practice falls prevention guidelines. Since 2015, the rate of falls resulting in harm had been steadily increasing year over year. As such, it was identified as one of the five Patient Safety priorities for the organization. In 2021/22, Southlake will focus on the individualized care plans for patients who have been identified for high-risk of falls and continue to utilize strategies to prevent falls. As one of our five Patient Safety priorities, corporate results will be shared broadly, and unit specific data will be posted on Quality and Safety huddle boards throughout the hospital.

4. Improve Patient Satisfaction Score related to Discharge from the Hospital (Inpatient Care) to 65%

It is recognized that when a patient leaves the hospital they need understand what care plans have been made and should be put in place. Effective communication of hospital discharge information is required for future health, function and quality of life of our patients. As part of our patient satisfaction survey we measure the success of appropriate discharge communication with patients from one of the questions: *“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?”* (Four point scale). We analyze the feedback that is provided to help improve our processes. Next year, we will continue to have a focus on the Patient Oriented Discharge Summary (PODS) through engagement of clinical teams. As one of our five Patient Safety Priorities, corporate results will be shared broadly, and unit specific data will be posted on Quality and Safety huddle boards throughout the hospital.

5. Maintain rate of Hospital Acquired Pressure Injuries at 2.0 percent

In 2018/19 Southlake created processes to measure the prevalence and incidents of pressure injuries. Our goal for this year is to continue our prevalence and incident study and maintain our improvement in this area. As one of our five Patient Safety priorities, corporate results will be shared broadly, and unit specific data will be posted on Quality and Safety huddle boards throughout the hospital.

In addition to the five Patient Safety Priorities we are committed to these additional five indicators:

6. Maintain current performance for Alternate Level of Care (ALC) Days for Patients discharged to home with support through Southlake@home at 1.4 days.

Southlake will continue to investigate and understand root causes of ALC days to home, and develop strategies to address common issues that are identified. Over the past year, COVID and Ministry directives had an impact on this program. In the next year, Southlake@home will continue to work with our providers and their vendors to ensure more timely access to supplies and equipment and helping to identify and mitigate emerging barriers together.

7. Maintain Time to Inpatient bed to 31 hours.

Southlake has been focusing on how we can improve the flow of patients from the Emergency Department (ED) to inpatient beds. This is a multifaceted initiative. In the next year, Southlake will complete a review on patient access and flow, and develop a proactive plan for patient discharge through the revision of bed meeting and bullet rounds.

8. Increase Discharge Summaries Sent from Hospital to Community Care Provider within 2 days of discharge to 85%.

Southlake will continue with and evaluate the notification pilot (sending emails to physician to remind them of upcoming discharges) and determine if it was beneficial for patients. If beneficial, then will expand the notification to other clinical practitioners.

9. Maintain the Overall Incidents of Workplace Violence at 266.

Next year, Southlake plans on will continue to offer Workplace Violence Prevention training to staff.

10. Improve Patient Satisfaction score to 67%.

In 2021/22, Southlake will support visitor access through updating and revising the Visitor policy as pandemic directives change. Southlake will also create a sustainability plan to support virtual visits and the administration of Real Time Surveys (RTS).

Describe your organization's greatest QI achievement from the past year

We would like to share with you one of our most successful achievements from the past year which was Accreditation. Over four days in February 2020, five surveyors from Accreditation Canada used over 2,700 criteria to evaluate the hospital compliance to standards of excellence. We are incredibly proud that Southlake met **99.4%** of the criteria requirements. The surveyors reported that they were impressed with Our People and our commitment to innovation, quality, and safety. They articulated that we have a strong culture and praised our tremendous efforts to keep our patients and staff safe. It was also refreshing to hear that they believed there was an incredible team “Of Equals” everywhere. Most of all, they observed that Southlake consistently provided wonderful care. We were excited to be recognized by an external organization and surveyors for the excellent work we do each and every day.

It was a very positive experience across the organization for the Southlake Team. There was a positive energy across the hospital as front line staff, physicians, volunteers and teams were able to highlight with pride the excellent achievements in quality improvement and patient safety and discuss opportunities for improvement. Our surveyors asked every one they met how they would describe Southlake in one word and they put together the “Wordle” below within our Southlake logo. The graphic says it all.



Collaboration and Integration

With the unexpected events of the past year through the pandemic, The Southlake Community Ontario Health Team (OHT) was faced with some unique challenges and opportunities during year one of implementation. Our focus remained true to our overarching goal of addressing the most pressing challenges in the current system and in making significant improvements to each element of the Quadruple Aim; improved health outcomes, improved patient experience, improved provider satisfaction, and increased value. The most pressing challenges took on a different form this year, to which our partners rose to the challenge by coming together to collaborate on a number of pandemic response initiatives.

Our organizations came together to build innovative models in response to the pandemic challenges. Our largest challenges were creating much needed hospital capacity to support an increased demand to care for COVID-19 patients, the strong need to support our most vulnerable in Long Term Care and the need to come together to plan for and deliver on a mass vaccination effort. To this end, we expanded the Southlake@home program, introduced Southlake@home plus to help people be discharged earlier and stay home safely. We increased collaboration with and outreach to Long Term Care and Retirement Homes through the development of Infection Preventions and Control Hubs, Long Term Care Community of Practice, hands on management support to Long Term Care, and the establishment of Mobile Enhancement Support Teams. Our partners came together to establish the first vaccination centre for our area and are currently working to support mass vaccination. Our partners also continued to implement best practice recommendations through the Best Practice Spotlight Organizations through RAO.

In the coming year, we will continue to build on our successes, continue to build on collaborative efforts around the pandemic, revisit our plan and reprioritize to build on the strong foundation. We

will look for innovative solutions to emerging challenges and support efforts such as COVID virtual wards, support expanded community mass vaccination, while establishing the building blocks outlined in our full application to better coordinate care for our priority populations.

Organizations that make up the Southlake Community OHT are Southlake Regional Health Centre, Aurora Newmarket Family Health Team, Bayshore Healthcare, Canadian Mental Health Association York and South Simcoe, CHATS, Enhance Care Clinic, Georgina Nurse Practitioner Led Clinic, LOFT, SE Health, Southlake Academic Family Health Team, and York Region. It is important to highlight that Patient and Family Advisors continue to participate in the design, development and implementation of the OHT. The Southlake Community OHT serves a population of approximately 341,000 from surrounding municipalities with a priority focus on 1) older adults with multiple comorbidities and complex needs and 2) adult mental health and addictions.

Southlake continues to be excited to be participating in collaboration with our partners to bring improved transitions and quality care to our patients and families and is proud to share the accomplishments achieved through the pandemic.

Patient/Client/Resident Partnering and Relationships

In the development of our 2019 – 2023 Strategic Plan, we spoke with thousands of our staff, physicians, volunteers, patient and family advisors, hospital partners, community partners and patients, families and caregivers. We reviewed relevant documents (i.e. Accreditation Canada standards, previous QIPs, Integrated Quality and Patient Safety Plan, and the Risk Management Plan), as well as having two members of our Corporate Patient and Family Advisory Council (Corporate PFAC) sit on our Strategic Planning Steering Committee. As part of Southlake's 2021/22 Quality Improvement Plan development process, we have ensured that the QIP goals continue to align to the quality agenda and Southlake's strategic goals created through the engagement process mentioned above.

Our chair of the Corporate PFAC is a member of the Board Committee on Quality and the committee has been continuously involved with the development of our QIP. Our Patient and Family Advisor (PFA) member provide the patient perspective. For example, the community members' and PFA feedback and experience around the capacity challenges have driven us to pursue an aggressive performance target to improve wait time of the Alternate Level of Care (ALC) placement to home with services.

Our patient satisfaction surveys and Patient Experience Real Time Surveys provide valuable information to embed the patient's voice in our improvements. Patient and Family Advisors sit on eight clinical programs where goals, objectives and scorecards are developed. In addition to our Corporate PFAC we have organization wide and program specific committees where patients work in collaboration with the health care team.

The Patient and Family Advisory Program (PFAP) serves as a forum for patients and families to partner with our staff, physician, and volunteers to provide input and influence on ways to improve the patient experience. The PFAP supports Southlake in honoring its core commitments, strategic goals and

objectives “for creating an environment where the best experiences happen”. The PFAP fosters a culture where our values of serving patients “*always with compassion*” and “*every voice matters*” are recognized in everything we do, and from the patient’s perspective they are cared for. Our drive to achieve our Quality Improvement Plan goals for 2021/22 will be supported with collaboration between dedicated staff, physicians, volunteers and patients/family.

Workplace Violence Prevention

Southlake is committed to addressing safety concerns of staff, physicians and volunteers; reducing the risk of workplace violence; and creating a safe environment for all. We routinely monitor the number of incidents, security response time, and severity of incidents and our leadership team and our safety officer regularly engage staff in safety dialogue to hear their perspectives.

We have a robust incident investigation and analysis strategy. Processes are in place to manage the risk of violence while ensuring safety for patients and staff. Our staff and our Joint Health and Safety Committee (JHSC) are very engaged in careful and inclusive reporting, investigation and analysis of incidents.

Our annual core curriculum is completed by 100% of our staff every year and clinical core curriculum is completed by 100% of our clinical staff. Many staff, and all of our most at-risk staff, have completed Crisis Prevention Intervention (CPI) training. We have also engaged in simulation exercises with York Region EMS and York Regional Police followed by debriefing exercises.

Signage is displayed throughout the hospital describing zero tolerance for workplace violence. An annual environmental risk assessment is performed corporately and repeated when there is a change in use of a specific area. Access to the Emergency Department for all patients and visitors is through a security controlled entry.

Patients are assessed at registration for a history of or risk of violence using a violence assessment tool and a purple identification arm band is applied to those positively identified. All staff wears a safety pendant that will provide an immediate alert to security identifying the location and staff at risk. Our efforts are focused on ensuring that the staff safety pendants are in good working order. Our patient tracking board displays if there is a risk for violence. We know that by working together to keep everyone safe, we can “create an environment where the best experiences happen”.

Alternate Level of Care

Southlake Regional Health Centre has made great strides this year in reducing the Alternative Level of Care (ALC) rate, for patients awaiting ALC to home. Underpinning this achievement are enhanced partnership efforts, more robust tracking, and optimizing patients’ strengths. The Rehabilitation Continuing Care (RCC) and Southlake@home actively partner with patients and their families to optimize a person’s functional capacity, for example, transferring home by stretcher and working together until the patient graduates from Southlake@home using a rollator walker. Forty three

percent of patients who completed the Southlake@home were able to provide their own self-care. Increased adoption and application of quality practices related to ALC prevention and management includes implementing iPLAN, vigorous daily management of patient flow, and revitalized Joint Discharge Rounds (JDR). Most importantly, this achievement was attained through developing meaningful relationships with community partners. For example, behavioural rounds, a partnership between Southlake, LOFT, LHIN Homecare, and Southlake@home was implemented and expanded to all hospital sites. Partnerships with CHATs and other community providers brought much needed understanding of how community resources increase caregiver resiliency thus increasing or maintaining caregiver resiliency. Moreover, the compounding effect of modifying the approach to patient care planning; enhancing our ALC management and prevention strategies; and meaningfully engaging partners have all contributed to this achievement. These outcomes were achieved through the power of many.

Virtual Care

Through the evolution of Ontario Health Teams and the onset of the COVID19 pandemic, virtual care has rapidly accelerated across all sectors of care, including at Southlake. In alignment with our Strategic Plan and the strategic objectives of our Southlake Community Ontario Health Team (OHT), accelerating the implementation and adoption of virtual care programs and technologies is core to addressing system changes related to capacity, access to care, patient safety, and fragmentation. With wide spread availability of virtual care options (channels and modalities), more preventative, ambulatory care and chronic disease management can be delivered in the community and at home. In addition to alleviating acute and ALC issues, virtual care can also improve patient experience in that their interactions with the health system is akin to other industries (e.g., banking, shopping) and jurisdictions.

Organizationally, and in partnership with our SHINE hospitals, virtual care will be one of the priorities in our forthcoming Digital Health Strategy. While tremendous growth of virtual care occurred relatively organically because of the pandemic, we need to focus our effort in 2021/22 on maturity and sustainability. This presents an opportunity to evaluate our current virtual care maturity using industry frameworks and standards to ensure the necessary infrastructure/technology, people, and processes are in place to ensure our success. This may include leveraging and elevating existing investments as well as implementing additional integrated virtual visit programs and solutions to meet the changing and growing needs of our patients.

As we examine opportunities to redesign care delivery in the context of our OHT and our priority patient populations, integrated virtual care technologies and their accelerated use with existing and new clinical workflows will support alternate, integrated, collaborative channels for care delivery. These include, but are not limited to, the OTN telemedicine program, Meditech Virtual Visits, Microsoft Teams, the OTN telehomecare program, a clinically supported remote monitoring program for patients with COPD and CHF, and eConsults which supports primary care to specialist electronic consults. Since 2020/21, Southlake is focusing on three distinct initiatives: (1) launch of a ministry-funded proof-of-concept project to establish a single identity, authentication, and authorization (IAA) service and

platform, which would provide patients with a single virtual front-door to seamlessly access available (virtual care) services and information; (2) evaluate our virtual care maturity using an industry framework and standard to identify strengths and areas where additional investment or effort may be required to ensure sustainability and ongoing quality improvement of our virtual care program; and (3) explore additional opportunities to enable clinical programs and departments through virtual care technology (e.g., inpatient rounding, remote patient monitoring for certain chronic disease patients, ED virtual visits).

In short, Southlake remains committed to advancing and sustaining our virtual care maturity, in part, because of its tangible benefits to patients and its strategic alignment to forging a new path to meet the changing needs of our growing communities. As such, we will build on our existing virtual programs and capacity while investing in the design, development, and testing of innovative virtual care programs and solutions, which will provide a rich basis that we can continue to build on over time.

Executive Compensation

Quality Improvement Plan Part C: The Link to Performance-based Compensation of Our Executives

The purpose of performance based compensation is to drive accountability for the quality improvement plans.

What is required for ECFAA compliance:

- Compensation must be linked to achievement of quality improvement targets for CEO, COS, CNE and Senior Management reporting directly to the CEO (or person with position equivalent to the CEO)
- Legislation and regulations do not include senior specific requirements regarding the percentage of salary that should be linked, the number of targets, weighting of targets however, the government has the opportunity to mandate a specific percentage at any time
- There should be a clear link between performance-based compensation and the QIP indicators and performance based compensation should be expressed as a percentage of annual salary (vs. dollar amount)
- Senior Management Team who do not report directly to the CEO may also be included in performance-based compensation, although not a requirement for ECFAA

Recommendation for the Executive Compensation Related to the 2021/22 QIP:

It is recommend that the strategy used in 2020/21 Executive Performance-Based allocation be adopted for the 2021/22 fiscal year.

Manner in and extent to which compensation of our executives is tied to achievement of targets

For Senior Executives and Directors at Southlake:

1. There is total envelope of funds set aside by Finance for Senior Executives and Director Compensation. Total variable pay linked to performance based compensation aligning to requirements in ECFAA plus the Management Performance Plans will vary in percentage


2. Twenty percent of the total variable pay will be linked specifically to achievement of the QIP component of the overall Management Performance Plan
3. Eighty percent of the total variable pay will be linked to achievement of the additional operational objectives aligned to Southlake's strategic goals and identified in each individual's Management Performance Plan
4. The allocation linked to the QIP will be calculated utilizing the following terms:
 - All Corporate Priority QIP indicators will be linked to variable pay
 - Achievement will be based on the percentage complete based on the formula below:

Corporate Priority Indicators	Baseline FY 20/21 YTD (Q1-Q3)	Target (2021/22)
Two Client Identification Compliance	69.8%	95%
Medication Reconciliation on Discharge	87.8%	90%
Inpatient Falls Resulting in Harm	0.7	0.5
Did you receive enough information on discharge?	65%	65%
New Pressure injuries	2.0	2.0
Approach/Formula		
For selected QIP 2021/22 indicators, the score would be calculated based on outcome indicator performance and progress of project milestone completion (includes review of process measures)		

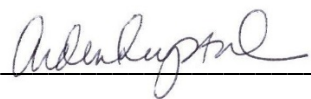
Improve Indicators	
Criteria	Score
If Current Performance: < Baseline + All Activities Not Completed	0
If Current Performance: < Baseline + All Activities Completed	2.5
If Current Performance: ≥ Baseline < Target + All Activities Not Completed	2.5
If Current Performance: ≥ Baseline < Target + All Activities Completed	5
If Current Performance: ≥ Target + All Activities Not Completed	7.5
If Current Performance: ≥ Target + All Activities Completed	10
Maintain Indicators	
If Current Performance: < Baseline + All Activities Not Completed	0
If Current Performance: < Baseline + All Activities Completed	2.5
If Current Performance: ≥ Baseline/Target + All Activities Not Completed	2.5
If Current Performance: ≥ Baseline/Target + All Activities Completed	5

Sign-off

The following have reviewed and approved our organization's Quality Improvement Plan

Board Chair  (signature)

Board Quality Committee Chair  (signature)

Chief Executive Officer  (signature)

2021/22 Quality Improvement Plan - Work Plan

"Improvement Targets and Initiatives"

Southlake Regional Health Centre 596 Davis Drive, Newmarket , ON, L3Y2P9

Lower is Better

Higher is Better

AIM	Measure				Change				
Quality dimension	Measure/Indicator	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Timely	Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 2 days of patient's discharge from hospital.	85%	85%	Target based on 2020/21 study period YTD Q3: Apr. 2020 - Dec. 31, 2020.	Continue with and evaluate the notification pilot, and determine if beneficial. If so, roll out to other clinicians.	Determine if the pilot feedback mechanism has had a positive impact on improving turnaround time for providing discharge summaries to primary care physicians within two days	Evaluation Complete	Evaluation complete	The notification pilot process involves two physicians. The process is to alert clinicians by noon the day following discharge, if a discharge summary has not been sent.
	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.	23.7	31	Target based on 2020/21 existing target. Current performance study period YTD Q3: Apr. 2020 - Dec. 31, 2020.	Complete a review on patient access and flow and implement a more proactive plan for patient discharge through revised bed meetings and bullet rounds.	Work with new leaders to determine root cause for ongoing flow, capacity, length of stay and discharge limitations to establish viable solutions. Utilize bed meetings to proactively plan and identify safe patient discharges. Utilize bullet rounds to identify patient's designation of Alternate Level of Care (ALC) and/or estimated date of discharge. Processes associated with MOC, Blaylock assessment will generate automatic referrals based on result of assessment.	Standard method for managers and charge nurses attending bed meeting to pro actively identify patients for discharge	Method in place	Expecting unfavorable changes during/after COVID, so 2020/21 target will continue for 2021/22.The largest portion of patients admitted from the ED go to the medicine program. Full program review, with multiple components, that will be implemented in a phased approach. Improved discharge planning will decrease length of stay, improve patient flow and improve access and capacity.

Lower is Better
Higher is Better

AIM	Measure				Change				
Quality dimension	Measure/Indicator	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Efficient	Average ALC days for Southlake@home patients	1.4	1.4	Target based on 2020/21 current performance. Current performance study period YTD Q3: Apr. 2020 - Dec. 31, 2020.	Continue to understand root causes of ALC days to home, and develop strategies to address common issues identified in 2021/2022.	Synthesis of root cause analyses will be provided to Hospital Leadership tables to co-develop plans to address underlying issues.	Percentage of patients discharged through Southlake@home with ALC days > 0, that are investigated and assigned a primary root cause.	100%	This indicator includes Southlake@home patients only (excluding patients discharged from our two off-site Restorative Care Centre locations). Expecting continued challenges with COVID and LTC restrictions/outbreaks of pandemic; target from 2020/21 will continue in 2021/22. COVID and Ministry directives have an impact on this program. Southlake@home continues to actively partner with discharge planners, geriatric emergency management, and social workers and other professional in the ED and admission process to identify this expanded population earlier in their care trajectory. In addition, emerging new barriers can be more readily identified.
Patient-centred	Percentage of respondents who responded "completely" to the following question: 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?	65.0%	65.0%	Target is increased from last year. Target based on 2020/21 current performance. Current performance study period YTD Q3: Apr. 2020 - Dec. 31, 2020.	Continue corporate focus on sustainability of Patient Oriented Discharges (PODS).	Engagement with managers and members of the discharge healthcare team.	Number of units using PODS	100%	Enough Information on Discharge has been identified as one of our five patient safety priorities. New survey method (phone vs mailed paper) started in 2020/21. PODS was developed with input of Patient and Family Advisors (PFACs) and will be integrated into the Model of Care discharge process.
Safe	Number of workplace violence incidents reported by hospital workers within a 12 month period.	266	266	Target based on 2020/21 current performance. Current performance study period Q4: Jan. 2020 - Dec. 31, 2020.	Expand Workplace Violence (WPV) Prevention training.	Optimize class enrollment in WPV training sessions	Number of people participating in the classes divided by the number of spots available.	90%	This continues to be a monitoring indicator internally, as we encourage reporting while aiming to decrease incidents. For the purpose of this submission, the target will be based on the total incidents in the previous calendar year.
	Patient Identification	69.8%	95%	Previous year's target not met. Same target as last year. Current performance study period YTD Q3: Apr. 2020 - Dec. 31, 2020.	Monitor results of new methodology of surveying patients on the question of two client identification.	Complete real time surveys asking patients about compliance to Two Patient Identification Policy and report data back at both corporate level and unit level.	Percentage of surveyed units provided with unit-specific data on a quarterly basis for posting on quality and patient safety huddle boards.	100% of surveyed units provided with quarterly data for posting on huddle board.	Client Identification has been identified as one of our five patient safety priorities. In Q4, 2020/21 a question was added to the RTS (Real Time Survey) for patients, asking patients about the frequency of their identity being checked. This replaced the manual audits method. This approach is more sustainable and will increase the sample size. It will also provide the opportunity for patients to be involved in measuring our performance.

Lower is Better
Higher is Better

AIM	Measure				Change				
Quality dimension	Measure/Indicator	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Safe	Pressure Injuries	2.0%	2.0%	<p>Previous year's target not currently met. Target based on 2020/21 current performance .</p> <p>Current performance study period YTD Q3: Apr. 2020 - Dec. 31, 2020.</p>	<p>Complete data collection on hospital acquired prevalence during the past three months during the Prevalence and Incidence study.</p>	<p>Using data from the Prevalence and Incidence study evaluate if the Prevalence data is more meaningful as an indicator for Pressure Injuries.</p>	<p>Percentage of patients who developed a pressure injury while in hospital within the past three months.</p>	<p>10% (average of Q1-3 performance in 2020)</p>	<p>Patients having, or at risk for getting a pressure injury are discussed during daily huddles, as one of our five Patient Safety Priorities. The team is looking at adding integration of Patient Service Partners (PSP) to many units to perform Activities of Daily Living (ADL) and assist with mobilizing, turning, and moisture management. Will continue monitoring of Braden Risk Assessment scores completion within 24 hours of admission. In addition will engage with the managers and educators on the use of the Wound & Skin Kardex.</p>
					<p>Continue to enhance data sharing of reported Pressure Injuries.</p>	<p>Using data from our new Incident Management software, provide unit level data, to increase awareness of trends, and drive commitments and improvements at the unit level.</p>	<p>Data used to inform unit commitments relating to decreasing pressure injuries</p>	<p>Yes</p>	<p>Pressure Injuries have been identified as one of our five patient safety priorities. In addition to the Prevalence and Incidence study data which feeds the QIP indicator, unit level data from our incident management software will be used to increase awareness about emerging trends. Units can use this information to help inform their unit/program commitments, to be discussed at daily huddles.</p>
	Inpatient Falls resulting in Harm	0.7	0.5	<p>Target based on current performance and known change to data collection system.</p> <p>Current performance period YTD Q3: Apr. 2020 - Dec. 31, 2020.</p>	<p>Monitor units utilizing care plan.</p>	<p>Encourage units to utilize the care plan to communicate universal and individualized interventions implemented for those identified as being at high risk for falls.</p>	<p>% of units utilizing the care plan as the process measure. The units could self-report on use of the care plan. Mechanism in place and used to audit.</p>	<p>100%</p>	<p>Universal and individualized falls prevention interventions/strategies are put in place for those identified at being at high risk for falls. Utilization of the care plan is a great tool to communicate the interventions/strategies to the whole interprofessional team. Integration of the PSP role with the new Model of Care will increase compliance with hourly rounding, particularly with those identified as at risk for falls to proactively meet the person's needs and prevent falls.</p>

Lower is Better
Higher is Better

AIM	Measure				Change				
Quality dimension	Measure/Indicator	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	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.	87.8%	90%	Last year Target Met. Increased Target based on current performance and stretch goal. Current performance study period YTD Q3: Apr. 2020 - Dec. 31, 2020.	Continue to improve and refine processes and measures that were previously introduced with a focus on programs that are not meeting target.	Work with Mental Health and Maternity Child Programs to determine root cause and improvement strategies for completing medication reconciliation at discharge. Sustain improvements in Surgery, Medicine and Cardiac Programs.	Engage clinical teams to help develop improvement strategies, including process adherence (including admission process re: BPMH), documentation and scanning of the form.	Teams not meeting target are engaged, and strategies developed.	Medication Reconciliation has been identified as one of our five patient safety priorities.
					Explore electronic processes for Best Possible Medication Discharge Plan	Review technology used by other organizations to understand feasibility of planning and implementing at Southlake	Review resource requirements, technical specifications, prescriber support, and impact on patient safety.	Determine feasibility of electronic process	Support for an electronic processes has already been stated, and Informatics believes current infrastructure is in place.
	Patient Satisfaction	67.0%	67.0%	Target based on current performance. Current performance study period YTD Q3: Apr. 2020 - Dec. 31, 2020.	Support visitor access	Update visitor policy to support pandemic requirements throughout year.	Engage clinical leadership and communicate visitor changes to all staff.	Updated visitor policy.	
					Create a sustainability plan to support virtual visits and the administration of Real-Time Surveys (RTS) and other tasks from the Patient Family Liaison role.	Create long term solution to support PFL tasks. Implement new video chat technology for inpatient through smart TVs.	Number of RTS completed. Process for video chat technology developed.	Percentage of RTS surveys 75% of previous year. Video chat technology implemented.	