Access and Flow

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of individuals for whom the emergency department was the first point of contact for mental health and addictions care per 100 population aged 0 to 105 years with an incident MHA-related ED visit.	O	Rate per 100 / ED patients	See Tech Specs / April 2020 – March 2021	28.54	25.00	Although TADH continues to have a better performance than the Provincial Average of 33.07 we will strive to decrease our percentage from 28.54 to 25.	Canadian Mental Health Association CT, Timmins Police

Change Ideas

Change Idea #1 Monitor Crisis Call data and begin working at ensuring warm handoff between clients who are contacting our crisis line with relevant community agencies that could support the client in community versus connecting with our Emergency Department for support.

Methods	Process measures	Target for process measure	Comments
This year our focus will be on capturing data from our crisis line and developing a process for warm hand off.	1: Number of clients not connected to Mental Health or Addiction Services 2: Number of clients not connected that receive warm hand off to relevant community support	•Decrease the number of clients contacting the crisis line who are not connected to services by 50% •Increase the number of clients contacting the crisis line who receive a warm hand off to a community agency i.e. CMHA, SCAS, Mobile Crisis, CWMS	

Measure - Dimension: Efficient

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment.	O	% / All patients	CIHI DAD / April 2020 – March 2021	43.00	40.00	The provincial ALC average is 18.02%. This is unattainable as there is a lack of resources in northern Ontario compared to those in southern Ontario (LTC homes, Assisted Living, etc).	Ontario Health Home and Community Care, NESGC

Change Ideas

Change Idea #1 Implement a Geriatric Emergency Management Nurse Cinician in our Emergency Department to assess frail at risk seniors and ensure they are linked to appropriate and specialized geriatric services in the community to support their

Methods	Process measures	Target for process measure	Comments
Use existing pay for performance funding to implement this change. Post the position.	To hire person in a role, facilitate training and implement in the Emergency department	Post position in Q1, hire candidate in Q2, train in Q2 and have role in place by Q3.	We can develop relevant indicators to measure success once this role is established.

Measure - Dimension: Timely

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	28.83	50.00	Previous performance has reached 46.65% in past quarters.	

Change Ideas

Change Idea #1 Work with health records to improve dictation time to ensure timely delivery of discharge summaries by implementation a voice system.

Methods	Process measures	Target for process measure	Comments
Internal review of time between discharge and physician dictation to identify delays to develop interventions to improve efficiency.	Monthly auditing of dictation time.	Dictation times will be reviewed on a monthly basis.	

Equity

Measure - Dimension: Equitable

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improve access to and utilization of Withdrawal Management Beds within the Hospital.	C	% / Patients	Hospital collected data / Occupancy Rate	CB	CB	The Timmins and District Hospital opened withdrawal management beds on March 7th 2022.	Smooth Rock Falls Detox and Hospital, MICs Hospital group, Kap/Hearst Counselling, The Sensenbrenner Hospital, Hopital Notre Dame, Kirkland And District Hospital

Change Ideas

Change Idea #1 Increase district community/stakeholder awareness of addiction medicine services offered at TADH.

Methods	Process measures	Target for process measure	Comments
Focused engagement throughout the Timmins district area: •Q1: Smooth rock Falls Detox, Kap Hearst Counselling, Kap, Hearst and SRF Hospitals. •Q2: MICs group of Hospitals and other agencies. •Q3: Kirkland Lake	# of completed engagement sessions.	Engagement sessions will be completed in each of the identified communities by the end of Q3.	

Experience

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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?	P	% / Survey respondents	Local data collection / Most recent 12 mos	97.42	99.00	Our current performance indicates high patient satisfaction.	

Change Ideas

Change Idea #1 Gather details from survey participants who do not feel they received enough information from hospital related to their health after discharge.

Methods	Process measures	Target for process measure	Comments
Patient Experience Coordinator who conducts the patient satisfaction surveys to ask patients for details if they feel they did not receive enough information. Analyze these results to identify possible trends, and develop strategies accordingly.	% of comments received for answers that do not indicate the person received enough information.	80% of negative answers will have a comment starting in Q2.	Total Surveys Initiated: 2948

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Senior Leadership participation during Safety and Quality Walks.	C	Count / All patients	Hospital collected data / 12 months	CB	6.00	Completion of 6 Senior Leadership Safety and Quality Walkabouts	

Change Ideas

Change Idea #1 Engage Senior Leadership in patient care areas through participation in Patient Safety and Quality walkabouts; these walkabouts are scheduled on a monthly basis (they were delayed during the pandemic). The Patient Safety and Quality Committee is reintroducing walkabouts and will include at least 1 member of the senior leadership team.

Methods	Process measures	Target for process measure	Comments
Pre-schedule Safety and Quality Walkabouts for the year to ensure they are in senior leadership team member calendars. SLT will coordinate to ensure representation during the safety and quality walks throughout the hospital.	# of Senior Leadership Safety Walkabouts in a 12 month period	6 (the QIP is being completed in June; the calendar invites will be sent out by the end of June)	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	% / Discharged patients	Local data collection / October 2021– December 2021	81.57	85.00	Hoping to spread in additional units.	

Change Ideas

Change Idea #1 Implement medication reconciliation in additional hospital units (focus on surgical).

Methods	Process measures	Target for process measure	Comments
Partner with Chief of Staff and Surgeons to implement med reconciliation on the surgical unit.	•Meeting with Chief of Staff for buy-in. •Chief of Staff discussion with surgeons. •Process development to facilitate discharge medication reconciliations.	Medication reconciliation at discharge will be implemented on the surgical unit by the end of Q3. By the end of Q4, 50% of discharges will have a medication reconciliation completed.	

Change Idea #2 Increase interprofessional collaboration by partnering with pharmacy to support medication reconciliation.

Methods	Process measures	Target for process measure	Comments
Review medication reconciliation process to identify opportunities for collaboration/support from pharmacy staff.	Process review to be completed by end of Q2.	Process review completed with identified process changes.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	P	Count / Worker	Local data collection / January - December 2021	274.00	400.00	Maintain previous target of 400. Reduced performance in 2020-21 may be related to covid.	

Change Ideas

Change Idea #1 Increase staff education regarding reporting of workplace violence incidents.

Methods	Process measures	Target for process measure	Comments
Develop a campaign during Q2 to educate staff on the importance of reporting workplace violence and describing the reporting process.	# of education events for staff re: reporting	1: At least 1 email will be sent reminding staff about reporting incidents. 2: Workplace violence reporting will be discussed in at least 1 staff meeting/huddle in every department.	FTE=764

Change Idea #2 Improve the reporting process and analysis of reports related to workplace violence incidents.

Methods	Process measures	Target for process measure	Comments
Complete a review of current workplace violence incident processes in an effort to make reporting easier for staff and establish standardization.	Number of reviews completed of current state for reporting.	A review of the current state for reporting will be conducted by end of Q2.	Leverage TADH's Health and Safety Committee.