

AIM	Measure									Change				
Issue	Quality dimension	Measure/Indicator		Type	Unit / Population	Source / Period	Current performance		Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)		Target for process measure	
											Methods	Process measures	Comments	
Theme I: Timely and Efficient Transitions	Efficient	Average number of inpatients receiving care in unconventional spaces or ER stretchers per day within a given time period.	P	Count / All patients	Daily BCS / October - December 2018	2.23	2.23	GBHS will not be setting improvement target in 2019/20. The organization will be completing a review of the data quality of this indicator to understand		1)Review GBHS data to understand where patients are getting care in an unconventional bed	Bring together team from Quality, Finance, Decision Support, and Clinical leads to review GBHS current data to determine	Accuracy of Daily Unconventional submission to MOHLTC	100% accuracy on daily bed census submissions	
										2)Decrease the number of acute, non-mental health patients receiving care in an unconventional bed	Implement flow improvements to prevent acute care non-mental health patients being care for in an unconventional beds	Unconventional bed days for acute non-mental health patients	Average of 0 unconventional bed days for acute, non-mental health patients	
	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	P	Rate per 100 inpatient days / All inpatients	WTIS, CCO, BCS, MOHLTC / July - September 2018	18.35	14.00	This is performance target established in 2019/20 HSAA	South West Local Health Integration Network, Lee Manor Home	1)Complete trial of GBHS discharge planner on Owen Sound hospital medicine unit	Use GBHS resource to provide consistent and accountable approach to discharges	ALC rate for the Owen Sound hospital	Less than 10% ALC rate for the Owen Sound hospital	
										2)Improve communication with patients on admission and during discharge process to better share information about acute care and ALC	Improve letter given and communication used with patients so that acute care and ALC discussions occur early and consistently	ALC rate on the Owen Sound hospital	Less than 10% ALC rate for the Owen Sound hospital	
										3)Explore opportunities to better integrate home and community care coordinators on patient care units to support discharge planning processes	Implement process and environmental changes to increase the availability of the home and community care coordinators on the patient care units	Home and Community Care coordinator attendance at daily bullet rounds	Home and Community Care coordinator 100% attendance at daily bullet rounds	
										4)Engage staff and physicians to provide consistent approach and communication about ALC	Provide education and scripting to staff and physicians so they provide consistent information with GBHS staff	Percentage of staff and physicians trained on ALC communication	100% of staff and physicians trained	
										5)Meet quarterly with Home and Community Care, LTC and retirement homes to review and address barriers to patient discharge	Create an ongoing forum to collaborate on efforts to improve flow from the hospital	Number of meetings held	Hold 4 meetings per year	
	Timely	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.	P	% / Discharged patients	Hospital collected data / Most recent 3 month period					1)				GBHS is monitoring these values to gather baseline information and identify areas for improvement and develop action plans if needed

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		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.	MANDATORY	Hours / All patients	CIHI NACRS / October 2018 – December 2018	4.53	6.00	The target for this indicator has been reviewed with HQO Current performance is taken from Q3 data only which reports out GBHS best overall performance for the year. Target chosen from entire year of data which shows annual performance of 7 hours. The LHIN yearly average is 14.8 hours and our target will be 8.8 hours less than this which is a significant performance achievement.		1)Increase visibility of Expected Day of discharge for acute care patients	Add expected discharge date to acute care patient whiteboards	Acute care patient whiteboard audits to determine if expected discharge dates are present	Expected date of discharge documents on > 50% of acute care patients	
										2)Monitor and improve conservable beds days	Add conservable bed days to all clinical program scorecards	Percent of discharges that has a conservable bed day	Less than 25% of discharges will have a conservable bed day	
										3)Move to have consistent volumes of patient discharges occurring seven days per week	Explore mechanisms to increase patient discharges on Saturday, Sunday and Monday	Patient discharges by day of the week	Less than 25% variation between weekday and weekend discharges	
										4)Complete focused review of rural site data to identify variance and implement standardized process improvements	Southampton and Wiarton hospital leadership to review data and implement standardized process improvements	Improvement in time to inpatient Bed at Southampton and Wiarton hospitals	Less than 6 hour time to inpatient bed in Southampton and Wiarton hospitals	
										5)Explore improved pathway from ED to mental health unit, including a mental health short stay unit	Complete process review and map out process for mental health patients to delineate the role of the emergency assessment unit	Improvement in time to inpatient bed for Mental Health patients in the Owen Sound hospital	Less than 24 hour time to inpatient bed for Mental health patients in the Owen Sound hospital	
Theme II: Service Excellence	Patient-centred	Percentage of complaints acknowledged to the individual who made a complaint within five business days	P	% / All patients	Local data collection / Most recent 12 month period					1)				GBHS performance is significantly better than the complaint acknowledgment target. GBHS Patient Relations acknowledges 98% of all complaints within 24 hours and 100 % by the 5 day target

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		Percentage of respondents who responded positively 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?	P	% / Survey respondents	CIHI CPES / Most recent consecutive 12-month period	65	70.00	Target of 10% more top box selections (Completely)	Southwest Ontario Aboriginal Health Access Centre, Centre for Addiction and Mental Health, South West Local Health Integration Network, CMHA Grey Bruce, Alexandra Marine and General Hospital, Canadian Hearing Society, Huron Perth Healthcare Alliance, Woodstock General Hospital, Choices for Change; Alcohol Drug and Gambling Counselling Centre, Addiction Services of the Thames Valley	1)Implement Patient Orientated Discharge Summaries for defined Mental Health patient Population	Working with patient advisors and partners to implement discharge summaries for defined mental health patient beginning in June 2019	Percent of defined Mental Health patients discharged with completed patient orientated discharge summary	95% of defined mental health patients discharged with completed patient orientated discharge summary	
										2)Implement patient Orientated Discharge Summaries for patients discharged from Southampton Hospital	Working with patient advisors and partners to implement discharge summaries for in patients at the Southampton hospital	Percent of Southampton patients discharged with completed patient orientated discharge summary	95% of Southampton patients discharged with completed patient orientated discharge summary	
										3)Collaborate with local Indigenous Health centre to implement discharge transfer of information	Implement process to share written information with the Saugeen Health Centre when indigenous patients are discharges from the Southampton inpatient unit	Percent of indigenous patients discharged with written discharge report sent to Saugeen Health Centre	100% of indigenous patients discharged with written discharge report sent to Saugeen Health Centre	
										4)Standardize discharge phones calls across all sites	Revise current discharge follow-up phone call questions and standardize this across all GBHS sites	Percentage of inpatient discharges that have follow-up call completed	Follow-up phone calls completed for 95% of all inpatient discharges	
										5)Improve documentation of discharge phone calls in Electronic health record	Work with IT to improve the documentation of discharge phone calls	Percentage of inpatient discharges that have follow-up call documented	Follow-up phone calls documented for 95% of all inpatient discharges	
										6)Improve the collection of email at all sites to be able to collect patient experience data	Work with registration and communications to promote the collection of patient email addresses	Increase the percentage of patients registration where email address is obtained	Collect email addresses for at least 10% of patient registrations	
Theme III: Safe and Effective Care	Effective	Medication reconciliation at discharge: Total number of discharged patients for whom a	P	Rate per total number of discharged patients / Discharged	Hospital collected data / October - December 2018	67.95	80.30	Target set to achieve incremental improvements from current		1)Improve understanding of transfer and discharge requirements for med rec	Provide education to nursing staff to improve the understanding of when med rec needs to be completed at discharge and transfer	Improve the percentage of med rec documented on transfer between GBHS sites	Completion of Med Rec in 95% of patient transfers	

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		Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.		patients				state and achieve higher results that provincial average (80.3%)		2)Improve ability to document completion of discharge med rec in the electronic health record	Redesign the discharge medication reconciliation documentation form in the electronic health record	Improve the percentage of discharge med rec documented	Documentation of Med Rec in 95% of patient discharged		
										3)Complete trial of pharmacist led med rec on the surgical unit	Dedicate pharmacist resources to improve the quality of medication reconciliation in the surgical unit	Decrease the number of significant medication errors linked to the medication reconciliation on the surgical unit	No significant medication errors linked to medication reconciliation on the surgical unit		
										4)Identify and address barriers for performance in areas not achieving targets	Work with leaders in defined areas to implement improvements needed to improve medication reconciliation completion	Improve the percentage of discharge med rec completed in defined areas	Defined areas meet 80% discharge med rec target		
		Proportion of hospitalizations where patients with a progressive, life-threatening illness have their palliative care needs identified early through a comprehensive and holistic assessment.	P	Proportion / at-risk cohort	Local data collection / Most recent 6 month period					1)				GBHS is monitoring issues to gather baseline information and identify areas for improvement and develop action plans if needed	
		Rate of mental health or addiction episodes of care that are followed within 30 days by another mental health and addiction admission.	P	Rate per 100 discharges / Discharged patients with mental health & addiction	CIHI DAD,CIHI OHMRS,MOHTLC RPDB / January - December 2017	13.29				1)				GBHS included this issue on the 17/18 QIP and achieved targets. GBHS has continued with previous improvements. GBHS is already at or better than the provincial average for mental health readmission	

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	Safe	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	MANDATORY	Count / Worker	Local data collection / January - December 2018	91	100.00	Overall Target from 18/19 to remain the same for 19/20 to not discourage reporting		1)Implement controlled access improvements in Owen Sound hospital	Introduce further improvements to restrict and monitor access to key areas of the Owen Sound hospital	Number of Owen Sound hospital emergency department security incidents	Reduction of 10% in security incident in the Owen Sound Emergency department	FTE=1257
										2)Enhance security resources to support staff safety	Maintain enhanced security services in Owen Sound site and ongoing contracted services to address rural site security issues	Percentage of time security shifts are able to be filled	Security shifts filled 95% of the time	
										3)Explore options for an improved patient pathway from ED to the mental health unit, including a short stay unit	Complete process review and map out process for mental health patients to delineate the role of the emergency assessment unit	Code Whites volumes in the Owen Sound Emergency department	Reduction of 10% in Code Whites volumes in the Owen Sound Emergency department	
										4)Increase mental health focused non-violent crisis intervention training	Provide mental health focused non-violent crisis intervention training for an increased number of GBHS staff	Duration of employee lost time related to incidents of workplace violence	Reduction of 50% in the duration of employee lost time related to incidents of workplace violence	