Access and Flow

Measure - Dimension: Timely

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Alternative Level of Care (ALC) throughput ratio	C	Ratio (No unit) / ALC patients	WTIS / April 1, 2023-December 31, 2023	CB	CB	ALC Throughput ratio calculation: # of ALC patients discharged in any given time period divided by the number of ALC patients designated in a given time period. Throughput ratio above 1 indicates reduction in the number of ALC patients.	

Change Ideas

Change Idea #1 Early identification of patients with barriers related to social determinants of health.

Methods	Process measures	Target for process measure	Comments
Educate staff in identifying barriers to discharge related to determinants of health.	% of audits that indicate barriers to discharge being appropriately identified and documented within 48 hours of admission.	80% of audits will have appropriate identification and documentation completed within 48hrs	

Change Idea #2 Elevate assessments of patients with identified barriers to discharge.

Methods	Process measures	Target for process measure	Comments
Educate and incorporate the Geriatric Frailty scoring into assessment to identify barriers to discharge.	% of audits that have the Geriatric Frailty score completed on admission, where barriers to discharge have been identified	60% of audits will indicate the Frailty score was completed	

Measure - Dimension: Timely

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Emergency Department wait time to inpatient bed	C	Hours / ED patients	Other / April 1, 2023-September 30, 2023	38.30	30.64	20% Reduction	

Change Ideas

Change Idea #1 Reduction in Physician Initial Assessment wait times for non-admit patients CTAS 3,4,5.

Methods	Process measures	Target for process measure	Comments
Changing RAZ process workflow and staffing models.	Wait time in hours to Physician Initial Assessment (PIA).	3H for Physician Initial Assessment	

Change Idea #2 Reduction in wait times for bed to be cleaned.

Methods	Process measures	Target for process measure	Comments
Prioritization of bed cleans after patients discharged.	% of audits showing bed space clean completed within 60 minutes of discharged patients bed being unoccupied.	60% of audits will indicate bed space cleaned within 60 minutes of being unoccupied	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	0.00	90.00	This is our corporate target	

Change Ideas

Change Idea #1 Educate Executive team using SAN'YAS Anti-racism Indigenous Cultural Safety Training

Methods	Process measures	Target for process measure	Comments
All members to register for on-line-self directed program	% of executive team with course completion	100% of executive team with course completion	

Change Idea #2 Educate Management team using SAN'YAS Anti-racism Indigenous Cultural Safety Training

Methods	Process measures	Target for process measure	Comments
All members to register for on-line, self directed program	% of management team with course completion	100% of management team with course completion	

Change Idea #3 Educate Trustees using SAN'YAS Anti-racism Indigenous Cultural Safety Training

Methods	Process measures	Target for process measure	Comments
All members to register for on-line, self directed program	% of trustees with course completion	100% of trustees with course completion	

Change Idea #4 Educate all staff using SAN'YAS Anti-racism Indigenous Cultural Safety Training			
Methods	Process measures	Target for process measure	Comments
All staff to register for on-line, self directed program.	% of staff with course completion	90% of staff with course completion	

Change Idea #5 Educate management and Clinical Chiefs using the Inclusion, Diversity, Equity and Anti-Racism IDEA principles			
Methods	Process measures	Target for process measure	Comments
Management and clinical chiefs to participate in education sessions occurring throughout the year	% of management and clinical chiefs that have completed required # of sessions	90% of management and clinical chiefs have completed required # of sessions	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of respondents who report inequities in care.	C	% / All patients	Local data collection / Dec 1, 2023-March 31, 2024	CB	CB	The goal is to identify areas of improvement and work towards the theoretical best target of 0% of respondents reporting inequities in care	

Change Ideas

Change Idea #1 Elevate staff understanding of individual patient's life experiences in order to deliver effective care and improve patient engagement, treatment adherence, health outcomes and provider and staff wellness

Methods	Process measures	Target for process measure	Comments
Provide Trauma informed care education to clinical staff.	% of staff that complete education	40% of staff complete education	

Change Idea #2 Increase opportunities to hear the patients voice to reduce concerns in the moment

Methods	Process measures	Target for process measure	Comments
Create a Patient and Family Advisory Council (PFAC) Patient Rounding Program.	# of patient rounding experiences performed by the end of the year	30 patients have been rounded on by PFAC members	

Change Idea #3 Improve communication strategies for admissions with length of stay greater than 7 days.

Methods	Process measures	Target for process measure	Comments
Offer case conferences to patients and their support system, of those with admissions greater than 7 days	% of audits where patients, with length of stay greater than 7 days, have had a case conference offered.	80% audits where patients, with length of stay greater than 7 days, have had a case conference offered.	

Change Idea #4 Increase accessibility to electronic patient health information.

Methods	Process measures	Target for process measure	Comments
Increase utilization of electronic documentation by medical staff.	% of increased utilization of electronic Admission/History reports by medical staff	20% increase in utilization of electronic Admission/History reports by medical staff	

Safety

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reduction in Work Place Violence incidents resulting in injury, severity level 3 or higher.	C	Count / Staff	Local data collection / April 1, 2023-December 31, 2023	9.00	7.00	20% reduction	

Change Ideas

Change Idea #1 Incorporate employee input into Corporate management of Workplace Violence strategies

Methods	Process measures	Target for process measure	Comments
Implement actionable strategies determined by the senior team as identified by responses from the clinical employee workplace violence survey.	% of actionable strategies actioned by end of year	80% of actionable strategies actioned by end of year	