			Lower is Better			1= Improve		
			Higher is Better			2= Sustain the gains		
AIM	**MEASURE**					**CHANGE**		
Objective	**Measure Indicator**	**Source/Period**	**2013/2014 Actual Performance**	**Target for 2014/15**	**Priority level**	**Planned improvement initiatives (Change Ideas)**	**Methods and process measures**	**Goal for change ideas (204/2014)**
ACCESS								
1.Reduce wait times in the ED (hours)	**ED Wait times:** 90th Percentile ED length of stay for Admitted patients. (hours)	Q4 2012/13– Q3 2013/2014, iPort	9.6	8.5	2	Sustain	Sustain	Sustain
	ED Wait times: 90th percentile ED Length of stay for complex conditions (hours)	Q4 2012/13– Q3 2013/2014, iPort	5.0	5.0	2	Sustain	Sustain	Sustain
	ED Wait times: 90th percentile ED Length of Stay for non-complex conditions (hours)	Q4 2012/13– Q3 2013/2014, iPort	3.0	3.0	2	Sustain	Sustain	Sustain
	ED Wait times: 90th percentile Physician Initial Assessment for all ED patients (hours)	Q4 2012/13– Q3 2013/2014, iPort	2.5	2.2	1	1) Continue to review staffing resources to ensure our capacity meets the demands of patient arrivals 2) Co complete Value stream map to examine opportunities for improvement from patient arrival to MD assessment time 3) Develop robust Physician report card to provide feedback to individual physicians on PIA 4) Continue to monitor performance compared to area ED`s	1) Complete staff and provider backlog analysis for Patient arrival 2) Continue to streamline processes that impede PIA times 3) Monthly Physician report card is shared with ED physicians 4) Monthly run chart comparing SMH PIA time to area hospitals	1) Staff and provider backlog analysis will be completed by March 31, 2015 2) Process Improvement identified by the VSM will be implemented by March 31, 2015 3)Monthly Physician report cards will be made available as of Sept. 1, 2015 4)Monthly run charts will be available as of April 1, 2015
EFFECTIVENESS								
2.Improve organizational financial health	**Total Margin (consolidated):** Percent by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year.	OHRS, MOH Q3 2013-2014	0.39%	0.00%	2	Sustain	Sustain	Sustain
INTEGRATED								
3.Reduce unnecessary time spent in acute care	Percentage ALC Days. Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days	Ministry of Health Portal Q3 2012-2013-Q2 2012-2013	18.45	15%	1	1) Continue with weekly Joint Discharge Operational Rounds on Thursdays with CCAC and other external partners 2)Continue to work with Community Partners through the Integrated Care Council 3)Continue to work with Central LHIN and MOHLTC to provide additional Home First Community resources 4) Continue to participate with South Simcoe Northern York Health Link to identify support for Medically Complex patients in our community	1)JDO rounds sill be completed weekly 2) Integrated Care Council will complete regional scan of opportunities for collaboration 3) Response time for Home first support will be improved within the Central LHIN 4) All Medically Complex patients identified in Acute care will be provided local primary care support	1) 100% of the time JDO rounds are completed weekly 2)Quarterly Integrated Care council meeting will be held 3) Home first referrals will be supported in the community within 5 days of referral to the CCAC 4) 100% of Medically Complete Patients will be referred for local primary care support

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4.Reduce unnecessary hospital re-admissions	Readmission rate to any facilities within 30 days for selected CMGs for any cause. The rate of non-elective readmissions to any facility within 30 days of discharge for selected CMGs	DAD.CIHI Q3 2012-2013- Q2 2013-2014	17.70%	15%	1	1) Implement Best Practices for CHF 2) Implement Best Practices for COPD 3) Implement Best Practices for Stroke 4) Continue to partner with South Simcoe Northern York Health Link	1)Patients discharged home and identified with CHF will have documented primary care appointments within 7 days of discharge, medication reconciliation on discharge 2) Patients identified with COPD will have documented primary care appointments booked within 7 days of discharge and medication reconciliation on discharge 3) Patients identified with Stroke will have documented primary care appointments booked within 7 days of discharge and medication reconciliation on discharge 4) Health Link patients will have Coordinated care plans completed	1) 80% of all CHF patients discharged home will have primary care appointments booked within 7 days of discharge 2)80% of all COPD patients discharged home will have primary care appointments booked within 7 days of discharge 3)80% of all Stroke patients discharged home will have primary care appointments booked within 7 days of discharge 4)100% of enrolled Health Link patients will have Coordinated Care Plans completed within 30 days of discharge
PATIENT-CENTERED								
5.Improve patient satisfaction	Percent positive score: "Overall, how would you rate the care you	NRC Picker Oct 2012.-Sept. 2013	92.8%	92%	2	Sustain	Sustain	Sustain
SAFETY								
6.Increase proportion of patients receiving medication reconciliation on Admission	Medication reconciliation on admission: The total number of patients with medication reconciliation reconciled as a proportion of the total # patients admitted	Random Sample of all admitted patients identified each quarter	TBD	75%	1	1)Medication reconciliation literature indicates that increases in Best Possible Medication History (BPMH) rates correlate with increases in medication reconciliation. SMH will provide Pharmacy support to improve BPMH completion 2) Develop audit process to provide feedback to the programs with respect to medication reconciliation 3) Accreditation ROP for Medication Reconciliation on Admission will be reviewed by clinical teams	1) Pharmacy team will complete Best Possible Medication History within 24 hours of admission 2) Monthly medication reconciliation data will be monitored and provided to the clinical teams 3) Best Practices for Medication Reconciliation on Admission will be implemented	1) Implementation of Pharmacy Technicians for Best Possible Medication History will be completed by June 1, 2014 2) Monthly medication reconciliation data will be provided to the clinical teams 3) 100% of all Accreditation Required Operational Practices will be implemented by March 31, 2015
7.Reduce hospital acquired infection rates	Clostridium Difficle rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI, divided by the number of patient days in that month, multiplied by 1,000	Rate per 1,000 patient days / all patients	0.000	0.000	2	Sustain	Sustain	Sustain
Reduce Inpatient Falls with Outcomes	Rate of Falls with Outcomes per 1000 inpatient days: Total number of falls with a		0.0004	0.0004	2	Sustain	Sustain	Sustain
Improve medication reconciliation compliance for Discharged Patients	Percent of Adult Patients discharged on the Med-Surg Unit receiving medication reconciliation on discharge .	Random Sample of all discharged patients identified each quarter	76.0%	80%	2	Sustain	Sustain	Sustain