Theme I: Timely and Efficient Transitions

Measure

Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To reduce the wait time (measure in days) for physiotherapy patients (non-urgent P2)	C	Days / Patients	Hospital collected data / 2020	169.00	100.00	Physiotherapy target wait time	Dryden Area FHT

Change Ideas

Change Idea #1 To provide early intervention to non-urgent or chronic conditions out-patients (priority 2 pts) referred to DRHC physiotherapy department.

Methods	Process measures	Target for process measure	Comments
FHT physiotherapist will work in collaboration with the DRHC physiotherapy department and provide one-time face to face visit for exercise prescription and education with a follow up phone call one month later to determine future needs.	# of patients that are referred to the DRHC physiotherapy department (priority 2 pts) and participated in an initial assessment by the FHT physio.	85% of priority 2 patients referred to the DRHC physiotherapy department will participate in an initial assessment by the FHT physio by the end of May 31, 2020.	The DRHC/FHT will monitor the % of patients that after the initial assessment and follow up phone call no longer require additional physio.

Measure

Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To reduce the wait time (measure in days) for physiotherapy patients (non-urgent P2) (Dryden Area FHT)	C	Days / Patients	Hospital collected data / 2020	169.00	100.00	physiotherapy target wait time	Dryden Regional Health Centre

Change Ideas

Change Idea #1 To provide early intervention to non-urgent or chronic conditions out-patients (priority 2 pts) referred to DRHC physiotherapy department.

Methods	Process measures	Target for process measure	Comments
FHT physiotherapist will work in collaboration with the DRHC physiotherapy department and provide one-time face to face visit for exercise prescription and education with a follow up phone call one month later to determine future needs.	# of patients that are referred to the DRHC physiotherapy department (priority 2 pts) and participated in an initial assessment by the FHT physio.	85% of patients referred to the DRHC physiotherapy department will participate in an initial assessment by the FHT physio by the end of May 31, 2020.	The DRHC/FHT will monitor the % of patients that after the initial assessment and follow up phone call no longer require additional physio.

Measure

Dimension: Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed. (Dryden Area FHT)	P	% / PC organization population (surveyed sample)	In-house survey / April 2019 - March 2020	50.00	60.00	Percentage improvement - previous fiscal periods	

Change Ideas

Change Idea #1 To review the NP no show rate and implement a reminder system

Methods	Process measures	Target for process measure	Comments
To utilize the Ocean Tablet software as a reminder system. FHT management team and IT support will determine the process of implementing the system. Progress will be reported Quality Improvement Team.	# of patients that are reminded of their upcoming appointments	Reduce the current NP no show rate of 5% by 3% by the end of August 30, 2020.	Total Surveys Initiated: 60

Measure

Dimension: Timely

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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.	M	Hours / All patients	CIHI NACRS, CCO / Oct 2019– Dec 2019	6.33	8.00	8 hours is the target set by NWLHIN	

Change Ideas

Change Idea #1 The DRHC will be reviewing the admission process for efficiencies and effectiveness to reduce the time interval between disposition date/time and the date/time patient left the ED for admission to an inpatient bed.

Methods	Process measures	Target for process measure	Comments
The Director of the ED/IP departments with a team will review the process of admission for efficiencies and implement changes that are identified.	An in-depth review will be conducted to determine where efficiencies can be identified and implemented.	The review will occur by May 31, 2020 and actionable items will be implemented by June 30, 2020.	The DRHC is already meeting the provincial standards and will strive towards reducing the wait time further for patients waiting for a bed.

Theme II: Service Excellence

Measure

Dimension: Patient-centred

Indicator #5	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 2019 - March 2020	79.49	85.00	Percentage improvement - previous fiscal periods	

Change Ideas

Change Idea #1 Develop and implement a patient visit summary form that would be utilized by the NPs at the conclusion of each visit to recap decisions made, treatment plan, and goals set.

Methods	Process measures	Target for process measure	Comments
The NP patient summary form will be developed with consultation with the Patient and Family Advisory Committee. Form will be tested and updated as necessary. Reported to the Quality and Safety Committee.	# of NP patients that received a patient visit summary form at the conclusion of the visit, recapping decisions made, treatment plan, and goals set by August 2020.	100 NP patients will receive a patient visit summary form at the conclusion of the visit, recapping decisions made, treatment plan, and goals set by October 2020.	Total Surveys Initiated: 78

Measure

Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Would you recommend the DRHC ER department to family and friends?	C	% / ED patients	NRC Picker / 2020	65.60	68.00	Target is 2019 small hospital average	

Change Ideas

Change Idea #1 To provide specific identified population of patients with written instructions when discharged home from the ED

Methods	Process measures	Target for process measure	Comments
Nurse managers and ED nursing staff will review current documented discharge instructions and update as necessary along with development of new discharge instructions for specific populations	# of patient discharge instruction materials developed by committee	87% of patients will respond that they understood what symptoms to look for when leaving the ED by June 30, 2020.	87% report run Dec 2019

Theme III: Safe and Effective Care

Measure

Dimension: Effective

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of unscheduled repeat emergency visits following an emergency visit for a mental health condition.	P	% / ED patients	CIHI NACRS / April - June 2019	22.22	11.50	Target - NWLHIN target (data provided by NWLHIN)	

Change Ideas

Change Idea #1 To set up a process that will regularly review the emergency records and identify clients that have been in the department for a mental health visit. A mobile crisis worker will call the client based on set criteria as a follow up and offer services to prevent repeat ER visits.

Methods	Process measures	Target for process measure	Comments
To develop a process that will screen emergency room visits and identify individuals that have attended for a mental health visit. The crisis workers will follow up by telephone and offer services to support clients in the community. Reported to the Quality Improvement Team.	# of clients identified in the emergency room with a visit for mental health concerns. # of clients that receive a phone call for follow up purposes	75% of clients, that met the program criteria, will receive a ER follow up call within 72 hours of ER visit by June 15, 2020.	Track: % of clients that have a referral for additional services based on ER follow up phone call

Measure **Dimension:** Effective

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of patients living with COPD and vaccinated for pneumonia (Dryden Area FHT)	C	% / PC organization population (surveyed sample)	EMR/Chart Review / 2020	33.00	50.00	Percentage improvement	

Change Ideas

Change Idea #1 To implement a clinical medical directive to permit the RN offering the COPD program patients an opportunity to receive the pneumonia vaccination

Methods	Process measures	Target for process measure	Comments
Review the current practice and implement necessary changes to the COPD program ensuring that patients living with COPD have access to the pneumonia vaccination. Progress will be reported Quality and Safety Committee.	# of patients living with COPD who have been offered the pneumonia vaccination	50% of patients living with COPD in the FHT Lung Health program that have a documented pneumonia vaccination by September 2020.	

Measure **Dimension:** Safe

Indicator #9	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.	M	Count / Worker	Local data collection / Jan - Dec 2019	37.00	40.00	Maintain	

Change Ideas

Change Idea #1 Review and implement the DRHC Acting Out Behavior (AOB) process across the DRHC ensuring all departments are participating.

Methods	Process measures	Target for process measure	Comments
A committee will review the existing AOB process and determine how to implement across the organization in every department. Reported to the Quality and Safety Committee.	AOB process is reviewed and updated if necessary	100% of all DRHC departments will utilize the AOB process by the end of September 2020	FTE=300

Measure

Dimension: Safe

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of patients living with arthritis and prescribed an opioid (Dryden Area FHT)	C	% / PC organization population (surveyed sample)	EMR/Chart Review / 2020	19.00	16.00	Multi-year goal	

Change Ideas

Change Idea #1 Implement a arthritis management program, established with interdisciplinary team members to offer pts alternatives to opioid use.

Methods	Process measures	Target for process measure	Comments
Develop and implement an arthritis management program, established with interdisciplinary team members to offer pts alternatives to opioid use. Teams members may include OT, PT, NP, SW, and RN. Reported to the Quality and Safety Committee.	# of patients living with arthritis; # of patients that participate in the arthritis management program; # of patients living with arthritis and participating in the program and reduce and/or eliminate the use of opioids (two measures)	Arthritis management program is established with interdisciplinary team members to offer pts alternatives to opioid use by the end of Q2 2020-2021	

Equity

Measure

Dimension: Equitable

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of elegible orphan patients who are up to date in screening for cervical cancer	C	% / PC organization population eligible for screening	EMR/Chart Review / 2020	28.00	40.00	Partnership with DRHC	Dryden Regional Health Centre

Change Ideas

Change Idea #1 Implement a cervical cancer screening clinic, in partnership with the DRHC, targeting non-rostered patients without a documented up to date cervical cancer screen.

Methods	Process measures	Target for process measure	Comments
Develop the clinic, identify patients that are non-rostered and without a documented cervical cancer screen and offer them the opportunity to participate. Clinic will be developed in partnership with the DRHC and offered at the speciality clinic. Reported to the Quality and Safety Committee.	# of patients identified; # of patients participating in the clinic	40% of non rostered FHT patients will have a documented cervical screen by December 31, 2020	% will be determined by the number of pts without the screen as of January 1, 2020 and the number of patients with the screen by the December 31, 2020