Measure							Change		
Measure/Indicator	**Unit / Population**	**Source**	**Current Performance**	**2021-22 Target**	**2021-22 Target justification**	**External Collaborators**	**2021-22 Improvement Initiatives**	**Methods**	**Process measures**
The (90th percentile) 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.	Hours / All patients	CIHI NACRS	18.4 hours February YTD	24.1 hours	Maintain 2020-21 baseline period performance as ED volumes return to pre-COVID levels, and while implementing changes to resources to achieve financial sustainability.	N/A	Continue to monitor and leverage changes implemented as per the JBH Medicine Model of Care and Medicine Acute Patient Care Optimization Initiatives (Estimated Date of Discharge, Coordination and Communication of Treatment and Transition Plans) to improve Medicine length of stay. Provide regular report-outs on progress at Physician department meetings, Program Quality Committees, and at the JBH Corporate Quality Committee.	Reinforce and sustain uptake of changes initiated as per JBH Medicine Model of Care and Medicine Acute Patient Care Optimization Kaizen to realize additional gains in ED LOS and its drivers (inpatient LOS): Interim ED Order Sets; estimated discharge date, documented treatment plan, and conversation with Patient/Family within 24 hours admission.	Process audit report-outs as regular agenda items at Emergency and Medicine Program Quality meetings, and Emergency and Medicine Department meetings. - Timely completion and execution of admission order sets in ED; - Documented admission note with estimated discharge date, treatment plan, and conversation with Patient/Family within 24 hours admission.
Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	Count / Worker	Local data collection	Baseline Data Collection 2020-21 Q3: 83 Jan 2019-Dec 2019: 67	Continue Baseline Data Collection	JBH to continue to establish a baseline and work plan for the Workplace Violence QIP indicator in 2020-21. Improvements to JBH stakeholder awareness, and the consistency of WPV incident reporting, are expected to result in increased awareness and confidence in reporting.	**N/A**	"Zero" for abuse of staff initiative. Continued focus on the importance of reporting all incidents of violence through improvements made when awareness of incidents is brought to the attention of management.	Continued education and increased emphasis on corrective actions and updates to WPV policies. Frontline managers are invited to WVP Committee meetings to share their experiences and learnings.	Education activities and WPV incident data will be reported to HRPCC, JHSC and Workplace Violence Prevention Committee.
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	Rate per 100 inpatient days / All inpatients	WTIS, CCO, BCS, MOHLTC	18.1% February YTD	18.1%	Maintain current performance as ED volumes return to pre-COVID levels, and while implementing changes to resources to achieve financial sustainability. Community provider capacity to accept transfers impacted by COVID.	HNHB LHIN Home and Community	Improvements to Medicine length of stay (Estimated Date of Discharge, Coordination and Communication of treatment and transition plans) align with JBH-LHIN H&C Early Engagement Partnership for complex discharges. Planned ED Admission Avoidance Team will work with the patient and family to provide early intervention to prevent admission and avoid ALC status.	1. Reinforce consistent Early Engagement discharge planning conversations by JBH and LHIN H&C partners with Patients/Families flagged as complex discharges. 2. Screening for appropriate identification of, and engagement of, appropriate patients for Remote Monitoring.	1. Process audit report-outs to reinforce consistent Early Engagement discharge planning conversations by JBH and LHIN H&C partners with Patients/Families flagged as complex discharges. 2. Process audit report-outs on identification of appropriate candidates and uptake of Remote Monitoring.
Percentage of respondents who responded with "**top box**" positive score 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?	% / Survey respondents	CIHI CPES	57.1% February YTD	60.0%	6% improvement. While we have made progress, some peer hospitals are out-performing JBH. There is still significant work aligned to this indicator to complete and spread across JBH.	N/A	Improve coordination and communication of treatment and transition plans.	Identify and test a replacement process for CoHealth.	Identification and testing of process that provides discharge and care follow-up information to patients and families.
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.	Rate per total number of discharged patients / Discharged patients	Local data collection	77.5% February YTD	80.0%	Accreditation 2022 Required Organizational Practice (ROP)	N/A	Continue to monitor compliance and provide feedback to sustain improvement while investigating new software options.	Monitor and reinforce completion of medication reconciliation through education, data collection and feedback.	Medication reconciliation compliance regularly reported to leadership and shared at individual program quality committees.
Percentage of complaints acknowledged to the individual who made a complaint within five business days	% / All patients	Local data collection	100% Q3 YTD	100%	Maintain current performance as volume of reported occurrences are likely to increase as uptake of upgraded occurrence reporting system improves.	N/A	Monitor and maintain timeliness of response processes while improving uptake of upgraded occurrence reporting system.	Monitor and maintain timeliness of response processes while implementing upgraded occurrence reporting system.	Implementation of upgraded occurrence reporting system.
Percent of unscheduled repeat emergency visits following an emergency visit for a mental health condition.	Percentage	IDS	20.9% February YTD	20.9%	Maintain current period performance.	N/A	Continue Coordinated Care planning sessions. Remote Monitoring opportunities and other ideas from MH Team.	Audit clinical record of individuals with three or more unscheduled repeat emergency visits per month for a mental health &/or addiction condition. Identify care partners and facilitate coordinated care planning. Other improvement initiatives as per results of analysis.	Completion of initial data collection and analysis, and audits of charts meeting 'number of visits' threshold. Initiation of coordinated care planning sessions. Review and discussion of results at program quality committee.
Discharge summary sent from hospital to community care provider within 48 hours of discharge.	Percentage	Local data collection	92.0% Q3 YTD	92.0%	Maintain current period performance.	N/A	Exception reports reviewed regularly, and acted upon as necessary, at Health Records Committee, physician department meetings.	Manual review of discharges by Health Records to capture and understand exceptions. Physician reminders issued by email when Discharge Summary is not present. Monthly summary of compliance and exceptions provided to physician chiefs of service.	Monitoring process in place. Reminder process in place. Exception summaries provided to physician chiefs. Reporting on JBH Strategic Scorecard as a True North Metric.
Average number of inpatients receiving care in unconventional spaces or ER stretchers per day within a given time period.	Count / All patients	Daily BCS	Baseline Data Collection	Baseline Data Collection	Maintain baseline period performance as indicator definition was changed in 2020-21.	N/A	Pilot ED Admission Avoidance Strategies. Sustain impact of Transfer to Post Acute Improvements.	Reinforce and sustain uptake of process designed to efficiently transfer patient from acute care beds to post-acute beds when clinically indicated.	Process audit report-outs as regular agenda items at Medicine, Surgery and post-acute program Quality and physician department meetings.