Theme I: Timely and Efficient Transitions

Measure   Dimension: Timely

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Time to Inpatient Bed - this indicator measures 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.	C	Hours / All inpatients	CIHI NACRS / 2023/24	34.40	28.00	With an increase in patient volume and continued isolation burden within the organization, efforts will be made within the organization to improve the inpatient length of stay and streamline admission processes to decrease the amount of time admitted patients wait for transfer to an inpatient bed.	

Change Ideas

Change Idea #1   Improve communication between the interdisciplinary team and the patient (and/or their representative) to support timely discharge/transition.

Methods	Process measures	Target for process measure	Comments
1. Develop and implement a process for establishing the EDD (e.g., HIG data). 2. Develop and implement a process to ensure the EDD, discharge plan and discharge expectations are communicated to the patient (and/or their representative) within the first 48 hours of admission and documented in the health record. 3. Reinforce the process for updating the Whiteboard on all inpatient units to support transitional planning activities including planning for the EDD.	% of patients with documented EDD within 48 hours of admission	70% of patients with documented EDD within 48 hours of admission	

Change Idea #2	Standardize admission and discharge processes.		
Methods	**Process measures**	**Target for process measure**	**Comments**
1. Complete process mapping exercise to understand the current state in order to develop interventions to control for variations. 2. Review current assessment/documentation requirements to support admission and discharge processes. 3. Review current utilization of Oculys	Project milestone completion	Project completion by October 31, 2023.	

Change Idea #3	Standardize the process for proactive identification of discharge/transition needs including the assessment and transfer of patients to post-acute programs.		
Methods	**Process measures**	**Target for process measure**	**Comments**
1. Complete process mapping exercise to understand opportunities for improvement within the acute and post-acute processes for the identification of ALC patients. 2. Based on the above evaluation, develop and implement a standardized process to apply criteria for ALC and post-acute programming for all patients, including a process of clear communication with inter-disciplinary team and the patient (and/or their representative). 3. Review current utilization of Oculys to support consistent and accessible mechanism of tracking patient wait times.	Project milestone completion	Project completion by October 31, 2023.	

Theme II: Service Excellence

Measure   **Dimension:** Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of respondents who responded "completely" to the following question on the CPES inpatient survey: "During this hospital stay, did you get all the information you needed about your condition and treatment?"	C	% / Survey respondents	Other / 2023/24	52.60	57.60	We are targeting a 5% improvement as we believe our patient communication improvement tactics will drive an increase in performance. A target of 57.6% is 3% below the Ontario Community Hospital Average.	

Change Ideas

Change Idea #1   Patient Experience Bundle – continue with implementing the patient experience bundle and embedding into standard practice.

Methods	Process measures	Target for process measure	Comments
• AIDET • Leader Rounding • Patient Communication Boards • Bedside Shift Reporting	1. During this hospital stay, how often did my healthcare team explain things in a way I could understand? 2. During this hospital stay, did the leader of the unit come and speak to you about the care you received?	Process measures are new indicators – our goal will be to collect baseline data first.	

Change Idea #2   Implementation of the new Qualtrics Patient Experience Surveys.

Methods	Process measures	Target for process measure	Comments
1. Leader Planning & Engagement 2. Submission of RFQ 3. Vendor Selection 4. Contract Finalization 5. Implementation 6. Go-Live April 1, 2023 7. Creation of a Patient Experience Survey Reporting Standard	Project Milestone Completion	Completion of 7/7 steps.	

Change Idea #3 Implementation and Education of Patient and Family Centered Care Framework			
Methods	Process measures	Target for process measure	Comments
1. Consult with other hospital organizations that achieved Exemplary Standing in their recent Accreditation 2. Working with the PFAC, co-design a Patient and Family Centered Care Framework for BCHS (policy). 3. Development of a Patient and Family Centered-Care Framework video which can be used as a Halogen Module for leaders and new staff.	Project Milestone Completion	Completion of 3/3 steps.	

Theme III: Safe and Effective Care

Measure   **Dimension:** Effective

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Wait Time for Counselling Initial Assessment - median number of days waited for counselling initial assessment (referral to initial visit/assessment)	C	Number / All patients	In house data collection / 2023/24	45.00	19.00	With a change in service model, we expect to see a steady improvement as employee comfort and familiarity level with new counselling model solidifies.	

Change Ideas

Change Idea #1   Implement Solution Focused Brief Therapy (SFBT) Counselling Model

Methods	Process measures	Target for process measure	Comments
• Provide employees with clinical training and skill development for single session and Solution Focused Brief Therapy (SFBT) counselling models. • Develop client reported treatment tools to support this model. • Explore evaluation mechanisms (i.e., patient experience surveys) to ensure client satisfaction.	Project Milestone Completion	100% Project Milestone Completion	

Change Idea #2   Implement walk in counselling model

Methods	Process measures	Target for process measure	Comments
• Quality improvement and change management training • External consultation to support implementation and sustainability • Conduct environmental survey of outpatient mental health areas in partnership with the patient and family advisory committee to include client feedback • Develop admin processes to support time sensitive, equitable and inclusive booking and registration of appointments – work with secretary and admin team • Develop a robust communication/marketing plan to target internal and external stakeholders	Project Milestone Completion	100% Project Milestone Completion	

Measure   **Dimension:** Safe

Indicator #4	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.	P	Count / Worker	Local data collection / Jan 2022–Dec 2022	71.00	100.00	This continues to be a monitoring indicator internally, with a soft target. We are not aiming to increase incidents; instead we are aiming to increase reporting of them. This change idea is focused on improving our reporting culture.*	

Change Ideas

Change Idea #1   Improve Access to Parklane (reporting system)

Methods	Process measures	Target for process measure	Comments
• Create quick link to Parklane from hospital Intranet landing page. • Explore opportunity to provide external access to Parklane so staff are able to access the application remotely (i.e., not from a hospital desktop).	• Project Milestone	• Quick link on hospital intranet available by end of April 2023. • 100% Implementation.	FTE=3000

Change Idea #2   Build staff knowledge and awareness

Methods	Process measures	Target for process measure	Comments
Education and Awareness Blitz in April, 2024. Topics: • What is workplace violence? • What incidents do I report? Where? • Actions to take when experiencing workplace violence including support/resources available. • What to expect after submitting a Parklane incident. Mechanism: • Presentation at Manager Forum • Organizational Health to present at unit huddles/team meetings • Relaunch of Halogen e-learning module • Desktop wallpaper • Fast Facts/1 Pagers	• Education Reach • Project Milestone	• 85% of staff completed Halogen e-learning module by July 2024. • 100% of education/awareness activities completed by July 2024.	

Measure   **Dimension:** Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Hospital Acquired Pressure Injury - this indicator measures the percentage of inpatients who experience a hospital acquired pressure injury.	C	% / All inpatients	In house data collection / 2023/24	CB	CB	In 2023/24, BCHS will work to better understand our current state for hospital-acquired pressure injuries and re-establish the wound care team to support the standardization of our approach to pressure injury prevention. Our current data source does not provide clarity on pre-existing versus hospital-acquired pressure injuries, therefore, we will focus on collected baseline data.	

Change Ideas

Change Idea #1	Enhance the interventions in Meditech to support the documentation of skin assessment and wound presence on admission to hospital.

Methods	Process measures	Target for process measure	Comments
1. Launch revised documentation intervention 2. Provide education for the documentation of Nursing skin and wound assessments	% of patients who have a skin assessment completed on admission % of patients with wound presence documented on admission to hospital	90% of patients will have documentation completed on admission to hospital	

Change Idea #2	Improve organizational access to reliable wound care resources to support accurate skin assessment and wound care management, including identification of pressure injury risk.

Methods	Process measures	Target for process measure	Comments
1. Streamline process for wound care referral within Meditech 2. Launch BCHS Wound Care Champion Network 3. Development of educational resources to support professional development 4. Revision/Development of resources to support patient/family involvement in pressure injury prevention	Project Milestone Completion	100% Completion	

Report Access Date: March 31, 2023