

Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Org Id	Current performance	Target	Target justification	Priority level	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
<b>Timely</b>	<b>Timely access to care/services</b>	Total ED length of stay (defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED) where 9 out of 10 complex patients completed their visits	A	Hours / Patients with complex conditions	CIHI NACRS / January - December 2017	718*	22.7	21.6	5% Reduction		Optimize Discharge Planning	Interprofessional working group to revise and implement new care summary tool and associated processes; identify physician champion to support uptake.	Trial new 7 day care summary re: patient progress towards achieving care goals; use as TOA tool	1. 80% of patients admitted to trial patient care unit will use the care summary tool. 2. Feedback from physicians on effectiveness of tool	Care Summary Leads: Director, Professional Practice; Chief of Family Practice  Patient Flow Policy: VP, PCS & CNE
											Hardware Patient Flow Principles and Expectations	Development and implementation of a Corporate Patient Flow Policy that clearly articulates accountabilities and guidelines for decision making and action.	1. Policy addresses relevant Accreditation Canada Client Flow ROP Tests of Compliance. 2. Communication of accountabilities and guidelines communicated to all relevant clinical and support leaders.		
<b>Effective</b>	<b>Effective transitions</b>	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?	P	% / Survey respondents	CIHI CPES / April - June 2017(Q1 FY 2017/18)	718*	44.64	45.64	Increase by 1% overall, as measure requires top box response to count as positive.		DASH MD Application Patient-Advised Improvements to Transitions from Hospital	Adoption of DASH MD smart phone application to provide patients leaving from hospital with information related to their condition and follow-up.	Adoption of DASH MD smart phone application to provide patients leaving from hospital with information related to their condition and follow-up for Emergency and Surgical Services	Complete MOU with DASH MD. 100% of patient education discharge materials to be reviewed/updated for upload to DASH MD.	DASH MD Lead: Interim Chief of Staff
		Risk-adjusted 30-day all-cause readmission rate for patients with COPD (QBP cohort)	P	Rate / COPD QBP Cohort	CIHI DAD / January - December 2016	718*	17.39	16.52	5% Improvement		INSPIRED COPD Outreach Program Spread and Scale to Primary Care	JBH/LHIN/Family Health Team/Patient/Family Collaborative: Patients are identified within Primary Care prior to hospitalization for COPD and placed on INSPIRED program, which includes four home visits providing multidisciplinary support and education; action plan for exacerbations; telephone help-line; Monthly follow-up calls; in home spiritual/psychosocial needs assessment and supports; advanced care planning.	Patient reach and pace of enrollment	3 Primary Care family health teams will commit to implementation of INSPIRED program.	INSPIRED Lead: Director - Acute Medicine Services
<b>Efficient</b>	<b>Access to right level of care</b>	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data	P	Rate per 100 inpatient days / All inpatients	WTIS, CCO, BCS, MOHLTC / July - September 2017	718*	8.88	12.7	Maintain at or better than provincial target of 12.7		Spread Early Engagement initiative to Surgical Program.	Continue to work with Home & Community to Spread and Scale Early Engagement Initiative to Surgical program.	% of med/surg patients and families engaged in discharge planning discussion by LHIN and/or hospital within 48 hours of admission	70% of patients with complex discharge planning needs will be engaged in a discharge planning conversation within 48 hours.	Spread EE to Surgery; Director - Surgical Services
<b>Patient-centred</b>	<b>Person experience</b>	"Would you recommend this emergency department to your friends and family?"	P	% / Survey respondents	EDPEC / April - June 2017 (Q1 FY 2017/18)	718*	47.4	48.4	Historically, measure has moved up and down. Sustain gains and increase by 1% overall, as measure requires top box response to count as positive.		Patient-Advised Improvements to ED Patient Experience	Feedback and advice collected through ED visit follow-up phone calls and real time iPad surveys will inform improvements to ED patient care and experience, and identify service recovery opportunities.	Number of discharge follow-up phone calls completed per month for discharged patients.  Number of real time ED patient and family experience surveys using iPads.	Establish standardized process for completion of post-discharge calls from inpatient care 50 ED visit follow-up phone calls completed per year for non-admitted ED patients. 150 real time ED patient and family experience surveys conducted per year using iPads.  One new change idea implemented.	Indicator and Workplan Lead: Director - Quality & IPAC
		"Would you recommend this hospital to your friends and family?" (Inpatient care)	P	% / Survey respondents	CIHI CPES / April - June 2017 (Q1 FY 2017/18)	718*	41.8	42.8	Historically, measure has moved up and down. Increase by 1% overall, as measure requires top box response to count as positive.		Patient-Advised Improvements to JBH Inpatient Experience	Feedback collected through discharge follow-up phone calls will inform improvements to patient care and patient experience.	Number of discharge follow-up phone calls completed per month for discharged patients.  Number of service recoveries and inpatient care and service improvements completed.	Establish standardized process for completion of post-discharge calls from inpatient care. 50 discharge follow-up phone calls completed per year for discharged patients.  One new change idea implemented.	Indicator and Workplan Lead: Director - Quality & IPAC
	<b>Palliative care</b>	Percent of palliative care patients discharged from hospital with the discharge status "Home with Support".	P	% / Discharged patients	CIHI DAD / April 2016 - March 2017	718*	87.5	87.5	Sustain performance.		Burlington Community Palliative Care Initiative	1) Participation in steering committee meetings to design and implement "shared care" palliative care outreach supports in the community. 2) participate in process design event	Creation of a model for "shared care" outreach team for palliative care in Burlington community.	Clearly defined access to "shared care" outreach team supports for discharged JBH palliative patients.	Indicator and Workplan Lead: Director - Medicine Services
<b>Safe</b>	<b>Safe care/Medication safety</b>	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.	P	Rate per total number of discharged patients / Discharged patients	Hospital collected data /YTD Jan 2018	718*	19	50	Steady positive gains related to the update of Medstracker makes target of 50% realistic.		Implementation of MedTracker electronic solution.	BPMH will be completed electronically by nursing staff. Physicians will complete medication reconciliation electronically.	1. Policy addresses relevant Accreditation Canada Medication Reconciliation at Care Transitions ROP Tests of Compliance. 2. % of patients with med rec completed upon discharge.	1. 100% of relevant Accreditation Canada Medication Reconciliation at Care Transitions ROP Tests of Compliance are met during November 2018 On-Site Survey. 2. 50% of patients with med rec completed upon discharge.	Indicator and Workplan Lead: Director - Pharmacy
	<b>Workplace Violence</b>	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	M	Count / Worker	Local data collection / January - December 2017	718*	25/1650				Workplace Violence Prevention Initiative	Development and Implementation of Workplace Violence Prevention Policy and Procedures, including education data collection, risk assessment and reporting processes.	1. Policy addresses relevant Accreditation Canada Workplace Violence Prevention ROP Tests of Compliance. 2. Data collection method established	1. 100% of relevant Policy addresses relevant Accreditation Canada Workplace Violence Prevention ROP Tests of Compliance are met during November 2018 On-Site Survey. 2. Data collection provides baseline for monitoring and improvement activities.	Indicator and Workplan Lead: Director - Human Resources