

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Alternate level of care (ALC) throughput ratio	O	Ratio (No unit) / ALC patients	WTIS / July 1 2023 - September 30, 2023 (Q2)	0.97	1.00	Target is to meet HSAA target	Bayshore, Salvation Army Toronto Grace Health Centre

Change Ideas

Change Idea #1 Activation Team

Methods	Process measures	Target for process measure	Comments
Deploy a centralized team to mobilize patients	Average ALC days on medicine program units served by activation team; % compliance with 3 more mobilization activities per day	Collecting baseline	

Change Idea #2 Lakeridge @home program

Methods	Process measures	Target for process measure	Comments
Continue with the Lakeridge @home program of six week in-home rehab for discharged patients	To be determined	To be determined	

Change Idea #3 Toronto Grace RCM program

Methods	Process measures	Target for process measure	Comments
Continue with the Toronto Grace remote care monitoring program to enable patients to be discharged with live monitoring and supports in home for safety	# of patients discharged on program; average ALC days	Collecting baseline	

Change Idea #4 Short Stay Transitional Unit

Methods	Process measures	Target for process measure	Comments
11 bed unit with a geriatric focus supporting and expediting transition to home for patients presenting to ED with high risk of transitioning to ALC	Length of stay with the patients enrolled in the program, comparing to average length of stay; Readmission rates.	72 to 120 hrs length of stay; Readmission rates to remain at 20% or less	

Measure - Dimension: Timely

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th Percentile ED Length of Stay (LOS) for admitted patients	C	Hours / Patients	CIHI NACRS / Dec 2022 - Nov 2023	72.24	64.00	Target is 10% improvement from baseline	Durham OHT

Change Ideas**Change Idea #1** Repatriation process

Methods	Process measures	Target for process measure	Comments
Ensuring that out of area acute care patients have been processed to support return to their home area	% of repatriation requests facilitated within 48 hours	Collecting baseline	

Change Idea #2 Durham OHT COPD Integrated Care Pathway implementation

Methods	Process measures	Target for process measure	Comments
Implement a COPD outpatient clinic; Increase spirometry visit capacity; Increase pulmonary rehab capacity	% COPD confirmation via spirometry; 7 day in person assessment following discharge; % of COPD hospital discharges who complete a pulmonary rehab program	Collecting baseline	

Measure - Dimension: Timely

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of potentially avoidable ED visits for Lakeridge Gardens Long-Term Care residents (Lakeridge Gardens)	C	Rate per 100 / Patients	Other / Q3 2022-Q2 2023	34.40	21.00	Provincial average rolling 4 quarters (Q2 2023/2024)	Lakeridge Health Cardiac Clinic

Change Ideas**Change Idea #1** Goals of Care initiative

Methods	Process measures	Target for process measure	Comments
Replace of four-step Advanced Directive with the two-step DNR	% new admissions with documented DNR within 6 weeks of admission	100% of residents	

Change Idea #2 CHF and COPD Virtual Consults with Lakeridge Health

Methods	Process measures	Target for process measure	Comments
Implementation of Virtual Consults from primary care provider (MD/NP)	% potentially avoidable ED rate for CHF and COPD. # consults/month	2.4% (CHF) and 3.1% (rolling 4 quarter). Collecting baseline	Target is 10% improvement from baseline

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of Leaders completing four IDEAA self-directed or focused learning and development sessions	C	% / Other	Other / 2023-24	47.00	80.00	Incremental improvement target	Toronto Academic Health Sciences Network, Sickle Cell Awareness Group of Ontario

Change Ideas

Change Idea #1 Additional module development

Methods	Process measures	Target for process measure	Comments
Academic experts with lived experience develop modules, launch online modules on Ulearn, share additional resources from external collaborators.	Launch/develop Indigenous Cultural Safety training	100% completion	

Change Idea #2 Timely communication to staff/ leaders

Methods	Process measures	Target for process measure	Comments
Send periodic reminders to team members through memos / tiered huddles / leadership messages to ensure timely completion.	To be determined	To be determined	

Change Idea #3 Align IDEAA education with leader expectations

Methods	Process measures	Target for process measure	Comments
Set expectation for leaders to complete IDEAA education as part of their performance / accountability	Track completion rates and align with leader competencies	100% completion	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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?	C	% / Survey respondents	Other / (Apr-Dec 2023)	69.08	72.50	Target is 5% relative improvement from baseline	

Change Ideas

Change Idea #1 After Visit Summary Utilization

Methods	Process measures	Target for process measure	Comments
Print After visit summary for discharged patients	% AVS provided at discharge through spot audit (sampling)	To be determined	

Change Idea #2 MyChart Registration

Methods	Process measures	Target for process measure	Comments
Sign up patients for MyChart during their hospital visit to ensure they have access to their information	MyChart Activation Rate	To be determined	

Change Idea #3 Improve access to patient education

Methods	Process measures	Target for process measure	Comments
Create a public repository of patient education materials	Develop location on website to house material. Move 25% of education material from wave to website	To be determined	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Do residents have a voice in participating in care planning decisions and services received? (Lakeridge Gardens)	C	% / Residents	Other / 2023	75.30	82.00	Target is 10% improvement from baseline	Greenhouse Marketing

Change Ideas

Change Idea #1 Care Conferences

Methods	Process measures	Target for process measure	Comments
Standardization of scheduling and content of admission and annual care conferences	% admission and annual care conferences scheduled within defined time	100% of admission and annual care conferences	

Change Idea #2 Recreation programs

Methods	Process measures	Target for process measure	Comments
Expand the inclusivity of recreation programs	% admission and annual care plan assessment completed, % residents at risk	100% of residents completed care plan, 14% (rolling 4 Quarter)	

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Lakeridge Gardens)	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	19.55	9.00	Provincial Benchmark	RNAO, Vendors and suppliers for Falls Prevention and Mobility Services, CareRx

Change Ideas

Change Idea #1 Falls Audit tool

Methods	Process measures	Target for process measure	Comments
Implementation of the Falls Audit tool	# of audits completed by members of the interprofessional Falls Injury Prevention/Least Restraint Committee of residents identified as high falls risk	10 per week (per home area) for Q1, 10 per month (per home area) for Q2-Q4	

Change Idea #2 Essential-Partners-in-Care

Methods	Process measures	Target for process measure	Comments
Implementation of EPC Falls Injury Prevention Program/Least Restraint	# of EPCs who have completed Falls education	Collecting baseline	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of long-term care residents not living with psychosis who were given antipsychotic medicine (Lakeridge Gardens)	C	% / Residents	CIHI CCRS / Q2 2023/2024	21.78	19.00	Provincial Benchmark	Ontario Shores Centre For Mental Health Sciences, Behavioural Supports Ontario (BSO), Extendicare (Canada) Inc., CareRx

Change Ideas**Change Idea #1 Deprescribing initiative**

Methods	Process measures	Target for process measure	Comments
Adoption and implementation of the Bruyère Deprescribing Guidelines and Algorithms on admission and during quarterly medication reviews	% new admissions have medication review with deprescribing tool, % completed quarterly medication reviews by RPN and primary care provider (MD/NP) for residents triggering Quality Indicator with deprescribing tool	100% of residents have completed medication reconciliation, 100% of residents triggering Quality Indicator	

Change Idea #2 CIHI resubmissions

Methods	Process measures	Target for process measure	Comments
RAI-MDS Coordinator chart audits and chart reconciliation	% residents triggering Quality Indicator on Admission User-Defined Assessment with chart audit completed by RAI-MDS Coordinator	100% of residents triggering Quality Indicator	

Change Idea #3 PSW documentation

Methods	Process measures	Target for process measure	Comments
Education with PSWs to document BPSD symptoms in PointOfCare and DOS when documenting in EHR (PointClickCare) - led by BSO PSW Champions	80% PSWs who have completed education re: documentation	80% PSWs who have done education (Surge Learning)	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents resulting in lost time or healthcare sought in a 12-month rolling period	C	Count / Other	Other / (Jan - Dec 2023)	54.00	50.00	Target is a 7% improvement from baseline	

Change Ideas**Change Idea #1** Crisis prevention and de-escalation training

Methods	Process measures	Target for process measure	Comments
Expected hybrid (online and in-person) training model for all required team members. Year 1 is focusing on creating the training program and beginning to start training initial cohorts.	% of staff that require the training are trained.	80% of the first cohort completed training	

Change Idea #2 Continued implementation of flagging for violence risk

Methods	Process measures	Target for process measure	Comments
Continued encouragement and education on the use of the flagging system for violence risk.	% of required workplace violence individual client/patient assessments completed within 24 hours of admission	75% compliance of violence risk flag	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In-hospital Sepsis	C	Count / Other	IntelliHealth, MOH / (Apr-Dec 2023)	4.40	4.00	Target is 10% improvement from baseline	

Change Ideas**Change Idea #1** Improvements to Catheter Associated Urinary Tract Infection (CAUTI) rates

Methods	Process measures	Target for process measure	Comments
Deploy hospital-wide quality improvement ideas through a combination of program-specific and hospital interventions.	Rates of hospital acquired CAUTI per 100 patient days	Collecting baseline	

Change Idea #2 Daily mobilization goals

Methods	Process measures	Target for process measure	Comments
In partnership with Activation Team and Interprofessional Practice improve education and awareness on the needs for non-PT/OT led mobilization. Impact to pressure injury prevention and management.	% of patient days with at least 3 appropriate mobilization activities indicated in patient chart.	Collecting baseline	

Change Idea #3 Re-evaluate and refresh corporate infection rate data.

Methods	Process measures	Target for process measure	Comments
Corporate working group to validate and develop a series of outcome and process measures needed for organizational focus and improvement.	Percentage of data collection plan implemented.	100% implemented	