HQO Domain	Objective	Measure/Indicator	Unit/Population	Source/Period	Current Performance	Current Target	19-20 Target Draft		HQO	Indicator Lead	Executive Sponsor	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure
Efficient	Reduce ALC	ALC Rate - % of patients who are ALC	All IP beds (CCC,MH, Rehab)	IPORT	11.7% (Q3) - expect 13-14% for YE forcast	19.90%	14.50%	Lower is better	Priority	P.Kolowickz Eleanor Groh	J.Karb/S.Grbevski	1. Standardized Discharge Rounds 2. Development of supporting Policiesand Screenign Tools to support appropriate admission. 3. Review Role of ACT services to support	1. Continuation of the standardized complex discharge rounds (CDR) and 90 day ALC reviews as part of a robust discharge planning policy. Documnetation tool has been developed to capture the finding of the CDR and ALC review 2. DEvelopment of robust admission policy, including criteria and with input from patients/famiies , to guide admission to HDGH. Review ALC admission screening tools already in use across Ontario for the purpose of adopting for HGH. 3. Engage in discussions regarding review of ACT services to discuss barriers for discharge from TNI	1. 100% of ALC patients have a CDR /ALC review 2. 100% of all patints considered for admission would have screening tool completed	1. 100% 2. 100%
Timely	Improve Information Flow to Primary Care /System	Discharge Summaries sent from hospital to community care provider within 48 hours of discharge (Rehab)	All IP Beds	Mmodal Transcription System /Manual	73% (Rehab)	currently 7 days target - 68% approx 52% meeting target overall for 48 hours . 34% - Complex - REhab 73% , TNI - 30%	80%	Higher is better	Priority	A.Murray	A.Steen	1. Develop best practice work plan with physicians/MQA to increase timeliness of dictation 2 Develop HIM improvement plan to improve timeliness of the transcription turnaround times.	1. Review current state process and map out future state (including with HIS implementation) to identify gaps from physician perspective and develop workplan 2. Work with vendor to improve reporting to monitor and flag transcription times . Establish baseline dictation to transcription times . 3. Work with vendor to address number of transcribed reports going to the review que and being delayed . Currently 46% (estimated)	1. Implement workplan itmes identified in gap analysis for 19-20 2. Monitor dictation to transcription times 3. Reduction in Number of discharge summaries going into hold que for review.	1. 100% identified tasks completed prior to March 2020. 2. Set target based on baseline review. 3. Reduce by 15%
Patient-Centred	Improve patient experience	Did you receive enough information on discharge - % excellent score	CCC/Rehab	Real Time Internal Discharge Survey	38% - NRC 57% real time	57% - real time (Jan 2018 - Dec 2018)	62%	Higher is better	Priority	A.Murray /E.Groh	A.Steen /J.Karb	Implement all patient experience workplan items supporting to discharge information	1. Create discharge package with input from patients/families and real time survey feedback 2. Creation of Caring About Your Discharge Brochure 3. Creation of Discharge Sheet for Patients with all follow up informaiton (based on feedback from real time survey's) 4. Monitor impacts of Medication REconciliation imrpovements on patient experience 5. REview planning opportunity for follow up discharge call process	1. Implement Improvement Initiatives by end of 19/20- 100% 2 Monitor Patient Experience - I understand my medications.	1. 100% 2. improve 20% over baseline (18/19 YE)
Safe	Reduce employee related workplace violence incidents & injuries	total overall # of workplace violence incidents (as per OH& S definition) - new mandatory indicator	All	Hospital Collected - OH & S	30YTD (Q3)	CB	CB	Lower is better	Mandatory	S. McGeen	M. Benson-Albers	Continued Implementation of Workplace Violance Workplan for 19-20 identified items .	1. Completion of communications plan roll out 2. Development of work group to research best practice and create chart flagging process that focuses on patients and staff . 3. Review of Violence Risk ASsessment tool with input from Joint Health and SAfety Committee, managers, frontline staff and patients. 4. Review of education/training for staff to determine any enhancements that should be introduced.	1. Communications Plan rollout completed - 100% of tasks identified for 19/20	1. 100% communication tasks completed
Effective	Early Identification of Palliative	% of documented assessment of needs for palliative care patients	CCC/Rehab	Hospital Collected - manual until EMR implementation	CB	CB	CB		Priority	E.Groh	J.Karb	Develop a Palliative Care working group	1. Establish baseline through review of current state analysis . Develop Plan for non-palliative care unit trigger process /Pallative Care Dcoumentation and chart review . 2. Review HQO Palliative Care standards and identify processes and supporting documentation tools and create a best practice work plan .	1. Review documentation on all flagged palliative patients identified as at risk of dying and in need of palliative care. 2. Verify palliative documentation on medical record	1. 100% reviewed 2. 100% of records reviewed
Effective	Reduce readmission rates for mental health and addictions	Rate of psychiatric (mental health and addiction) discharges that are followed within 30 days by another mental health and addiction admission	MH - IP	OMHRS/MH	6% (Q3)	6%	6%	Lower is better	Priority	P.Kolowickz	S.Grbevski	Review Program Strucutre for TNI Intake	1. Combine Existing TNI intake with ACT so there is single point, coordinated access fr tertiary and ACT services using a standarized process for program acceptance.denial and appeal. 2. Wait List management to help improve efficienceis and faciliate access for clients that need ACT support to prevent acute care readmission.	1. Standard Process established . 2. Wait list management process established 3. Monitor patient experience metrics related to access on new OPOC survey for TNI /ACT services.	
Effective	Increase proportion of patients receiving medication reconciliation upon discharge	Medication Reconciliation on discharge: The total number o f patients with medications reconciled as a proportion of the total number of patients discharged from hospital (excluding deaths)	CCC/Rehab/MH	HMM/hopsital collected	CB	CB	95%	Higher is better	Priority	M.Campigotto	J.Karb	Continued Implementation of work plan.	1. Standardize discharge med rec process and forms throughout organization(inpatientand outpatient clinci areas 2. Develop training strategies and roll out plans to inter-professional team 3. Complete software development to support and capture reporting and data for completed discharge med recs in electronic system	1.. Implementation completed in 100% of areas identified . 2. Education /training completed in all areas 3. Software and report requirement identified are 100% completed	1. 100% 2. 100% traning identifed completed