Number of patients identified as meeting Health Link criteria

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Year** |  | **This Year** |  |
| **Indicator #4 0** | **25** | **29** | **--** |
| who are offered access to Health Links approach **Performance** | **Target** | **Performance** | **Target** |
| (Dryden Regional Health Centre) **(2019/20)** | **(2019/20)** | **(2020/21)** | **(2020/21)** |

**Change Idea #1**

To identify 25 individuals that would benefit from a coordinated care plan (CCP) that are accessing primary and acute services from the Dryden Hub (V.Bay to Ignace).

**Target for process measure**

* 25 individuals are identified and with the patient coordinated care plans are developed by Q4 2019-20.

Percentage of patients and clients able to see a doctor or nurse

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Year** |  | **This Year** |  |
| **Indicator #8 50.68** | **60** | **50** | **--** |
| practitioner on the same day or next day, when needed. **Performance** | **Target** | **Performance** | **Target** |
| (Dryden Area FHT) **(2019/20)** | **(2019/20)** | **(2020/21)** | **(2020/21)** |

**Change Idea #1**

**Target for process measure**

* The post discharge call process with the FHT Patient Navigator is developed and implemented by the end of Q1 2019-2020

Percentage of discharged DRHC inpatients, that meet the

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Year** |  | **This Year** |  |
| **Indicator #7 72** | **80** | **77** | **--** |
| program requirements, will receive a post discharge phone call **Performance** | **Target** | **Performance** | **Target** |
| within 72 hours of returning home (Dryden Area FHT) **(2019/20)** | **(2019/20)** | **(2020/21)** | **(2020/21)** |

**Change Idea #1**

To test and implement a process the will have the FHT Patient Navigator call all discharged inpatients from the DRHC within 72 hours, appropriate pts will be booked appointments based on need

**Target for process measure**

* The post discharge call process with the FHT Patient Navigator is developed and implemented by the end of Q1 2019-2020

The time interval between the Disposition Date/Time (as

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Year** |  | **This Year** |  |
| **Indicator #10 8.37** | **8** | **6.33** | **8** |
| determined by the main service provider) and the Date/Time **Performance** | **Target** | **Performance** | **Target** |
| Patient Left Emergency Department (ED) for admission to an **(2019/20)** | **(2019/20)** | **(2020/21)** | **(2020/21)** |

inpatient bed or operating room. (Dryden Regional Health Centre)

**Change Idea #1**

Develop and implement an Inpatient Surge policy supporting the organization during times of overcapacity

**Target for process measure**

* An Inpatient Surge policy will be developed by the end of Q2 2019/20.

**Last Year This Year**

## Indicator #2

% of patients entered on the electronic bed tracker system within 12 hours of admission (Dryden Regional Health Centre)

# CB 80

**Performance Target**

**(2019/20) (2019/20)**

# 100 --

**Performance Target**

**(2020/21) (2020/21)**

**Change Idea #1**

To implement an electronic bed board system for the inpatient unit

**Target for process measure**

* The electronic bed board system will be implemented by the beginning of Q3.

Electronic bed board system implemented

**Last Year This Year**

## Indicator #1

"Would you recommend this emergency department to your friends and family?" (Dryden Regional Health Centre)

# 67.50 69.80

**Performance Target**

**(2019/20) (2019/20)**

# 65.60 --

**Performance Target**

**(2020/21) (2020/21)**

**Change Idea #1**

To develop and implement an additional 5 medical directives that will improve wait time for patients attending with specific health conditions

**Target for process measure**

* Medical directives are developed and implemented by the end of Q3 2019/20.

Percent of patients who stated that when they see the doctor or decisions about their care and treatment (Dryden Area FHT)

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Year** |  | **This Year** |  |
| **Indicator #6 80** | **85** | **79.49** | **--** |
| nurse practitioner, they or someone else in the office **Performance** | **Target** | **Performance** | **Target** |
| (always/often) involve them as much as they want to be in **(2019/20)** | **(2019/20)** | **(2020/21)** | **(2020/21)** |

**Change Idea #1**

**Target for process measure**

* The patient visit summary tool is developed and implemented by September 2019

**Last Year This Year**

## Indicator #3

% of pts living with arthritis and prescribed an opioid (Dryden Area FHT)

# CB CB

**Performance Target**

**(2019/20) (2019/20)**

# 19 --

**Performance Target**

**(2020/21) (2020/21)**

**Change Idea #1**

Develop and implement a arthritis management program, established with interdisciplinary team members to offer pts alternatives to opioid use

**Target for process measure**

* Arthritis management program is established with interdisciplinary team members to offer pts alternatives to opioid use by the end of Q3 2019-2020

Newly implemented program. Currently 19% of pts living with arthritis are prescribed an opioid

Number of workplace violence incidents reported by hospital

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Year** |  | **This Year** |  |
| **Indicator #5 22** | **22** | **37** | **40** |
| workers (as defined by OHSA) within a 12 month period. **Performance** | **Target** | **Performance** | **Target** |
| (Dryden Regional Health Centre) **(2019/20)** | **(2019/20)** | **(2020/21)** | **(2020/21)** |

**Change Idea #1**

**Target for process measure**

* All campus staff will wear a Vocera badge while on shift by the end of May 2019.

Proportion of hospitalizations where patients with a progressive,

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Year** |  | **This Year** |  |
| **Indicator #9 CB** | **100** | **100** | **--** |
| life-limiting illness, are identified to benefit from palliative care, **Performance** | **Target** | **Performance** | **Target** |
| and subsequently (within the episode of care) have their **(2019/20)** | **(2019/20)** | **(2020/21)** | **(2020/21)** |

palliative care needs assessed using a comprehensive and holistic assessment. (Dryden Regional Health Centre)

**Change Idea #1**

Develop and implement a process to have a documented hospice care needs assessment prior to admission to the DRHC Hospice bed.

**Target for process measure**

* 100% of hospice patients admitted to the DRHC Hospice bed will have documented care needs assessment on file by the end of December 2019.

All patients admitted to the hospice bed had a documented hospice needs assessment prior to admission