Hospital 2023/24 Workplan

Central Navigation - Percentage of ambulatory mental health patients with a clinical contact within 14 days of referral

2023-24 Target	Target Justification
80% in Quarter 2 and Quarter 3 (Baseline 3.8%)	Although the target represents a significant increase from baseline, the team is confident it is achievable. New processes have been designed to ensure upstream clinical contact. The reporting period of Quarter 2 to 3 will allow the team to focus on process implementation in Quarter 1. • Population in scope: Patients serviced by Mental Health programs (Ambulatory Mental Health, Psychiatric Day Hospital, and Geriatric Psychiatry Community Services)

Change idea	Methods	Process measure	Target
Consolidate/centralize the triage function for referrals to services with the same chief complaint	Use quality improvement and design principles to redesign and streamline the process for triaging referrals to mental health services.	Full triage performed by Central Navigation with secondary triage at the program level eliminated	June 30, 2023
Expand the scope of Central Intake to include a clinical contact component earlier in the process	Redesign intake and referral processes to enable the patient's first clinical contact to be conducted by Central Navigation, ensuring early identification of their needs	Percentage of patients contacted by Central Navigation	80%
Implement a standardized approach to prioritize referrals	Develop an algorithm and standard process to assign a priority level to patients according to their needs.	Percentage of referrals assigned to a service/program with a priority category identified	80%
Enhanced tracking and monitoring of key access to care indicators (e.g., first contact and wait times)	In collaboration with Business Intelligence and Informatics, develop a report to share performance data with the team. With input from Mental Health Services, determine the best method to review data and discuss further opportunities for continuous quality improvement.	Report created, and process implemented	June 30, 2023

Percent positive responses ("always" and "most of the time") to the question - When you were admitted here, did you get the information you needed?

2023-24 Target	Target Justification
85% in Calendar Year 2023 (Calendar year 2022 performance – 81.5% with significant variation across quarters)	Providing information on admission is essential to Baycrest's efforts to partner with patients and families in their care while supporting their transition to a post-acute setting. Recognizing that pandemic-related restrictions continue to present communication challenges, as well as the time required to influence client experience results, a modest target increase is proposed. The organization will continue efforts to increase survey responses.

Change idea	Methods	Process measure	Target
Ensure appropriate information is provided to patients and families prior to admission to Baycrest	Based on gaps identified by staff, patients and families in regards to the communication of pandemic-related restrictions, create a pre-admission document outlining key information important to know prior to admission to Baycrest.	Pilot pre-admission document on one unit and identify action plan for spread	June 30, 2023
Identify a designated role to provide information to patients and families upon admission	Explore roles across the Hospital with the capacity to orient newly admitted patients and families. Specific role functions will include: providing admission booklets and an overview of the program and services, reviewing important safety topics, and providing key unit contacts should there be follow-up questions.	Pilot role across one unit and identify action plan for spread	September 30, 2023
Establish an annual review cycle for admission booklets	Complete the review for at least one booklet and translate into the top three patient languages in the Hospital.	Date review and translation completed	December 31, 2023

Percentage of complex continuing care (CCC) patients admitted to Hospital 6E with goals of care discussions documented in their medical record within six weeks of admission or re-admission (returning from acute care)

2023-24 Target	Target Justification
90% in Quarters 1 to 3 (Q1-Q3 2022/23 performance 95%)	At Baycrest, the majority of patients admitted to CCC have complex diagnoses and comorbidities and would benefit from a palliative philosophy of care. The proposed focus for fiscal year 2023-2024 is to continue to improve the process of Advance Care Planning, goals of care discussions, and psychosocial support for CCC patients. Learnings from quality improvement efforts implemented on Hospital 6E will be shared with other applicable units and a plan for spread will be confirmed.

Change idea	Methods	Process measure	Target
Design centralized template for the interprofessional team to capture Advance Care Planning and goals of care discussions in the Health Information System	Consolidate recommendations for a centralized template based on an assessment of fields within the current Health Information System, as well as an environmental scan of templates used across other organizations. Test the proposed template against various scenarios and revise accordingly.	Proposed template revised based on scenario testing	June 30, 2023
Revise and translate Advance Care Planning education materials	Evaluate content and appropriateness of current Advance Care Planning materials. Once revisions are incorporated, translate materials according to the top three languages at Baycrest	Launch revised and translated materials	June 30, 2023
Implement and sustain change ideas on Hospital 6E and share improvements with other applicable units to support spread planning	Implement and evaluate the sustainability of improvements made on Hospital 6E using the National Health Services (NHS) Sustainability Model. Changes to be assessed: • Admitting Nurse and Team Leader to collaborate on admission process and related education • Launch 6E family support group • Implement improvements to 6E interprofessional rounds • Communicate learnings to other CCC units and the Behavioural Neurology unit, and identify opportunities for spread	Sustainability and spread plans finalized	September 30, 2023
Leverage Experience Based Co-design methods to redesign patient and/or family-initiated Advance Care Planning conversations	Capture patient and family experiences through feedback sessions, experience questionnaires, and journey mapping to hear stories, identify emotions and process touchpoints in order to co-design conversations.	Experience Based Co-design events complete on Hospital 6E (CCC unit)	December 31, 2023

Pressure injury (PI) incidence rate, stage 2 or greater (All CCC units as per previous years, with expansion to 3 East Transitional Care and 7 East Low Tolerance Rehab)

2023-24 Target	Target Justification
0.18 in Quarters 1 to 3 (FY 2022-23, Q1-Q3 performance 0.25)	Baycrest will continue its focus on pressure injury prevention. Comparisons against Minimum Data Set (MDS) benchmarks highlight the opportunity to improve; further, the target was not met in the past two fiscal years. Indicator calculation in fiscal year 2023/24 will include two additional units - 3 East Transitional Care and 7 East Low Tolerance Rehab. The historical target of 0.18 will be maintained for fiscal year 2023-24.

Change idea	Methods	Process measure	Target
Revise Prevalence & Incidence study data collection methods	Update the data collection process to ensure there is a: • Determination as to whether pressure injuries identified during prevalence studies were acquired at Baycrest. • Reliable process to identify patients with pressure injuries that have worsened.	Revised data collection methods piloted	June 30, 2023
Identify requirements for the future Health Information System in terms of documenting the prevention, assessment and management of pressure injuries	Conduct a gap analysis based on documentation fields and interventions available in the current Health Information System in order to identify future requirements.	System requirements finalized	June 30, 2023
Revisit the strategy for repositioning of patients	Evaluate the effectiveness of the repositioning plan by obtaining feedback from the interprofessional team. Engage patients and families, obtaining feedback on the repositioning process as well as education received regarding pressure injury prevention.	Themes captured and analyzed and action plan developed	September 30, 2023
Implement Wound Rounds across Complex Continuing Care (CCC) units	• Conduct a current state assessment of Wound Rounds to identify gaps and improvement opportunities across CCC units. • Implement a structure and standard work for facilitating and participating in Wound Rounds.	Standardized Wound Rounds implemented across CCC units	December 31, 2023

Percentage of patients admitted to 7W screened for delirium within 24 hours of admission

2023-24 Target	Target Justification
85% in Quarter 2 and Quarter 3 (April – December 2022 performance 76.8%)	The successful implementation of the Delirium Quality Standard released by Ontario Health in 2021 requires consistent diagnosis and documentation of delirium. The percentage of patients admitted to 7W between April and December 2022 who were screened for delirium within **48 hours** of admission was 81.4%. Although screening within 48 hours is the current expectation at Baycrest, the team is aiming to adjust this expectation to **24 hours** given that Baycrest patients are at high risk (April – December 2022, 76.8% of patients were screened within 24 hours).

Change idea	Methods	Process measure	Target
Transition from screening completion within 48 hours of admission to 24 hours of admission	Consult with Baycrest staff and physicians to understand any potential barriers, develop solutions to overcome these barriers, and modify relevant tools and templates (e.g., admission checklists and admission order set in Meditech)	Roll-out of the change complete (i.e., education & communication complete and tools / templates updated)	June 30, 2023
Confirm the method / tool to be used to screen patients for delirium based on a review of literature, observation of the current screening process, and discussions with staff and physicians	Between April to November 2022, 30,000 Confusion Assessment Method (CAM) screenings were completed across Baycrest; only 19 were positive (5 out of 292 CAMs completed on 7W High Tolerance Rehab unit were positive). The team will confirm if there is opportunity to improve the use of the CAM or transition to a different screening tool.	Go-forward delirium screening tool / method confirmed	May 31, 2023
Standardize the interprofessional communication following a positive delirium screen and/or diagnosis of delirium	Confirm the communication expectations following a positive delirium screening test.	Process confirmed and communicated (Health Information System templates updated)	September 30, 2023
Ensure patients and families receive education regarding delirium prevention and identification	Collaborate with the client experience working group to embed delirium education into the admission process by exploring roles across the Hospital that have capacity to orient newly admitted patients and families.	Pilot role across one unit and identify action plan for spread	September 30, 2023

Corporate (Scope includes Apotex & Hospital)

Number of workplace violence incidents reported by hospital and Apotex workers within a 12-month period

2023-24 Target	Target Justification
330 in Calendar Year (CY) 2023 Represents approximately 10% increase over CY 2022	The number of workplace violence incidents reported via the Safety Event Reporting System continues to be below pre-pandemic levels, evidence of under-reporting. The proposed target represents a 10% increase in expected reports for calendar year 2022 – estimated based on three quarters of data. The indicator and scope of change ideas include both the Apotex and Hospital.

Change ideas	Methods	Process measure	Target
Reduce reporting barriers for staff & physicians by streamlining the incident reporting template in the Safety Event Reporting System	A simplified incident reporting template has been created in the test environment based on input from Occupational Health & Safety, Human Resources, Clinicians, and Operational Leaders. Occupational Health & Safety will obtain feedback on the impact of modifications (see Change Idea #3) and further opportunities to reduce the time required to report will be solicited from staff and physicians and implemented on an ongoing basis.	Date streamlined incident report template implemented and ready for use by staff & physicians	April 30, 2023
Implement a campaign and communication strategy to support Baycrest's Zero Tolerance policy applicable to violence, racism, discrimination, and microaggression	With support from Baycrest's Marketing & Communications team and input from Client Family Partners, staff, and physicians, the Workplace Violence Working Group will evaluate the impact of the planned poster campaign.	Date posters in use	April 30, 2023
In order to foster a culture of reporting, expand opportunities for education that reinforce the importance and value of reporting incidents of workplace violence	Occupational Health & Safety will track the number of huddles across the inpatient hospital units, ambulatory programs and Apotex care communities. Oversight of education efforts will be the responsibility of a Working Group comprised of Occupational Health & Safety, Human Resources, and Clinical and Operational Leaders.	Percentage of Apotex units, inpatient hospital units, and ambulatory programs participating in at least one session	100% before calendar year-end

Update Baycrest's Workplace Violence Policy to further clarify roles and responsibilities and ensure a standardized response following incidents of workplace violence, racism, discrimination, and microaggression. In parallel, the Workplace Violence Working Group will complete foundational work to support future implementation of: ▪ A risk assessment team with a documented role and requisite training to ensure individual incident follow-up ▪ An algorithm to guide consistent action in situations where staff / physicians experience racism, discrimination, or aggression, recognizing the fiduciary responsibility to provide treatment and care	The Workplace of Choice Committee, as the Terminal Committee for the Workplace Violence Policy will seek input on policy revisions and ensure proper stakeholder review before approving the updated policy.	Date by which the first phase of policy revisions is approved and associated education / communication complete	September 20, 2023
Address high priority recommendations emerging from the Workplace Violence Risk Assessment completed in 2022	The Occupational Health & Safety team will monitor workplan completion for high priority findings.	Percentage of high priority findings with action plans identified and executed	100% by December 31, 2023