

Measures						2022-23 Improvement Initiatives			
Dimension	Indicator	Indicator Type	2021-22 YE Target	YTD Q3 2021-22 Results	2022-23 YE Target	2022-23 Target Rationale	Methods	2022-23 YE Deliverables	Initiative Leads
Safety	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.	OH Priority for Hospitals	80.0%	77.5%	80.0%	Continue with 2021-22 Target (not achieved as of Q3 2021-22)	Continue monthly Program Quality Committee compliance reports that identify opportunities to improve compliance at a program/unit level. Med Rec Advisory Committee re-launch to develop and implement strategy to improving Med Rec on Admission and Discharge. Share service- and physician- specific compliance reports.	Strategy implemented to improve Med Rec on Admission and Discharge.	Director - Pharmacy Chief Medical Information Officer
Safety	Number of workplace violence incidents reported by hospital workers (as by defined by OSHA) within a 12 month period.	OH Priority for Hospitals	Baseline Data Collection	31	75	Target is set to encourage the reporting of incidents - a target of 75 reported incidences has been set based upon the average of three completed baseline years.	JBH to advance the development of a work plan and implementation of best practices through the JHSC subgroup for WPV. Improvements to JBH stakeholder awareness, and the consistency of WPV incident reporting, are expected to result in increased awareness and confidence in reporting.	Embed a formal process for identifying and responding/mitigating areas of concern Implement at least one improvement initiative from the work plan	Chief Human Resources Officer
Timely	Discharge summary sent from hospital to community care provider within 48 hours of discharge.	OH Priority for Hospitals	92.0%	90.1%	92.0%	Continue with 2021-22 Target (not achieved as of Q3 2021-22)	New JBH policy with clear escalation process for delays in dictation of discharge summaries will be implemented. Expectation of same day dictation of discharge notes will be included in JBH physician orientation.	New JBH policy will be implemented. Expectation of same day dictation will be included in JBH physician orientation.	Director - Health Information Services; Physician Chair of Health Records Committee
Patient-Centered	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?	OH Priority for Hospitals	60.0%	56.9% (YTD Q2)	60.0%	Continue with 2021-22 Target (not achieved as of Q3 2021-22)	Continue to develop, test and implement improvements to better prepare patients and families for discharge from acute inpatient medicine and surgical care. JBH Patient and Family Information Handbook for inpatients implemented (includes key discharge planning messages patient and families).	Develop and test at least one improvement to discharge planning processes. JBH Patient and Family Information Handbook for inpatients implemented.	Director - Acute Medicine, Post Acute, & Patient Flow; Chief of Medicine; Director - Surgery; Chief of Surgery
Efficient	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	OH Priority for OHTs	18.1%	8.0%	7.0%	Sustain success achieved in 2021-22 with consideration that Home&Community Support Services target is 9.7%	Monitor and act as necessary to sustain 2021-22 process improvements work. Develop and implement Home First corporate educational plans for staff and physicians, as well as corporate communication for patients and families.	Develop and implement Home First corporate educational plans for staff and physicians, as well as corporate communication for patients and families.	Director - Acute Medicine, Post Acute, & Patient Flow; Chief of Medicine; Director - Surgery; Chief of Surgery
Safety	Patient falls with harm level of Moderate or worse per 1000 inpatient days	Custom	N/A	0.16 (13 falls YTD Q3)	0.16	Improvement over Q2 and Q3 2021-22 with consideration that timing of further strategies is dependant on timing of required changes to technology	Implement new corporate falls prevention policy. Strategies to be implemented include integration of bed alarms with nurse call system.	New corporate falls prevention policy implemented. Further falls prevention strategies to be implemented following integration of bed alarms with nurse call system.	Director - Acute Medicine & Post Acute
Timely	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.	Previous Year OH Mandatory	24.1 hours	16.8 hours	16.8 hours	Sustain success achieved in 2021-22 with consideration that patient volumes may change due to changing COVID-19 pandemic situation.	Continue with testing of ED Expeditor role to reduce delays in executing patient care orders. Continue with testing of EFFORT roles to avoid admissions through ED.	ED Expeditor and EFFORT roles evaluated and decisions made as to whether to continue with implementation.	Director - Emergency Department Chief of Emergency Medicine
Effective	Percent of unscheduled repeat emergency visits following an emergency visit for a mental health condition.	Previous Year OH Priority	20.9%	22.1%	20.9%	Continue with 2021-22 Target (not achieved as of Q3 2021-22) Consideration that success is also dependent on access to and effectiveness of available MH&A community supports.	Continue monthly audits of individuals with 3 or more repeat MH&A visits per month and respond with corrective actions as necessary.	Standing item (Findings & Corrective Actions) at Program Quality Committee meeting monthly. Coordinated care planning with relevant stakeholders facilitated as required.	Director - Mental Health & Addictions; Chief of Psychiatry and Medical Director of Mental Health & Addictions
Patient-Centred	Percentage of complaints acknowledged to the individual who made a complaint within five business days	Previous Year OH Priority	100%	100%	100%	Maintain highly responsive patient relations processes during shifts in hospital policies and community expectations due to the COVID-19 pandemic.	Regular monitoring of public facing JBH website email boxes and spam filters. Adapt new electronic Patient Experience Survey Tool and integrate timely results into existing Patient Experience Office processes.	New electronic Patient Experience Survey Tool integrated into existing Patient Experience Office processes.	Director - Patient Experience