

Access and Flow

Measure - Dimension: Timely

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of patients who visited the ED and left without being seen by a physician	O	% / ED patients	CIHI NACRS / April 1st 2023 to September 30th 2023 (Q1 and Q2)	5.88	5.00	The target for 24-25 is to improve the LWBS % to our peer small volume community hospitals and we are aiming to have similar metrics at the Smith's Falls as we do at the Perth site.	

Change Ideas

Change Idea #1 PSFD will develop change ideas to improve LWBS (%) at the Smith's Falls and Perth Emergency Departments. We intend to gather information by performing patient call-backs to understand the themes and the "why" behind why patients leave the ED without being seen by the ED physician.

Methods	Process measures	Target for process measure	Comments
Data collection and patient call-backs will help establish our baseline information. The Quality Team will review the data and determine the countermeasures/opportunities that will help improve the LWBS %.	The process measure will be defined when we gather enough data through patient call-backs. The goal will be to implement 1-2 change ideas to improve LWBS (%) at the Smith's Falls site	Our target is a 5.0% LWBS rate. The goal is to align closer with our peer hospitals and to have both our Emergency Departments performing at the same rate.	The majority of our data collection will be manual chart audits and patient call-backs. The LWBS % data varies between Smith's Falls ED and Perth ED and the Quality Team will analyze this data.

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	0.00	100.00	This is year 1 of PSFDH's Health Equity Plan and focus will be on providing education to the Board Directors and Executive Management with focus on Unconscious Bias and Indigenous Health in Canada.	

Change Ideas

Change Idea #1 Year 1 of PSFDH Health Equity Plan. We will roll out our plan and we will include education to the Board, Executive Team and the PSFDH Health Equity Committee members.

Methods	Process measures	Target for process measure	Comments
Education will be provided to the Board and Executive Team. Areas of focus will include Unconscious Bias and Indigenous Health in Canada. The education will be completed by Q4 for the Board Directors and Executive team.	Education modules will be provide to eligible over the course of the fiscal year 24-25. The completion rate will be tracked by the Health Equity Committee.	Our target is to have 100% of our Board Directors and Executive Team complete the education modules.	All Board Directors and Executives will have education as a part of our year 1 Health Equity Plan. The PSFDH Health Equity Committee will monitor progress and completion rates.

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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?	O	% / Survey respondents	Local data collection / Most recent consecutive 12-month period	CB	70.00	Data will be collected in 2 programs in advance of the Qualtrics implementation. The data will be collected manually and will represent our baseline data in advance of Qualtrics. PSFDH will compare the manual data against the reported Qualtrics data.	

Change Ideas

Change Idea #1 Collect and measure patient experience manually in Perioperative Services and the Obstetrical Program until the official launch of the Qualtrics patient measurement tool.

Methods	Process measures	Target for process measure	Comments
Patients who are discharged will receive a questionnaire asking "Did you feel they received adequate information about their health and their care at discharge?" This information will be collected and reviewed by our internal Quality Committee.	Patients will be provided the questionnaire at their pre-op clinic and in the childbirth program. They will be asked to complete the questionnaire. The results will be collected and reviewed by our Quality Committee.	Data will be collected manually and baseline data will be established. Our goal is reach 70% satisfaction rate.	Once Qualtrics is rolled out, we will have baseline date to compare against ourselves. We will discontinue the manual questionnaire process once Qualtrics is live.

Safety

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of workplace violence incidents resulting in lost time injury	O	% / Staff	Local data collection / Most recent consecutive 12-month period	30.00	20.00	Aligns with corporate strategic goals	

Change Ideas

Change Idea #1 Staff and physicians will be provided Non-Violent Crisis Intervention Training (NVCI). The goal is to continue educating staff and physicians to reduce incidents that result in harm or lost time.

Methods	Process measures	Target for process measure	Comments
Staff and physicians will be offered NVCI training through monthly education sessions. All eligible staff and physicians will be given virtual education and in-person education.	Offer monthly education sessions to all staff and physicians.	We will have a target of 100% completion rate for eligible staff and physicians.	Our target areas are the Emergency Department and Medical/Surgical Units. All physicians will be offered NVCI training.