Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Median of Wait Time for All Neuromotor therapy/services	C	Days / All patients	In house data collection / Jan - Dec	103.00	100.00	This would be a realistic, stretch target that is reflective of current referral rates and program capacity	

Change Ideas

Change Idea #1	Designing a needs-based model for clients based on medical and social needs for each client.

Methods	Process measures	Target for process measure	Comments
In-house data collection	% of clients for whom needs-based model will be implemented.	50% clients receiving the needs-based model for care services.	

Change Idea #2	Better prioritize clinician schedules to balance new vs. follow-up by implementing a scheduling dashboard to track new vs. follow-ups for therapy professionals.

Methods	Process measures	Target for process measure	Comments
In house data collection	Process measure: % of new vs. follow-up appointment Balancing measure: Follow-up wait times	Collecting baseline	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of survey responses for clients who completed the Sociodemographic Survey	C	Count / All patients	Hospital collected data / Jan-Dec	1197.00	1500.00	Organizational data collection process aligned with strategic plan.	

Change Ideas

Change Idea #1 Sustain data collection activity and optimize collection methods			
Methods	**Process measures**	**Target for process measure**	**Comments**
Dashboard refinement to support understanding of collection activity across all delivery methods (initial and follow-up registration points, connect2care, appointment reminder emails) such that we can target improvement activities	# completed surveys through registration (main floor and second floor) # completed surveys through connect2care portal # completed surveys through Qualtrics/appointment emails	Sustain total volume of collections across all means (1500) with ability to differentiate source of collection via dashboard	

Change Idea #2 Develop infrastructure to support data integration and analysis to understand disparities in care outcomes, experience, and access			
Methods	**Process measures**	**Target for process measure**	**Comments**
Integration and analysis of data from SDD data and other sources such as outcomes data in identified program areas (e.g., Employment Pathways program) and safety event data	Successful roll-out of the integrated data model within this FY.	Collect baseline via the new integrated approach.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of 'excellent' rating by clients and/or families to the question: Overall how would you rate Holland Bloorview	C	% / All patients	Hospital collected data / Jan-Dec	81.70	65.00	Ongoing adaptation to the current survey vendor and collection methods. Maintain strong client experience.	

Change Ideas

Change Idea #1 Sustain data collection activity and optimize collection methods

Methods	Process measures	Target for process measure	Comments
In-house data collection	# of completed surveys via Qualtrics.	Maintain or exceed 65% completion rate	

Change Idea #2 Drive QI initiatives by disseminating patient experience results on a quarterly basis.

Methods	Process measures	Target for process measure	Comments
In-house data collection	Successful initiation of at least one QI project within this FY	Collect baseline for this FY.	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Ratio of repeated workplace violence incidents (same initiator) to total number of workplace violence incidents	C	% / Staff	Hospital collected data / Jan-Dec	46.49	45.00	Continued focus on preventing workplace violence. Focusing on proactive safety approaches and decreasing events in ambulatory areas.	

Change Ideas

Change Idea #1	Utilize proactive safety tools when behavioral safety needs are identified to prevent reoccurrence, e.g., Walk through talk through, learning teams, and team huddles to make comprehensive and collaborative safety plans.

Methods	Process measures	Target for process measure	Comments
In-house data collection	# of code whites activated Monitoring for employee harm # of safety plans implemented	Maintain or remain below the current target of 45%.	Compare this with employee harm data.

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of Pressure Injuries Greater Than Stage 2 and Unstageable per 1000 patient days	C	Rate per 1,000 patient days / All inpatients	Hospital collected data / Jan-Dec	0.20	0.20	Working toward Solutions for Patient Safety (SPS) network aspirational target.	

Change Ideas

Change Idea #1   Continue to implement the SPS evidence-based bundle of techniques to reduce PI

Methods	Process measures	Target for process measure	Comments
In-house data collection	To aim for less or equal to the SPS centerline for a PI =/> than a stage 2 on a rolling 12 month average.	0.20 is the target for this year	

Change Idea #2   Continue to conduct PI audits to evaluate adherence to bundle elements

Methods	Process measures	Target for process measure	Comments
In-house data collection	% audits completed that were compliant with implementing the PI evidence-based bundle of techniques. Complete PI audit/month across all three inpatient units (SPRD, BIRT, CCC)	10 audits/month	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Medication reconciliation completed for inpatients at discharge	C	% / All inpatients	Hospital collected data / Jan-Dec	99.94	95.00	Maintain maximum target	

Change Ideas

Change Idea #1 Ongoing education for clinicians not completing medication reconciliation at discharge.

Methods	Process measures	Target for process measure	Comments
In-house data collection via education sessions	Continue sharing medication reconciliation audit data at Medication Committees	Maintain current level of performance	