

Access and Flow | Timely | Custom Indicator

	Last Year		This Year	
Indicator #2	32.40	31	31.80	NA
Emergency Department as a First Contact for a Mental Health or Addictions Condition (Quinte Healthcare)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Increase awareness of the access options for Quinte Health's Crisis Intervention Centre.

Process measure

- Completion of an awareness campaign with timeline.

Target for process measure

- Awareness campaign will be created by the end of Q1.

Lessons Learned

Use of social media and ensuring local providers are aware of the ways to connect with Crisis.

Change Idea #2 Implemented Not Implemented

Work with the HPE OHT to identify how Quinte Health can support AccessMHA implementation in the southeast region.

Process measure

- Participation of Quinte Health staff on HPE OHT work teams linked with this cQIP indicator.

Target for process measure

- Participation of Quinte Health staff on 100% of HPE OHT work teams associated with this indicator.

Lessons Learned

We are onboarding as a service provider partner with planned education for our Crisis staff. Recognize importance of staying connected through OHT and community partners.

Comment

Current performance data is reflective of April - December 2023 due to data lag. Significant month to month variability.

Access and Flow | Efficient | Custom Indicator

	Last Year		This Year	
Indicator #1	18.86	18	16.90	NA
Alternate Level of Care (ALC) rate (Quinte Healthcare)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Maximize enrollment in the Quinte@Home program which launched in February 2022.

Process measure

- Number of patients enrolled in the Quinte@Home program.

Target for process measure

- 80 patients will be enrolled by the end of Q4.

Lessons Learned

We were able to exceed our target by the end of Q3 and see high degrees of patient satisfaction from those who are enrolled in the program. Ongoing work is required to streamline the referral process and reduce reliance on manual processes.

Change Idea #2 Implemented Not Implemented

Leverage the ED diversion teams to maximize number of ED diversions.

Process measure

- Number of ED diversions (all four hospitals) each month.

Target for process measure

- 60 ED diversions a month by the end of Q4.

Lessons Learned

We have been able to reach our monthly target in Q3 and continue to focus on ED diversion using our patient flow coordinator and mobility team resources. Additional resources are required to maximize diversions at all four hospitals.

Change Idea #3 **Implemented** **Not Implemented**

Maximize use of beds at the Quinte Gardens Transitional Care Unit.

Process measure

- Percentage of beds occupied each quarter.

Target for process measure

- 90% of Quinte Gardens beds filled with appropriate patients.

Lessons Learned

Utilization has exceeded 90% since Q2. Some challenges with geography of space and staffing however use of funded beds has been maintained.

Experience | Patient-centred | **Priority Indicator**

Indicator #6	Last Year		This Year	
	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)	CB Performance (2023/24)	57.10 Target (2023/24)	61.14 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Review and revision of existing PODS with input from a Patient Leader.

Process measure

- Percentage of PODS revised.

Target for process measure

- 100% of existing PODS revised by the end of Q2

Lessons Learned

We were able to get great engagement from patient leaders in the stroke program to revise the content in the Stroke PODS. Work is underway to transition all other PODS to the new format and the Health Experience Partner Program will be engaged for review.

Change Idea #2 Implemented Not Implemented

Implementation of patient experience surveying using new vendor.

Process measure

- Surveying with new vendor implemented with dashboard results available to leaders.

Target for process measure

- Leaders will have access to, and be trained on use of, patient experience dashboards by the end of Q1.

Lessons Learned

Onboarded with new surveying vendor in Q2. Reliant on use of QR codes and discharge follow-up phone calls to complete surveys which do not yield a high response rate. Working towards a process and policy for email collection to enable email distribution for experience surveys.

Change Idea #3 Implemented Not Implemented

Implementation of leader rounding that is focused on patient's perception of discharge readiness.

Process measure

- Implementation of leader discharge rounding.

Target for process measure

- Leader discharge rounding will be implemented on one med/surg unit by the end of Q1.

Lessons Learned

Leadership turnover resulted in delays to this initiative. Work will continue to implement and monitor impact.

Safety | Safe | Custom Indicator

	Last Year		This Year	
Indicator #5	13.50	10	23	NA
Percentage of admitted patients with one or more hospital acquired pressure injuries. (Quinte Healthcare)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Complete quarterly PI prevalence audits on med/surg inpatient units to increase awareness and timeliness of data.

Process measure

- PI prevalence audit completed each quarter.

Target for process measure

- 100% of identified units will have at least one PI prevalence audit completed each quarter.

Lessons Learned

We were not able to complete in Q3 due to resource constraints. Where PI prevalence audits were conducted the data was shared with teams and momentum was noted.

Change Idea #2 Implemented Not Implemented

Review of documentation practices in order to identify opportunities to improve timeliness and accuracy of PI documentation.

Process measure

- Completion of documentation audits on selected units each quarter.

Target for process measure

- 100% of selected unit managers will receive the results of their teams documentation audit.

Lessons Learned

Documentation audits were conducted as part of the PI audits. Feedback shared with managers and frontline teams.

Change Idea #3 Implemented Not Implemented

Creation of a tailored wound and PI prevention education plan for each unit.

Process measure

- Create and deliver tailored unit specific education plan.

Target for process measure

- Create and deliver a tailored unit education plan to three units by the end of the fiscal year.

Lessons Learned

Utilization of PI audit data and discussions with frontline staff resulted in education plans tailored to unit and staff needs for 3 of the medicine units.

Safety | Effective | **Priority Indicator**

	Last Year		This Year	
Indicator #3	CB	CB	NA	NA
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. (Quinte Healthcare)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Develop a process for reliably monitoring medication reconciliation at discharge completion.

Process measure

- Baseline data is available by service.

Target for process measure

- Baseline data is available by the end of Q1.

Lessons Learned

Delays in obtaining data due to method for collection - also some data quality issues initially that needed to be worked through. Our current method of data collection presents challenges with capturing when medication reconciliation was not applicable (didn't present to hospital on home medications) which is particularly significant in certain populations.

Highlighted the need to also focus on our BPMH and admission med rec processes on a few key units.

Change Idea #2 Implemented Not Implemented

Increase completion of timely medication reconciliation at admission.

Process measure

- Percentage of medication reconciliations completed within 48 hours of admission.

Target for process measure

- 80% of patients have a medication reconciliation completed within 48 hours of admission.

Lessons Learned

The percentage of medication reconciliations completed continue to fall below target due to resources constraints. It is anticipated that a move to a new HIS will improve completion rates.

Metrics reported to P&T but not yet consistently to program advisory committees.

Safety | Safe | **Priority Indicator**

	Last Year		This Year	
Indicator #4	82	75	34	NA
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Quinte Healthcare)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Initial Violence Risk Assessments completed by Occupational Safety.

Process measure

- Percentage of departments with a completed initial workplace violence assessment.

Target for process measure

- 100% of departments will have completed assessment by the end of Q1.

Lessons Learned

Initial assessments revealed additional opportunities and areas for focus to reduce WPV incidents and injury associated with them.

Change Idea #2 Implemented Not Implemented

Annual review of workplace violence risk assessment by the team to ensure ongoing accuracy and relevance.

Process measure

- Percentage of departments that have completed a review of their workplace violence risk assessment.

Target for process measure

- 100% of departments will have reviewed their initial workplace violence risk assessment and submitted to Occupational Safety by the end of Q4.

Lessons Learned

Working in Q4 to complete annual review with unit/department leadership for 2024/25. Regular completion is generating a focus and ongoing discussion at the unit level about risk and mitigation strategies.

