

Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	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.	A	Rate per 100 / ED patients	See Tech Specs / April 2020 – March 2021	41.67	40.00		

Change Ideas

Change Idea #1 The DRHC Mental Health Crisis Team will develop a communication strategy to promote the Crisis Response Team services.

Methods	Process measures	Target for process measure	Comments
The communication strategy will include new contacts and processes with OPP and community partners. In addition new communication tools will be created to be circulated in key areas across the Dryden area i.e. primary care, Situation Table, Kenora Services Board, School Board, workplaces etc.	Communication strategy developed that includes contacts with key organizations/ partners and tools dispersed through the Dryden area.	Communication will be developed and implemented by the end of August 2022.	

Measure **Dimension:** Timely

Indicator #2	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	66.00	70.00	100% TB	

Change Ideas

Change Idea #1 Clinical Information will collect the data on a monthly basis and submit/share to the Medical Quality Assurance Committee (MQA), Medical Advisory Committee, and post in the East Unit and Clinical Information Department.

Methods	Process measures	Target for process measure	Comments
Clinical information will track the data and disseminate the information accordingly. MQA will review the data and act on the analysis reported by the department. The results will be shared with MAC and the Senior Resource Team for additional action if required.	Monthly data collection will be collected and disseminated to identified committees and areas across the hospital.	The organization will provide 12-month reports to MQA and MAC for review, analysis, and action, commencing May 2022.	

Measure **Dimension:** Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of screen eligible patients aged 52 to 74 years who had a FOBT/FIT within the past two years, other investigations (i.e., flexible sigmoidoscopy) or colonoscopy within the past 10 years. (Dryden Area FHT)	A	% / PC organization population eligible for screening	OHIP,RPDB, CCO-OCR,CIHI, SDS / April 2020 – March 2021	46.00	50.00		

Change Ideas

Change Idea #1 Identify opportunities to partner with the Prevention and Screening Clinical Services with Thunder Bay Regional Health Sciences Centre (TBRHSC) creating an marketing approach to increase the number of FIT tests completed in Dryden and area.

Methods	Process measures	Target for process measure	Comments
FHT will contact the THBRHS Prevention and Screening Clinical Services Team to identify a marketing campaign promoting FIT tests in the Dryden and area.	number of marketing campaigns will be advertised across the Dryden region promoting patients to complete the FIT tests that are mailed to their home addresses.		The FHT and TBRHSC Prevention and Screening Clinical Services Team will develop and implement 2 marketing campaigns by the end of December 2022.

Theme II: Service Excellence

Measure	Dimension: Patient-centred						
Indicator #4	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 12 mos	76.00	77.00	Transition year from NRC to new survey platform.	

Change Ideas

Change Idea #1 Discharge Patient rounding form has been updated to include the question: "Have you received enough information from hospital staff about what to do if you are worried about your condition or treatment when leaving the hospital?"

Methods	Process measures	Target for process measure	Comments
The Discharge Charge Planner has updated the rounding form to include the question: "Have you received enough information from hospital staff about what to do if you are worried about your condition or treatment when leaving the hospital?". This will be tracked and reported to the Director of IP/ED for further action as required.	% of patients that are rounded on by the discharge planner will include the question "Have you received enough information from hospital staff about what to do if you are worried about your condition or treatment when leaving the hospital?"	100% of patients that are rounded on by the discharge planner will include the question "Have you received enough information from hospital staff about what to do if you are worried about your condition or treatment when leaving the hospital?" by the end of June 2022.	

Measure **Dimension:** Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients able to see an NP on same day or next day when needed. (Dryden Area FHT)	C	% / All patients	In house data collection / Q4	52.00	55.00	Long term goal 60%. Fiscal year goal 55%	

Change Ideas

Change Idea #1 To review the current booking system to explore the possibility of adding additional daily same day/next day appointments.

Methods	Process measures	Target for process measure	Comments
The FHT will review the current booking system to explore the possibility of adding additional daily same day/next day appointments. The FHT will do a PDSA to test the revised booking model prior to implementing.	The FHT will review the booking system, identifying opportunities to increase access to the nurse practitioners by the end of June 2022. The FHT will implement additional same day/next day appointments by the end of September 2022.	The FHT will increase from 12% to 14% same/ next day nurse practitioner appointments available in a week by the end of September 2022.	

Theme III: Safe and Effective Care

Measure Dimension: Effective

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	Rate per total number of discharged patients / Discharged patients	Hospital collected data / October 2021– December 2021	90.57	100.00	TB	

Change Ideas

Change Idea #1 The DRHC pharmacist will review current Med Rec processes for improvement opportunities including current practices of posting/reminding physicians of outstanding charts.

Methods	Process measures	Target for process measure	Comments
DRHC pharmacist will conduct a review in the first and second quarter of the fiscal period to identify opportunities for change in regards to Med Reconciliation. The opportunities will be presented at Nursing Leadership and MQA for implementation.	Medication Reconciliation process review will be concluded by September 2022. Change processes will be presented to the Nursing Leadership Team and Medical Quality Assurance Committee for input and implementation.	Medication Reconciliation process review will be concluded by September 2022. Change processes will be presented to the Nursing Leadership Team and Medical Quality Assurance Committee for input and implementation.	

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	23.00	25.00		

Change Ideas

Change Idea #1 To ensure that 50 employees participate in Non-Violence Intervention Training during calendar year 2022.

Methods	Process measures	Target for process measure	Comments
Non-Violence Intervention Training will be offered to ensure a minimum of 50 employees participate over the fiscal period/	# of employees that participate in Non-Violence Intervention training.	50 employees that participate in Non-Violence Intervention training in the calendar year 2022.	

Measure **Dimension:** Safe

Indicator #8	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 / March 31, 2021	3.70	3.30	NWLHIN Primary Care Practice Report average	

Change Ideas

Change Idea #1 Partnership between DRHC and FHT to provide pre and post op education on pain management and risk of opioid usage.

Methods	Process measures	Target for process measure	Comments
FHT Director and Ambulatory and Surgical Services Director will create pre and post op educational resources to be shared with ortho surgical patients	% of ortho surgical patients scheduled for surgery in Dryden will receive the educational resources by the end of June 2022.	100% of ortho surgical patients scheduled for surgery in Dryden will receive the educational resources by the end of June 2022.	