

AIM	Mackenzie Health	Quality dimension	Measure							Change				
			Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)

Theme I: Timely and Efficient Transitions	Timely	The time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room.	M A N D A T O R Y	Hours / All patients	CIHI NACRS, CCO / Oct 2019– Dec 2019	701*	25.88	26 hours	Mackenzie Health will use this indicator to improve patient flow. The 21/22 target will remain the same as 20/21 due to ongoing demands/uncertainty of the pandemic		1) Develop and implement a mechanism to monitor compliance of the weekend patient flow process	1. Establish a process that will monitor compliance with the weekend patient flow process (i.e. patient discharges) 2. Collaborate with the EPIC team to develop real time dashboards that monitor the weekend patient flow process	1. Percentage of milestone completion 2. Percentage of real-time EPIC dashboards implemented	1. 100% of milestone completion 2. 100% of real-time EPIC dashboards implemented	Improvement initiative not completed in 2020/21.
		Percentage of complaints acknowledged to the individual who made a complaint within 2 business days	C	% / All patients	In house data collection / April 2020 - December 2020	701*	97%	97%	Mackenzie Health will focus on improving complaints acknowledged to the person who made the complaint within two business days.		1) Strengthen the function of Patient Relations. 2) Disseminate communication on the Patient Relations function to all staff, physicians and leadership.	1. Increase the staff capacity by hiring another 1.0 FTE Patient Relations Coordinator. 2. Streamline complaints process to make it more efficient 1. Develop and implement a communications plan across Mackenzie Health that expresses the function of patient relations	1. Number of recruited patient relations coordinators 2. Percentage of patient relations files open for more than 60 days 1. Percentage of nursing units and medical departments that have received and acknowledged the communication on the revised Patient Relations function.	1. 1 FTE Patient Relations Coordinators recruited 2. 18% of patient relations files will remain open for more than 60 days 1. 100% of nursing units and medical departments will have received and acknowledged the communication on the patient relations function	In 2020/21, 22% of PR files were open for more than 60 days
Theme II: Service Excellence	Patient-centred	Percentage of respondents that responded "yes" to the following question: During your hospital stay, did nurses and doctors include you and/or your family in making decisions by respecting your choices?	C	% / Discharged patients	Vocantas automated phone survey / April 2020 - December 2020	701*	90	90.00	Mackenzie Health continues to work towards improving patient satisfaction utilizing real-time feedback survey results.		1) Enhance staff, physician and leadership communication as it relates to information sharing with patients and families	1. Conduct a current state analysis on information sharing with patients and families 2. Implement communication tactics (i.e. AIDET tool) to address gaps in information sharing.	1. Percentage of milestone completion 2. Percentage of units and medical departments where communication tactics have been implemented	1. 100% milestone completion 2. 100% of units and medical departments will have implemented the communication tactics	Improvement initiative not completed in 2020/21.
											2) Expand our Patient Partners Program to increase patient/family engagement in hospital committees and initiatives.	1. Recruit Patient Partners. 2. Embed Patient Partners meaningfully across the organization to co-design services and initiatives.	1. Percentage increase in the total number of Patient Partners. 2. Percentage of Patient Partners that were satisfied with co-design process	1. 20% increase in the total number of Patient Partners 2. 80% of the patient partners are satisfied with the co-design process	Improvement initiative not completed in 2020/21.
											3) Explore leading practices for patient satisfaction/experience tools that are valid and reliable	1. Select a valid and reliable patient satisfaction/experience tool that is consistent with Accreditation Canada 2. Implement the selected patient satisfaction/experience tool organizationally	1. Percentage of milestone completion 2. Percentage of milestone completion	1. 100% milestone completion 2. 100% milestone completion	
											4) Explore leading practice training programs that focus on universal skills for relationships for Mackenzie Health leaders and staff	1. Review leading practices on universal skills for relationships 2. Select 2 high-risk units to complete the universal skills for relationships training as a pilot	1. Percentage of milestone completion	1. 100% milestone completion 2. 2 units will have completed the universal skills for relationships training	Improvement initiative not completed in 2020/21.
		Percent of unscheduled repeat emergency visits following an		% / ED	CIHI NACRS /				Mackenzie Health will focus on reducing the		1) Review and understand current state of repeat mental health visits to the emergency department	1. Retrieve relevant data from CIHI 2. Conduct a current state analysis on repeat mental health visits to the emergency department and identify trends 3. Identify improvement initiatives to address gaps	1. Percentage of milestone completion 2. Percentage of milestone completion 3. Number of improvement initiatives identified based on gaps identified	1. 100% of milestone completion 2. 100% of milestone completion 3. 2 improvement initiatives identified based on gaps identified	

Effective	Emergency department emergency visit for a mental health condition.	P	% / All patients	In house data collection / April - June 2019	701*	23.20%	20.88%	number of repeat mental health visits to the emergency department		2) Implement an Emergency Department diversion program for mental health patients in collaboration with York Support Services Network					
	Medication reconciliation at admission: Percentage of admissions where all of the patient's medications were reconciled	C	% / All inpatients	In house data collection / April 2020 - December 2020	701*	63.00	75.00	Mackenzie Health will focus on improving compliance with medication reconciliation on admission by implementing more robust reliability structures. The 21/22 target will remain the same as 20/21 due to ongoing demands/uncertainty of the pandemic		1) Establish clear accountability to individual practitioners and unit-specific performance related to admission medication reconciliation	1. Implement provider-specific scorecards and mechanisms for accountability. 2. Implement unit-specific scorecards and mechanisms for accountability.	1. Percentage of milestone completion. 2. Percentage of units that have implemented unit specific admission medication reconciliation scorecards.	1. 100% milestone completion. 2. 100% of unit-specific admission medication reconciliation scorecards will be implemented.	Improvement initiative not completed in 2020/21.	
										2) Disseminate learnings from units with high medication reconciliation compliance rates organizationally	1. Develop and implement rebost internal communication plan about medication reconciliation. 2. Increase awareness by attending safety huddles to discuss the importance of medication reconciliation	1. Percentage of milestone completion. 2. Percentage of safety huddles attended on selected units/departments	1. 100% milestone completion. 2. 100% of selected units and department safety huddles attended.		
										3) Implement a pharmacist medical directive for vitamins and herbals.	1. Implement an evidence-based medical directive which will allow pharmacists to reconcile over-the-counter medications that were not been ordered on admission 2. Train pharmacists on the new pharmacy directive 3. Monitor compliance with the medical directive	1. Percentage of milestone completion 2. Percentage of pharmacists trained on the Pharmacy Medical Directive 3. Percentage of compliance amongst pharmacists who have been trained on the Pharmacy Medical Directive	1. 100% milestone completion 2. 100% of pharmacists trained on the Pharmacy Medical Directive 3. 100% of pharmacists trained on the Pharmacy Medical Directive will be using it to reconcile over-the-counter medications that were not ordered on admission.		
										4) Implement medication reconciliation Accreditation requirements in selected ambulatory clinics	1. Conduct Accreditation gap analysis in 4 ambulatory clinics 2. Develop workplans to address identified gaps. 3. Implement and standardize BPMH/medication reconciliation process across selected ambulatory clinics	1. Percentage of ambulatory clinics with completed gap analysis. 2. Percentage of milestone completion. 3. Percentage of ambulatory clinics with standardized BPMH/medication reconciliation process.	1. 100% of ambulatory clinics with completed gap analysis. 2. 100% of milestone completion. 3. 100% of ambulatory clinics will have the standardized BPMH/medication reconciliation process implemented		
	Rate of Central Line-Associated Primary Bloodstream Infections (CLI) in the Intensive Care Unit (ICU). Number of ICU patients with new central line-associated primary blood stream infection per 1,000 central line days	C	Rate per 1,000 / ICU patients	In house data collection / April 2020 - December 2020	701*	4.94	3.06	Mackenzie Health's goal is to reduce the number of CLIs in the ICU. The 21/22 target will remain the same as 20/21 due to ongoing demands/uncertainty of the pandemic		1) Implement and optimize evidence based insertion and maintenance bundles in the Intensive Care Unit (ICU)	1. Adapt current protocols/processes to align with best practices 2. Optimize maintenance bundle and CVC LDA documentation 3. Educate ICU staff and physicians on adapted protocols/processes as it relates to insertion and maintenance bundles 4. Develop and implement a maintenance audit structure	1. Percentage of milestone completion. 2. Percentage of milestone completion. 3. Percentage of ICU staff and physicians who have received education on the new practices 4. Increase compliance with maintenance of Central Lines	1. 100% milestone completion. 2. 100% milestone completion. 3. 100% of ICU staff and physicians will receive education on the new practices 4. Increase compliance with maintenance of Central Lines by 20%	Maintenance of central compliance rate lines will be determined in Q1. Target to be set for Q2	
										2) Optimize EPIC to capture insertion and maintenance bundle compliance	1. Collaborate with ICAT to ensure insertion and maintenance bundles are captured accurately in EPIC 2. Develop a workbench report to improve accessibility of compliance data	1. Percentage of milestone completion 2. Percentage of milestone completion	1. 100% of milestone completion 2. 100% of milestone completion		
										3) Optimize access to validated and real-time CLI rates in the ICU	1. Establish a structure for real-time validation of CLI data. 2. Ensure that accurate CLI data is included in ICU's departmental trending dashboard 3. Implement an electronic dashboard that displays real-time and validated data of CLIs	1. Percentage of milestone completion 2. Percentage of milestone completion 3. Number of ICU Quality dashboards displaying CLI data on quality board	1. 100% of milestone completion 2. 100% of milestone completion 3. 2 ICU quality dahsboards displaying CLI data on quality board	Improvement initiative not completed in 2020/21.	
	Theme III: Safe and Effective Care	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	M A N D A T O R	Count / Worker	Local data collection / Jan - Dec 2019	701*	65	100	Mackenzie Health's goal is to continue working on reducing the number of workplace violence incidents. Recognizing that Mackenzie Health will now be a two-site model, the target will remain the same for		1) Promote governance and leadership structure that supports reporting of workplace violence incidents	1. Ensure the Hospital Workplace Violence Committee takes every reasonable effort to identify all potential sources of violence with the focus on eliminating or mitigating risk 2. Promote Crises Management Team offered through EAP Program to respond to team members who were impacted by safety events	1. Percentage of committee meetings attended 2. Percentage of events being addressed through Crises Management Team	1. 100% of committee meetings attended 2. Increase in service utilization rates for EAP services	
											2) Assess the physical environment and operations for risk to ensure the workplace is safe for all employees	1. Complete the Annual Workplace Violence Risk Assessment at all sites and address gaps identified in the Annual Workplace Violence Risk Assessment through the implementation of corrective/preventive actions 2. Participate in space planning at MVH to ensure safe work environments	1. Rate of compliance with the Annual Workplace Violence Risk Assessment 2. Percentage of space planning meetings attended	1. 100% of Annual Workplace Violence Risk Assessment by September 2020 for existing sites and June 2021 for MVH 2. 100% of space planning meetings attended	

