

Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data.	P	Rate per 100 inpatient days / All inpatients	WTIS, CCO, BCS, MOHLTC / Jul 2019 - Sep 2019	15.00	12.00	This target represents a 20% decrease in ALC dates per 100 inpatient days.	

Change Ideas

Change Idea #1 1. Increased written communication to family/patients upon admission regarding LTC options and impact of extended stay in acute care for ALC patients

Methods	Process measures	Target for process measure	Comments
Written material and verbal discussion.	Monitoring ALC rates and patient/family # of choices on LTC wait lies		All patients and family will receive written material and a one to one discussion with a healthcare provider regarding LTC, choosing multiple sites and the benefits to decreasing time in acute care facility.

Measure **Dimension:** Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital.	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	58.00	79.00	AMGH in process of updating transcription software.	

Change Ideas

Change Idea #1 Increased accountability measures for timely dictations of discharge summaries.

Methods	Process measures	Target for process measure	Comments
Prompt collection of medical records from unit and validation.	Number of discharge summaries completed within 48 hours	79% of discharge summaries will be delivered to primary care within 48 hours	

Change Idea #2 Implementation of upgrades software program for physician voice recognition dictations and editing features.

Methods	Process measures	Target for process measure	Comments
Implementation of stages software upgrades, training of physicians and transitions from transcription service to physician driven transcription.	Number of physician dictations vs. transcriptions	Goal as indicated in QIP.	

Theme II: Service Excellence

Measure	Dimension: Patient-centred							
Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	
Percentage of complaints acknowledged to the individual who made a complaint within five business days.	P	% / All patients	Local data collection / Most recent 12 month period	100.00	100.00	This is a legislated requirement and AMGH committed to 100% performance.		

Change Ideas

Change Idea #1 Review and revise patient feedback policy.

Methods	Process measures	Target for process measure	Comments
Clinical team to review current policy against legislation and best practice	Policy will be updated and staff education provided if required.	compliance with applicable legislation, processes and polices up to date	

Change Idea #2 Review RL6 reporting software, usage and alert system.

Methods	Process measures	Target for process measure	Comments
review of number of reports, completeness of reports and categorization of reports.	all complaints acknowledged as required. Analysis of complaints to identify opportunities for improvement.	All completed according to policy.	

Measure **Dimension:** Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Mental Health, ER and Acute patients would recommend this hospital to their family and friends.	C	% / All patients	In-house survey / April 1, 2020 - March 31, 2021	97.00	100.00	AMGH is committed to assuring all patient would recommend our facility to friends and family.	

Change Ideas

Change Idea #1 AMGH will review current method of collecting patient experience data

Methods	Process measures	Target for process measure	Comments
Collaborating with partner to better understand their systems of collecting experience data and engaging patients in the process.	Under development	AMGH will implement a new patient experience program in 2021	

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Proportion of hospitalizations where patients with a progressive, life-limiting illness, are identified to benefit from palliative care, and subsequently (within the episode of care) have their palliative care needs assessed using a comprehensive and holistic assessment.	P	Proportion / All patients	Local data collection / Most recent 6 month period	1.00	1.00		

Change Ideas

Change Idea #1

Methods	Process measures	Target for process measure	Comments
			AMGH will no longer report on QIP due to sustained 100%

Measure Dimension: Effective

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of unscheduled repeat emergency visits following an emergency visit for a mental health condition.	P	% / ED patients	CIHI NACRS / April - June 2019	20.80	15.50	AMGH continues to develop and improved our Community Mental Health Services to provide effective transitions from IP to OP.	

Change Ideas

Change Idea #1 Ongoing review and improvement of Community Mental Health Services and partnerships with Mental Health Care providers in Huron and Perth

Methods	Process measures	Target for process measure	Comments
Ongoing participation in collaborative working groups, evaluation of services and our ability to meet the needs of our patients.	This item is a potential indicator/target for the HP OHT.	This will be determined at the regional level.	

Measure **Dimension:** Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	M	Count / Worker	Local data collection / Jan - Dec 2019	36.00	40.00	AMGH continuing to build a culture of identification and reporting and implementing further safety initiatives.	

Change Ideas

Change Idea #1 AMGH will be adding increased security features if funding secured including upgrades to our personal alarm system for staff.

Methods	Process measures	Target for process measure	Comments
Implementation of new technology for personal safety alarms.	Once funding obtained measures will be identified.	All staff at risk will have access to personal alarms.	FTE=248