Equity

Measure - Dimension: Equitable

Indicator #2	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	CB	CB	collecting baseline	

Change Ideas

Change Idea #1 "The Equity Diversity and Inclusion (EDI) Committee of STEGH will engage with community organizations to ensure that staff have up to date, relevant training available both in person and online (3 LMS modules). The EDI Committee will complete an assessment of learning needs and demographics this year to support the development of an EDI framework for the organization."

Methods	Process measures	Target for process measure	Comments
"Learning system will track completed e-learning sessions. EDI Committee will track learning events and attendees. "	"% of active staff who have completed LMS training # of EDI training events offered % of physicians who engage in EDI training % of leaders who have completed Indigenous Cultural Safety training "	"1) 90% of active staff completed LMS training by January 31, 2024. 2)The EDI Committee will initiate six learning events for staff by January 31, 2024. 3) 60% of privileged physicians will complete three EDI modules by March 31, 2025. 4) 100% of hospital leaders will complete the Indigenous Cultural Safety module by December 31, 2024."	Custom indicator.

Experience

Measure - Dimension: Patient-centred

Indicator #3	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	90.00	New indicator for STEGH.	

Change Ideas

Change Idea #1	"1) Develop a standardized practice to engage patients during the post discharge period to ensure they received enough information at discharge and understand their instructions. Implement the new process by December 31, 2024. "		
Methods	Process measures	Target for process measure	Comments
"Engage internal stakeholders to review and validate content in current OneChart discharge module to suggest amendments if determined to be required. Create the Discharge Phone Call process with internal stakeholders including staff expectations and monitoring metrics. Present Discharge Phone Call process to Patient Experience Council to obtain feedback. Provide staff education and training on the new process. Implement the new process. "	"Review current discharge module in OneChart with stakeholder group by July 31, 2024. Collaborate with Clinical Informatics to coordinate amendments to the form (if determined from stakeholder engagement) by August 31, 2024. Create draft Discharge Phone Call process by September 30, 2024. Present proposed process to Patient Experience Council by September 30, 2024. Deliver education and training to applicable staff via huddles by November 30, 2024. Implement new process on inpatient units (Acute Medicine, Women's & Childrens, Surgical, Intensive Care Unit by December 31, 2024. "	"The Discharge Phone Call process will be fully implemented by December 31, 2024. "	Patient Experience Specialist to lead project and monitor performance.

Change Idea #2	#2Develop a process to monitor and evaluate reported complaints/barriers verbalized by patients during the discharge phone call follow up process to inform where opportunities exist to improve the patient's discharge experience.		
Methods	Process measures	Target for process measure	Comments
"Engage internal stakeholders (Patient Experience, Clinical Informatics etc.) to develop an appropriate report from the Discharge Feedback Form in OneChart. Establish an internal working group to review data, discuss trends and strategize improvements. Create a process to share data and engage frontline staff in the improvement process. "	"Collaborate with Clinical Informatics to have a report generated by July 31, 2024. Schedule quarterly meetings with the internal stakeholder group by May 31, 2024. Share data and summary of findings at AMU 4 and AMU 5 inpatient huddles on a monthly basis beginning June 30, 2024. Implement at least one improvement initiative per quarter to reduce reported barriers to discharge beginning September 30, 2024. "	The process to monitor and evaluate reported barriers will be fully in place by December 31, 2024.	Patient Experience Specialist to lead project and monitor performance.

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
"Medication reconciliation at admission: Total number of admitted patients for whom a Best Possible Medication Admission Plan was created as a proportion to the total number of patients admitted."	C	% / Hospital admitted patients	In house data collection / 24/25	78.00	80.00	New indicator for STEGH.	

Change Ideas

Change Idea #1 "Patients admitted to hospital via the Emergency Department (ED) will have their admission medication reconciliation completed by the most appropriate prescriber. "

Methods	Process measures	Target for process measure	Comments
"Update the MRP onboarding package to clarify accountabilities of Emergency Department Physicians and the Most Responsible Physician (MRP). Update the education guide for Emergency Department staff. Implement process change. Pilot designated pharmacist in the Emergency Department."	"Update the physician learning package by October 31, 2024. Provide program metrics to Pharmacy and Therapeutics Committee monthly for discussion by October 31, 2024. Provide program metrics with Medical Advisory Committee annually by December 31, 2024. Create a weekly report monitoring percentage of completed medication reconciliation at admission by December 31, 2024. [Note. Patients who are Expired, Signout Against Medical Advice and admissions with length of stay of 30 hours or less along with OB, ENT, GYN will be excluded from the calculation.] Launch dedicated ED pharmacist pilot by December 31, 2024."	By December 31, 2024, 80 % of patients admitted from the ED will have an admission medication reconciliation completed by the MRP within 30 hours.	Custom indicator aligned with hospital focus on creating an accurate Admission BPMH which impacts the quality of Discharge BPMH.

Measure - Dimension: Safe

Indicator #4	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	CB	0.00	New indicator for STEGH.	

Change Ideas

Change Idea #1	Update the RL6 Employee Reporting Form to allow the organization to collect, analyze, evaluate and share lost time data with team members.		
Methods	Process measures	Target for process measure	Comments
"Internal stakeholder engagement to determine the contents and definitions of employee severity levels. External stakeholder engagement to draft new severity levels in the test environment. Update policies, procedures and learning modules to reflect updates. Communicate RL6 Employee Reporting Form changes to staff. "	"Engage internal stakeholders to draft updated severity levels by August 31, 2024. Engage external stakeholder to draft employee submission form in the test environment by September 30, 2024. Test new submission form by October 31, 2024. Update policies, procedures and learning modules by October 31, 2024. Educate staff on new RL6 Employee Reporting Form changes by December 31, 2024. "	By December 31, 2024 update the RL6 employee reporting form.	Manager Risk and Policy to lead and provide regular updates to CNE.

Change Idea #2	Staff and leaders will have training to foster a safe environment and increase capacity and awareness when dealing with volatile and aggressive situations.		
Methods	Process measures	Target for process measure	Comments
"1) Organization will schedule Crisis Intervention Training (CIT) training at regular training intervals to staff. 2) 100% of management will complete Health and Safety Training for Leaders. 3) Mock Code Whites will occur on all clinical units."	"100% hospital managers (all levels) will have completed training in Health and Safety for Leaders by December 31, 2024. 100% of hospital managers (all levels) will achieve their target of the # of CIT trained active staff per unit by December 31, 2024. 100% of clinical in patient units will have participated in at least one mock code white with debrief."	Increase % of staff on survey that indicate: “My organization strives to create a safe environment for staff" from 80% to 85%.	

Change Idea #3	Foster a safe environment through security model changes.		
Methods	Process measures	Target for process measure	Comments
Move Security Services in house to ensure greater consistency of scheduled shifts, collaboration, and in-hospital training.	"Development of role clarity by December 31, 2024. Recruitment of STEGH security staff by December 31, 2024 Educate STEGH staff, physicians and volunteers on the new security model by December 31, 2024. "	Implement the new security model by December 31, 2024.	