Issue	Quality dimension	S.No	Measure/ Indicator	Type	Unit / Population	Source / Period	Rationale for Choosing Indicator	Organizatio n Id	Current Performance FY Q3 (2022-23)	Target (2023-2024)	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Project Lead and Team Members	Comments
Theme : Service Excellence	Patient-centred	1	a. Were you involved as much as you wanted to be in decisions about your care and treatment?	C	% / All inpatients	Post-discharge Phone Call Survey	This indicator is aligned to our strategic direction: Exceptional Experience; Community Care - Design care responsive to community, patient and caregiver needs.	850*	Collecting baseline data	TBD	Target will be determined on the basis of baseline data		#1. Utilize Meditech as a platform to identify patient goals upon admission	– Collaborate with Humber River Hospital and Professional Practice team to create a new question in Initial Patient Assessment that identifies patient's rehab goals upon admission.	Meditech feature has been added	New Meditech feature available to staff	Project Lead: Karimah Alidina	
													#2. Establish a process for POA/SDMs identification	– Develop a policy on POA/SDM identification – Education and training on the process.	Policy ready for approval within the set timelines			
			b.How often do the staff involve you in the decisions about your care and treatment?		% / All inpatients	Pulse Survey			Collecting baseline data	TBD			# 3. Introduce and Quarterly patient care conference with the Medically Complex (MC) patient/family members	Take feedback from patient/family members about their involvement in decisions of care	– # of patients for whom the conference was held – % of patients/families feeling satisfied with the inter-professional communication – % of patients/families feeling informed about the plan of care – % of patients/families rating PCC as a valuable platform	– 10 per month – 80% or more – 80% or more – 80% or more	Project Lead: Karimah Alidina	Initial data was presented in Quality Committee; quarterly updates will be provided in the committee on an ongoing basis.
		2	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? * large scale corporate project	C	% / All inpatients	Post-discharge Phone Call Survey	This indicator is aligned to our strategic direction: Exceptional Experience; Community Care - Design care responsive to community, patient and caregiver needs.	850*	Collecting baseline data	TBD	Target will be determined on the basis of baseline data		#1 Revision of Patient-Oriented Discharge Summary (PODS) Tool	Steps: 1. Process mapping to determine the current process 2. Perform gap analysis 3. Create an action plan to address gaps	Chart Audit for PODS completion	5 charts audits/week/per program, as available (MC program will vary due to nature of the program)	Project Lead: Geeta Grewal and Karimah Alidina Team members: Sandra Dickau, Nicole Digout, Laverne Edwards, Maria De Leon, Clinical educator (TBD)	
													#2. Pulse survey administration two days prior to the discharge date	Survey to include a question: - Do you feel you received enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	% of patients/families who provided positive responses to the survey questions	10% + baseline (TBD)	Project Lead: Kim Pham/Shakil Ahmad	Revision/enhancement to existing process; baseline needs to be determined for setting the target
													# 3 Post Discharge Phone Call	Conducting a post-discharge follow-up phone call with standardized questions 48-72 hours after discharge from the hospital	% of patients who provided a positive response during the post-discharge phone call	10% + baseline (TBD)	Project Lead: Kim Pham/Shakil Ahmad	Practice currently in place; baseline needs to be determined for setting the target
		3	a.During the hospital stay, how often did the hospital staff do everything they could to help you with your pain?	C	% / All inpatients	Post-discharge Phone Call Survey	Inadequately managed pain can lead to adverse physical and psychological patient outcomes for individual patients and their families. Of particular importance to nursing care, unrelieved pain reduces patient mobility, resulting in complications such as deep vein thrombosis, pulmonary embolus, and pneumonia. Postsurgical complications related to inadequate pain management negatively affect the patient's welfare and the hospital performance because of extended lengths of stay and readmissions, both of which increase the cost of care.	850*	Collecting baseline data	TBD	Target will be determined on the basis of baseline data		#1. Understand the current compliance rate (baseline) for - Initial pain assessment at admission - Initiating Pain Intervention when patients have reported pain	Collaborate with HRH and IS teams to create a Meditech report to help provide automated data on compliance of pain assessment on admission and upon patient's reporting of the pain	Audits on pain assessment compliance reported	– Bi-weekly Audits of all patients upon admission – At least 10 chart/month audits for assessing compliance of pain intervention	Project Lead: Karimah Alidina Team members: Sandra Dickau, PCMs, LaVerne Edwards, Clinical Education Team, HRH and IS team	
													#2. Explore the possibility of redesigning the placement of pain assessment and interventions in Meditech, (e.g. consider merging pain assessment in Vital Sign section)	– Collaborate with HRH and IS team to merge initial pain assessment in vital sign section – Introduce standardized/universal pain intervention checklist in Meditech	– Staff are able to document pain assessment as fifth vital sign – Standardized pain intervention checklist introduced	New Meditech feature available to staff	Project Lead: Karimah Alidina	
													#3. Increase staff awareness and competencies in assessing pain in older adults	–Conduct Pain Awareness week – Utilize skills days to reinforce pain assessment and management skills – Discuss case studies in unit huddles to integrate pain assessment knowledge in in daily practice – Include "Pain" as one of the areas to discuss during interprofessional rounds	–Staff attendance in pain awareness week and in skills day workshop – Participation of staff in case study –Integration of "pain" element in IPR rounds	– 80% of staff attending the education session – At least 30% of the staff participate in case study completion	Project Lead: Sandra Dickau Team members: Clinical Education Team	
			b.How often do the staff do everything they could to help you with your pain?		% / All inpatients	Pulse Survey			Collecting baseline data	TBD			#4 Improve Pain Assessment compliance by providing increased oversight	– PCMs and clinical educators conduct bi-weekly audits of staff compliance with assessing pain as per our standards of care and share the results with the team – PCMs/APNs audit the white-boards (once the new boards are piloted) for pain assessment completion per shift	– Audits of pain documentation and management in EMR – Whiteboard audit (once new boards are piloted) to assess if the pain is identified	10% + baseline (TBD)	Team Members: PCMs and APNs	baseline needs to be determined for setting the target
													#5. Take real time patient feedback to assess improvement in pain management	– PCM/APN to ask following question during patient rounding "Did the nurse ask you about your pain? And/or Do you feel your pain is well-managed by your healthcare team? – PCMs/APNs to escalate any pain management concerns to physicians	– 60 Patient rounding per month across three program (20/floor) – # of escalations made to MRP re: unresolved pain	10% + baseline (TBD)	Team Members: PCMs and APNs	baseline needs to be determined for setting the target
													# 6 Promote holistic approach to pain management by introducing non-medication pain management strategies	– Revitalize the utilization of TENS machine – Introduce hydrocollators to provide moist heat therapy for pain management	% of patients who had reported pain were provided with TENS and/or hydrocollators for effective pain management	10% + baseline (TBD)	Project Lead: LaVerne Edwards	baseline needs to be determined for setting the target
		4	a. During this hospital stay, after you pressed the call button, how often did you get the help as soon as you wanted it?	C	% / All inpatients	Post-discharge Phone Call Survey	This indicator is aligned to our strategic direction: Exceptional Experience; Customer Service Mindset - Adopt a service-driven approach to enhance patient experience.	850*	Collecting baseline data	TBD	Target will be determined on the basis of baseline data		# 1 Identify current baseline for call bell response time by reviewing the number of calls escalated to the managers and CNE	–Collect 3 months data on call bell reports escalated to managers and CNE – Analyze the data to identify trends (e.g. time of the time, day of the week etc.)	– Call bell data collection and reports generated – Call bell data analyzed	3 months of pre-implementation data on call bell escalation	Project Lead: Karimah Alidina Team member: Sandra Dickau, all PCMs, LaVerne Edwards, Alan O'Connor for data analysis	
													# 2 Conduct fishbone exercise: Identify significant contributing factors for the delay in responding to call bell	Present the data to PCMs, Clinical Educators and Front line team to identify root cause analysis	Gap analysis conducted and top three factors identified	Fishbone exercise is completed and 20% of issues contributing to the 80% of problems were identified (Pareto Principle).		
			b. When you pressed the call bell, how often do the staff answer your call? * large scale corporate project		% / All inpatients	Pulse Survey			Collecting baseline data	TBD			#3 Plan, implement and evaluate strategies to improve call bell response time	–Implement No Pass Zone – Improve Hourly Rounding by introducing "Purposeful Rounding – Audits on the unit – PSWs, allied health engaged in call bell response –Managers to review any escalations in timely manner – CNE to share monthly data to the clinical team	– No Pass Zone implemented – Purposeful Rounding process implemented – Call bell data reports presented to clinical team	Baseline +10% improvement		