Theme I: Timely and Efficient Transitions | Efficient | Additional Indicator

Indicator #1

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. (Quinte Healthcare Corporation)

Last Year		This Year	
31.43	**31.43**	**32.20**	**--**
Performance (2022/23)	**Target (2022/23)**	**Performance (2023/24)**	**Target (2023/24)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

Engage with HPE OHT to understand data, community needs and how the hospital can contribute

Target for process measure

- Representatives identified and communicated to HPEOHT.

Lessons Learned

Initial activity within the HPE OHT was environmental assessment and stakeholder engagement. Little impact seen as a result of the activities in this fiscal year but clear objectives and activities are planned for the coming fiscal year which Quinte Health will support where r

Comment

Quinte Health now has representation at all HPE OHT tables with a focus on MHA. This includes the Primary Care & Mental Health Integration Action Team, the four locally-focused Constellation groups, as well as the broader Stewardship, Collaborative, and Operational tables
HPE OHT Strategic Action Planning work continues; single point of access and referral to MHA has emerged as an aligned strategic priority for the OHT. Further discussion and confirmation re: priorities and initiatives will occur in the coming months
This indicator will continue to be included as a cQIP indicator for the OHT in FY2023/24. Identification and co-design of collaborative improvement initiatives for this area of focus has begun with the support of the OHT Quality Action Team, which includes representation from Quinte Health

Indicator #3

Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment. (Quinte Healthcare Corporation)

Last Year		This Year	
17.60	**15.70**	**18.86**	**--**
Performance (2022/23)	**Target (2022/23)**	**Performance (2023/24)**	**Target (2023/24)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

Completion of a Discharge Complexity Score on eligible patients within 48 hours of discharge.

Target for process measure

- 100% of eligible patients have discharge complexity score documented within 48 hours of admission.

Lessons Learned

Challenges with obtaining data to measure progress towards the goal of 100% that was set.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Completion of a complex discharge meeting with all eligible patients that includes key resources/supports.

Target for process measure

- Less than 90 days.

Lessons Learned

Weekly meetings occur with Home and Community Care to monitor lists and plan for transitions. We have seen a dramatic increase in the number of discharges to LTC each month.

Comment

Predictive Date of Discharge is being entered on all medicine and post-acute patients and monitored/discussed during daily flow briefings.
We have seen a 34% reduction in number of patients awaiting long-term care and less variation in number of ALC days for those awaiting LTC.

Theme II: Service Excellence | Patient-centred | Priority Indicator

Indicator #4

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? (Quinte Healthcare Corporation)

Last Year		This Year	
47.45	**57.10**	**CB**	**57.10**
Performance (2022/23)	**Target (2022/23)**	**Performance (2023/24)**	**Target (2023/24)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

Creation and implementation of a discharge survey that will take the place of the longitudinal survey until such time as hew OHA vendor is in place.

Target for process measure

- 75% of discharges complete a survey within 48 hours of discharge.

Lessons Learned

Telephone discharge surveys attempted for all med/surg acute discharges within 48 hours of discharge. Low rate of answering the phone but 78% of those reached agreed to participate.
Connection close to the time of discharge provides responses informed by recent experience and not altered as a result of time passing.

Change Idea #2 ☐ Implemented ☑ Not Implemented

Review and revise PODS and ensure given to all discharged patients.

Target for process measure

- 80% of patients receive a PODS prior to discharge.

Lessons Learned

We have not yet been able to review and revise all PODS due to resource challenges. When received this information is felt to be helpful.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Ensure all processes are in place to enable multi method surveying of patients through new vendor.

Target for process measure

- 100% of suggested elements in place by September 1 2022.

Lessons Learned

Processes established and ready for implementation of new vendor surveying software in early April 2023.

Comment

Since the beginning of August follow-up surveys being completed by modified worker M/W/F each week for those discharges from Q4/Q5/Q6/Trenton IPU/Picton IPU/North Hastings IPU with contact information provided at discharge. To date, of the 295 discharges that have answered the phone call, 78% have consented to survey completion.
Of those surveyed 81.4% find the PODS helpful and we are planning the roll out of a clinical extern role in the late spring which will help to support robust discharge teaching and PODS review prior to discharge.

Theme III: Safe and Effective Care | Safe | Priority Indicator

	Last Year		This Year	
Indicator #2 Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Quinte Healthcare Corporation)	**121** Performance (2022/23)	**110** Target (2022/23)	**82** Performance (2023/24)	**75** Target (2023/24)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Complete a workplace violence risk assessment for each clinical unit that includes safe work practices and mitigation strategies.

Target for process measure

- 100% by end of Q3

Lessons Learned

Remains in progress - while implemented as intended the timeline was too aggressive now that we know the work associated with the assessment. At the end of Q3 30% of departments have had an initial assessment completed and this work will continue through the Occupational Safety team into the new fiscal year.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Review and revision of Workplace Violence Prevention policy.

Target for process measure

- Completed by end of Q3.

Lessons Learned

Recommendations from the Public Services Health and Safety Association assessment have been incorporated into the WPV policy.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Define de-escalation education required for each department and create a schedule for education delivery annually.

Target for process measure

- Education calendar posted by the end of Q3.

Lessons Learned

Remains in progress as there have been challenges with recruiting the necessary number of instructors to ensure consistent and reliable delivery of content.

Change Idea #4 ☑ **Implemented** ☐ **Not Implemented**

Review and revise current WPV risk assessment tool.

Target for process measure

- WPV risk assessment tool is complete by end of Q1.

Lessons Learned

Created 3 separate tools to reflect the actual risks based on service setting (clinical, non-clinical, corporate).

Comment

Creation and implementation of the new tool has proven to be a valuable exercise which is also creating great department specific and tailored mitigation plans. We did underestimate the time required to complete the initial assessment (which is being led by our Occupational Safety team) but expect that ongoing annual review and updating which will be managed by the teams will be more streamlined.
We are planning to focus on workplace violence again in the new fiscal year however will be exploring a different metric as the overall number of events is particularly sensitive to reporting practices, competing priorities and perceived degree of injury.