

## Theme II: Service Excellence

### Measure Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment (Dryden Area FHT)	P	% / PC organization population (surveyed sample)	In-house survey / April 2022 - March 2023	92.82	95.00	2022-2023 target	

### Change Ideas

Change Idea #1 FHT Director will source out additional training that supports the NPs in asking questions related to involving patients in their decisions about their care and treatment.

Methods	Process measures	Target for process measure	Comments
FHT Director will source out additional training that supports the NPs in asking questions related to involving patients in their decisions about their care and treatment. This training will be required of all FHT NPs to complete/document and reported to the FHT Director.	Additional training related to involving patients in their decisions about care and treatment will be completed by FHT NPs.	By the end of Q2, 2023-2024, 100% of FHT NPs will complete required additional training ensuring patients report that they are involved in the decisions about their care and treatment.	Total Surveys Initiated: 182

**Measure**      **Dimension:** Patient-centred

Indicator #2	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	CIHI CPES / Most recent consecutive 12-month period	CB	CB	Collecting baseline - new survey methodology was introduced in June 2022. We will be changing companies in 2023 to OHA recommended Qualtrics.	

**Change Ideas**

Change Idea #1 The DRHC Director of the Emergency Department will work with a team to develop and implement an ER patient discharge checklist/form.

Methods	Process measures	Target for process measure	Comments
The DRHC Director of the Emergency Department will work with a team to develop and implement an ER patient discharge checklist/form. The discharge checklist/form will be provided to patients discharged from the emergency department.	ED team will develop and implement ED patient discharge checklist/form. ED staff and physicians will receive an education/orientation to the use of the checklist/form and the purpose behind the development and implementation. After implementation, the process and checklist/form will be evaluated.	By the beginning of January 2024, the emergency department will be providing patient discharge checklist/forms with the goal of addressing "did you received enough information from the hospital staff about what to do if you were worried about your condition or treatment after you left the hospital"	

## Theme III: Safe and Effective Care

### Measure Dimension: Effective

Indicator #3	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	Rate per total number of discharged patients / Discharged patients	Hospital collected data / Oct–Dec 2022 (Q3 2022/23)	91.19	100.00	Theoretical best	

### Change Ideas

Change Idea #1 Discharge prescription will be scanned and uploaded to the pharmacist for review and verification.

Methods	Process measures	Target for process measure	Comments
Discharge prescription will be scanned and uploaded to the pharmacist for review and verification. Pharmacist will make recommendations if necessary	Qualifying discharges will be scanned/uploaded to pharmacist for review/verification/ recommendations	By the end of Q2, 2023-2024, 100% of qualifying discharges will be scanned/uploaded to pharmacist for review/verification/ recommendation.	Qualifying discharges = DAFHT patient, medications ordered, alive, not newborn, no transfers, no AMA, no surgeries

**Measure**      **Dimension: Safe**

Indicator #4	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 / Jan 2022–Dec 2022	44.00	42.00	Reduce workplace violence incidents	Dryden Area FHT

**Change Ideas**

Change Idea #1 To work through the RNAO best practice guidelines on violence, bullying, and harassment, producing a report at the conclusion of the activity.

Methods	Process measures	Target for process measure	Comments
A BPSO committee will be identified to work through the RNAO best practice guidelines on violence, bullying, and harassment. The results will be circulated to appropriate stakeholders within the organization.	The committee has worked through the RNAO best practice guidelines on violence, bullying, and harassment and produced a report to be shared with appropriate stakeholders.	By the end of Q3, 2023-024, the BPSO committee will have produced a report, for internal stakeholders, based on the review of the RNAO best practice guidelines on violence, bullying, and harassment.	FTE=180

**Measure**      **Dimension: Safe**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system. (Dryden Area FHT)	P	% / Patients	CAPE, CIHI, OHIP, RPDB, NMS / 6 month period ending Mar 31, 2022	4.40	3.30	2022-2023 target	Dryden Regional Health Centre

**Change Ideas**

Change Idea #1 DRHC and FHT to provide patients accessing surgical services for joint replacement and/or surgeries with education that targets the use of opioids after surgery.

Methods	Process measures	Target for process measure	Comments
DRHC surgical department will produce an educational package for patients requiring joint surgeries.	DRHC patients that are scheduled for joint surgery will receive the education package on pain management and opioids.	100% of DRHC patients that are scheduled for joint surgery will receive the education package on pain management and opioids, implemented by the end of Q1 2023-2024.	FHT will modify the teaching material for inclusion in the FHT pain management program/ care pathway.

## Equity

### Measure Dimension: Equitable

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Timely access to mental health counselling at the Dryden Area Family Health Team (Dryden Area FHT)	C	% / Mental health patients	In house data collection / 2023-2024	20.00	25.00	Q3 - 16% of new MH referrals received an appointment within 4 weeks of the time of referral. Q2 - 24% of new MH referrals received an appointment within 4 weeks of the time of referral.	

### Change Ideas

**Change Idea #1** FHT Director will develop a process to audit current mental health case list to determine appropriate potential file closures. Included in this audit will be a process for triaging future clients and utilizing appointment time. MH Therapists will close mental health case files that are deemed appropriate.

Methods	Process measures	Target for process measure	Comments
FHT Director will develop the audit process to determine to case loads. The Director will then meet with FHT Mental Health Therapist to determine client files that can be closed. MH Therapists will be responsible for closing identified case files. A process will then be determined for triaging and utilizing future appointment times with the purpose of reducing wait times.	FHT Director will review current mental health case files to determine a list for file closures. FHT Director will develop/implement a process for triaging future clients and utilizing appointment times.	Starting Q1, 2023-2024, 8 chart/client audits will be complete and reviewed with the FHT Mental Health Therapists for action on file closures. Process for triaging future clients and utilizing appointment times will be developed/implemented by the end of Q2, 2023-2024.	