Theme I: Timely and Efficient Transitions | Timely | Priority Indicator

	Last Year		This Year	
Indicator #7 Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital. (Headwaters Health Care Centre)	**CB** Performance (2019/20)	**CB** Target (2019/20)	**NA** Performance (2020/21)	**--** Target (2020/21)

Change Idea #1

Expectations of physicians communicated in updated Professional Staff Rules and Regulations (inclusive of calls to primary care with complex discharges)

Target for process measure

- Agenda items at meetings completed by Q3

Lessons Learned

Chief of staff held discussions at Medical Advisory Committee in relation to discharge summaries. Follow approval of revised Professional Staff Rules and Regulations.

Change Idea #2

Review process in Health Records transcription and for sending within 48hrs.

Target for process measure

- Establishing baseline data. Process mapping to be complete by Q2

Lessons Learned

Review of processes conducted. Data obtained on process flow from dictation to sending of summaries. Data shared with Chief of Staff and physician group to seek improvement in dictation time and approval times.

Change Idea #3

Meet and discuss with primary care providers expectations and needs for communications and diagnostic imaging

Target for process measure

- 4 of 4 meetings held with improvement opportunities to implement

Lessons Learned

This change initiative was not achieved due to competing priorities.

Theme I: Timely and Efficient Transitions | Timely | Mandatory Indicator

	Last Year		This Year	
	13.50	9.50	11.93	10
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Indicator #9

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. (Headwaters Health Care Centre)

Change Idea #1

Conduct process mapping exercises with stakeholders to streamline processes and target consistency.

Target for process measure

- Process Mapping Discovery Workshop completed in Q1

Lessons Learned

Completed. Current state mapping completed with stakeholder team. 3 Working groups established for ED, Inpatient and focus on Mental Health. Large review of data and "understanding" the patient flow.

Change Idea #2

Change the Transition Case Coordinator role to Hospital Service Coordinator for consistency of process and attention throughout the day and weekend

Target for process measure

- Job profile updated by Q2

Lessons Learned

Case Coordinator role transitioned to Hospital Service Coordinator role (HSC) and job profile updated. HSC is available during daytime, evening, nights, weekends and provides consistent support for patient flow and transitioning.

Change Idea #3

Explore opportunity to introduce Clinical Decision Unit to reduce workload burden with short stay admissions when relevant

Target for process measure

- Approved for CDU design/approach in Q4

Lessons Learned

This change idea was explored but clinical evaluation revealed it was not an opportunity to enhance patient experience or flow.

Change Idea #4

Conduct ED mental health patient process mapping to enhance consistency

Target for process measure

- Mapping and analysis completed by Q4

Lessons Learned

Current state mapping completed in November 2019 which resulted in development of project plan, purpose statement and action plan for implementation starting in January 2020.

Change Idea #5

Finalize Bed Utilization & Surge Management Document update

Target for process measure

- Document update by Q2

Lessons Learned

Document updated and approved and in use.

Theme I: Timely and Efficient Transitions | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #10 Unconventional spaces (Headwaters Health Care Centre)	2.87	2	CB	CB
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Conduct process mapping exercises with stakeholders to streamline consistent processes and enhance consistency

Target for process measure

- Workshop completed in Q1

Lessons Learned

Completed current state mapping completed with stakeholder team. 3 Working groups established for Emergency Department, Admitted Care and focus on Mental health. Comprehensive review of data and understanding of the patient flow.

Change Idea #2

Change the Transition Case Coordinator role to Hospital Service Coordinator for consistency of process and attention throughout the day and weekend

Target for process measure

- Job profile updated by Q2

Lessons Learned

Case Coordinator role transitioned to Hospital Service Coordinator role (HSC) and job profile updated. HSC is available during the daytime, evening, nights, weekends and provides consistent support for patient flow and transitioning.

Change Idea #3

Explore opportunity to introduce Clinical Decision Unit (CDU) to reduce workload burden with short stay admissions when relevant

Target for process measure

- Approval for CDU design/approach by Q4

Lessons Learned

This change idea was explored but the clinical evaluation revealed it was not an opportunity to enhance patient experience or flow.

Change Idea #4

Conduct ED mental health patient process mapping to enhance consistency

Target for process measure

- Process mapping and impact analysis completed by Q4

Lessons Learned

Current state mapping completed in November 2019 which resulted in the development of a project plan, purpose statement and action plan for implementation starting in January 2020.

Change Idea #5

Finalize Bed Utilization & Surge Management Document update

Target for process measure

- Bed Utilization and Surge ManagementDocument updated by Q2 for approval

Lessons Learned

Document updated, approved and in use.

Theme I: Timely and Efficient Transitions | Efficient | Custom Indicator

Indicator #1

Diagnostic Imaging Report Turnaround Time for Mammography Screening (Headwaters Health Care Centre)

Last Year		This Year	
410	**336**	**280**	**--**
Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Sustain radiologist complement and introduce recruitment efforts as needed. This is will ensure adequate capacity exists to improve reporting turnaround time for mammography screening results.

Target for process measure

- to maintain a 4.4 Total FTE (full time equivalent) of radiologists

Lessons Learned

Completed. 4.4FTE (full time equivalent) radiologist complement as of January 2020.

Change Idea #2

Modifications to radiologist schedules to assist with smooth work flow, productivity and efficiency.

Target for process measure

- All mammography exams from test to reported within 336 hours

Lessons Learned

Completed. Schedules have allowed for improved turnaround times.

Change Idea #3

Monitor data regularly and respond to fluctuating needs

Target for process measure

- 12/12 Diagnostic Imaging Performance Scorecard reviews completed

Lessons Learned

Completed. Scorecard is developed and reviewed monthly in Governance Meeting.

Theme II: Service Excellence | Patient-centred | Custom Indicator

Indicator #2

Expansion of Patient and Family Advisory Partnership (Headwaters Health Care Centre)

Last Year		This Year	
12	18	11	--
Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Continue to recruit Patient and Family Advisors (PFAs)

Target for process measure

- Receive 20 expressions of interest (EOI) and to recruit /onboard 6 successful candidates.

Lessons Learned

Recruitment drive Spring 2019 yielded new recruits. Mid year we had reached 15 members. Unfortunately a few members retired from our Patient Family Advisory thereafter. Will continue to recruit to achieve desired target membership.

Change Idea #2

Involve PFAs with improvement/change initiatives/programs

Target for process measure

- 1 PFA in every project and on each program committee by end of Q4

Lessons Learned

Patient Family Advisors involvement in projects and initiatives including: strategic plan, organization values, website refresh, Emergency Department renovation ideas and review of patient information. Unfortunately, we have not aligned Patient Family Advisors with internal committee/programs as yet and plan to achieve this in the coming fiscal year.

Change Idea #3

Conduct education for PFA role among staff and teams

Target for process measure

- 100% of Team huddles attended with communication and education for PFAs. 60% staff accessing elearning.

Lessons Learned

Quality & Patient Experience specialist attended 21/21 Team Huddles in February 2019. Discussed the role of the PFA and also produced a document "Working with PFAs". Held a lunch workshop "meet the PFAs" which unfortunately was poorly attended. We are continuing with "meet and greet" of PFAs going out to areas in Spring 2020.

Theme II: Service Excellence | Patient-centred | Priority Indicator

Indicator #8

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? (Headwaters Health Care Centre)

Last Year		This Year	
88.18	**88.18**	**65.35**	**70**
Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Patient Orientated Discharge Summary (PODS) expansion for chronic conditions and surgery

Target for process measure

- Gather feedback from 10 patients with diagnosis of CHF, Stroke or under General Surgery discharged with Patient Orientated Discharge Summary (PODS) package

Lessons Learned

Patient Orientated Discharge Summary (PODS) developed for day surgery and rolled out during Summer 2019. Work continues on development of Congestive Heart Failure (CHF) and stroke PODS which are currently under review ready for approval.

Change Idea #2

Enhanced educational offerings on the Hub bedside system

Target for process measure

- 75% of patient rated education as useful via the HUB

Lessons Learned

Survey available on the Hub asking patients if they find the educational information useful. 33% agreed education as useful (#19 respondents). Continue to "market and communicate" to patients on how to access educational information on the Hub.

Indicator #6

Percentage of complaints acknowledged to the individual who made a complaint within five business days. (Headwaters Health Care Centre)

	Last Year		This Year	
	64.10	**90**	**73.15**	**90**
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Enhance charge nurse competencies and accountabilities for patient feedback follow up to avoid formal complaints - service recovery (including ED)

Target for process measure

- 8 Charge Nurses received education and have poster on display in area (includes ED)

Lessons Learned

Successful patient relations training and education delivered to all Emergency Department staff in March 2019.
Inpatient Charge Nurses (3) received training related to Patient complaint process. Poster developed and sent out to Leaders.

Change Idea #2

Introduce Hub service recovery mechanisms (Hub is hospital integrated bedside terminals)

Target for process measure

- Evaluation completed by Q3

Lessons Learned

Patients have the opportunity to provide feedback from the bedside Hub system.

Change Idea #3

Conduct further data analysis and trending to identify opportunities for improvement

Target for process measure

- Baseline completed by Q3 and education by Q4

Lessons Learned

Complaints analysis is completed on a quarterly basis and shared with the Clinical Leadership Team for review and discussion.Leaders are sent bi-monthly reports of complaint status for review and follow up.

Change Idea #4

Enhance monitoring processes to quickly identify new complaints without response

Target for process measure

- Reminders activated by Q3

Lessons Learned

We did not implement this change idea due to competing priorities. Continue to review and seek opportunities to enhance the complaints process to respond in a timely manner.

Theme III: Safe and Effective Care | Safe | Mandatory Indicator

	Last Year		This Year	
Indicator #4 Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Headwaters Health Care Centre)	28	28	48	48
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Develop sub committee steering group which reports to Joint Health & Safety Committee

Target for process measure

- Minimum of 8 meetings this calendar year with 60% membership attendance at each meeting

Lessons Learned

Committee established and meeting regularly.

Change Idea #2

Prepare an action plan to mitigate workplace violence risks identified in the environmental survey.

Target for process measure

- Action plan completed by Q2

Lessons Learned

Environmental survey completed. Full PHSA (Provincial Health Services Authority) environmental scan completed and levels of risk associated with work place violence incidents within roles identified. Sub-committee focusing on high risk priority roles to develop action plans to reduce work place violence incidents and recommendations to Joint Health & Safety Committee.

Change Idea #3

Revise employee Safety Quality Information System (SQIS) to enhance information gathering related to workplace violence events so that themes can be readily identified and addressed.

Target for process measure

- # incident within reporting monthly % of incidents within reporting themes

Lessons Learned

Reports developed and provided to Joint Health & Safety Committee. Investigation templates being piloted to assist leaders with investigations.

Change Idea #4

Complete and validate a workplace violence prevention training needs analysis that will inform our educational needs and requirements

Target for process measure

- Completion of training needs analysis by the end of Q2. 30 nursing staff completed either MOAB and/or GPA by end of Q4

Lessons Learned

Policies updated and attendance at Team Huddles and meetings during fall to ensure staff are aware of policies and procedures.

Theme III: Safe and Effective Care | Safe | Custom Indicator

	Last Year		This Year	
Indicator #3 Hand Hygiene Compliance before and after inpatient contact (Headwaters Health Care Centre)	**82** Performance (2019/20)	**92** Target (2019/20)	**92** Performance (2020/21)	**--** Target (2020/21)

Change Idea #1

Introduce new knowledge translation techniques for general and targeted audiences

Target for process measure

- Campaign implemented by end of Q2

Lessons Learned

We did not implement this change idea due to transition in our IPAC Practitioner.

Change Idea #2

Participate in frequent awareness activities for importance of hand hygiene

Target for process measure

- 90% huddles attended twice in the year. 2 Learning Academy Sessions delivered in the year

Lessons Learned

Completed activities for awareness throughout the year and focus on Patient Safety Week and Infection Prevention and Control week.

Change Idea #3

Engage behavioural change theories with patient involvement and positive deviation strategies

Target for process measure

- 70% of patients are aware of positive reinforcement

Lessons Learned

We did not implement this change idea due to transition in IPAC Practitioner.

Theme III: Safe and Effective Care | Effective | Custom Indicator

Indicator #5

Operating Room procedures cancelled the same day (Headwaters Health Care Centre)

Last Year		This Year	
3.10	**2.80**	**4.86**	**--**
Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

Change Idea #1

Conduct perioperative process mapping to identify areas for streamlining and reducing variation in practice

Target for process measure

- Reduce documentation burden for patients by 50%

Lessons Learned

Perioperative Project initiated and process mapping conducted. Working Group established who developed a "surgical package" for all surgical patients which reduced the documentation by approximately 45%. Surgical package trialed through PDSA (Plan-Do-Study-Act) with 3 surgeon offices during summer months, patient survey before and after package completed, roll out of package to further offices planned for January 2020.

Change Idea #2

Development and implementation of a revised pre-op criteria

Target for process measure

- Pre-op criteria decision tool rolled out to physician offices by Q2

Lessons Learned

Pre-operative criteria was developed utilizing the Choosing Wisely Drop the Pre-op Toolkit. Full engagement of the surgeons/anaesthetist/nursing teams. Draft developed and approved for roll out in September 2019. New legislation occurred in October 2019 related to history and physical which delayed the roll-out of this decision tool. Ongoing review with surgeon/anaesthesia group in order to implement prior to March 2020.

Change Idea #3

Conduct chart reviews before day of surgery

Target for process measure

- 85% of charts available 2days prior to surgery

Lessons Learned

This change idea was not implemented due to competing priorities. Team continues to assess and audit number of charts available 2 days before surgery to seek improvement in process.

Change Idea #4

'No show' analysis and trending

Target for process measure

- Reduce cancellations on the day due for medically unfit or requiring tests by 2%

Lessons Learned

No lessons learned entered

Change Idea #5

Adopt Choosing Wisely pre-operative strategies and tactics

Target for process measure

- Choose Wisely Guidelines reviewed and adopted where applicable by end of Q3.

Lessons Learned

Utilizing the Drop the Pre-op tool kit the team introduced an "investigation matrix" which has been laminated and given to all surgeon offices with the aim to reduce the number of tests prior to surgery.