

## Theme I: Timely and Efficient Transitions

### Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of individuals for whom the emergency department was the first point of contact for mental health and addictions care per 100 population aged 0 to 105 years with an incident MHA-related ED visit.	A	Rate per 100 / ED patients	See Tech Specs / April 2020 – March 2021	100.00	100.00	We are not following this indicator this year. QIP not required this year.	

### Change Ideas

Change Idea #1 We are not following this metric this year.

Methods	Process measures	Target for process measure	Comments
We are not following this metric this year.	We are not following this metric this year.	We are not following this metric this year.	

### Measure Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment.	A	% / All patients	CIHI DAD / April 2020 – March 2021	100.00	100.00	We are not following this indicator this year. QIP not required this year.	

### Change Ideas

Change Idea #1 We are not following this metric this year.

Methods	Process measures	Target for process measure	Comments
We are not following this metric this year.	We are not following this metric this year.	We are not following this metric this year.	

**Measure**      **Dimension:** Efficient

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Virtual Surgical Transitions in Care	C	Number / at-risk cohort	EMR/Chart Review / 2022-2023	CB	CB	We are targeting 3-5 patients per week.	

**Change Ideas**

Change Idea #1 Roll out 3-5 device kits per week to post-op cardiac surgery patients. The patients are identified using the general criteria of the program.

Methods	Process measures	Target for process measure	Comments
Review patient EMR and assess against criteria of the program to determine eligibility.	Number of devices provided to eligible patients.	3-5 device kits provided to eligible patients weekly.	

Change Idea #2 Collect baseline data related to length of stay, surgical site infection, readmission rates, post-operative complications in the community for the patients enrolled in the program.

Methods	Process measures	Target for process measure	Comments
Collect baseline data by reviewing EMR of enrolled patients.	Collecting baseline data for all patients enrolled in the program.	All baseline data collected for all patients enrolled in the program.	

Change Idea #3 Collect patient satisfaction data regarding patient experience in the Virtual Surgical Transitions in Care program, ease of use of technology, and the dedicated escalation team.

Methods	Process measures	Target for process measure	Comments
Patient experience survey.	Survey all patients who participate in the program.	All patients who participate in the program surveyed.	

**Measure**      **Dimension:** Efficient

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Prehab Interactive Voice Response (IVR)	C	Number / All surgical procedures	EMR/Chart Review / 2022-2023	CB	100.00	Collecting baseline data, we do not have a target.	

**Change Ideas**

Change Idea #1 Enroll 813 patients by the end of the fiscal year.

Methods	Process measures	Target for process measure	Comments
Automatically enroll all elective patients accepted for cardiac surgery.	Enroll all elective patients accepted for surgery.	95% patients accepted for elective surgery are enrolled.	

Change Idea #2 Include patients accepted for TAVI procedure in the IVR program.

Methods	Process measures	Target for process measure	Comments
Enroll all patients accepted for TAVI procedure in the IVR program.	Patients accepted for TAVI are automatically enrolled.	95% TAVI patients enrolled in IVR program.	

Change Idea #3 On-site or virtual assessment of all pre-op patients who use tobacco to increase rates of cessation to meet best practice target of 4 weeks smoke free before surgery by end of FY 2022-2023.

Methods	Process measures	Target for process measure	Comments
Patients who respond to the interactive voice response that they use tobacco will be referred to the Smoking Cessation Program.	Number of patients scheduled for elective surgery who are seen by the Smoking Cessation Program.	The Smoking Cessation nurse will have a virtual or in-person visit with 95% of patients who agree to an assessment by the Smoking Cessation Program.	

**Measure**      **Dimension:** Timely

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital.	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	100.00	100.00	We are not following this indicator this year. QIP not required this year.	

**Change Ideas**

Change Idea #1 We are not following this metric this year.

Methods	Process measures	Target for process measure	Comments
We are not following this metric this year.	We are not following this metric this year.	We are not following this metric this year.	We are not following this metric this year.

**Measure**      **Dimension:** Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Efficiency in Cardiology	C	Number / Other	Other / 2022-2023	1.00	2.00	We have two areas that fall under Cardiology at UOH: Critical Care and Inpatient care.  We usually undertake one of these efficiency exercises annually, but this Fiscal Year, we are aiming for 2.	

**Change Ideas**

Change Idea #1 Assess the scope of the Cardiology program.

Methods	Process measures	Target for process measure	Comments
Interview Division Head of Cardiology and Vice President of Quality.	Interview and assessment completed.	Scope of program for the purposes of a review established.	

Change Idea #2 Complete a Value Stream Map for Cardiology in critical care and another for inpatient care.

Methods	Process measures	Target for process measure	Comments
LEAN process mapping with failure modes and effects analysis led by Quality Improvement Coordinator.	Completion of two LEAN-FMEA exercises within the fiscal year.	Two LEAN-FMEA exercises complete for the Division of Cardiology.	

Change Idea #3 Develop a project work plan for each LEAN-FMEA: One in Critical Care and one in inpatient care.

Methods	Process measures	Target for process measure	Comments
Analysis of Failure Modes identified by clinical staff, and integration of change ideas proposed by those participating in the LEAN-FMEA exercises, facilitated by the Quality Improvement Coordinator.	Number of work plans created and presented to Division Head of Cardiology and VP, Quality.	Two workplans, one for critical care and one for inpatient care.	

## Theme II: Service Excellence

### Measure Dimension: Patient-centred

Indicator #7	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?	P	% / Survey respondents	CIHI CPES / Most recent 12 mos	CB	100.00	We are not following this indicator this year. QIP not required this year.	

### Change Ideas

Change Idea #1 We are not following this metric this year.

Methods	Process measures	Target for process measure	Comments
We are not following this metric this year.	We are not following this metric this year.	We are not following this metric this year.	

**Measure**      **Dimension:** Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Heart Failure Cardiac Rehabilitation	C	Number / Other	In house data collection / 2022-2023	CB	1.00	One focus group for patients; one focus group for staff; one evaluation of integration opportunities.	

**Change Ideas**

Change Idea #1 Conduct a focus group to obtain patient feedback following their completion of the Heart Failure Education Series.

Methods	Process measures	Target for process measure	Comments
Hold a focus group of patients who attended the Heart Failure Education Series to request feedback on quality of the materials and to determine gaps in education to adapt the final curriculum.	Number of focus groups completed.	Complete focus group by April 1, 2022.	

Change Idea #2 Evaluate staff experience with respect to Heart Failure education.

Methods	Process measures	Target for process measure	Comments
Hold a focus group to request staff feedback, which will be used to adapt the final curriculum.	Number of focus groups completed.	Complete focus group by June 1, 2022.	

Change Idea #3 Evaluate integration opportunities with other regional hospitals.

Methods	Process measures	Target for process measure	Comments
Compile a list of other hospitals in the region who provide care to Heart Failure patients.	Number of hospitals who provide care to Heart Failure patients.	Complete evaluation by September 1, 2022.	

**Measure**      **Dimension:** Patient-centred

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Safe Care for Hypertensive Patients	C	Number / Other	EMR/Chart Review / 2022-2023	CB	CB	This is a new virtual care initiative.	

**Change Ideas**

Change Idea #1 Deliver virtual education to patients of the Hypertension Clinic.

Methods	Process measures	Target for process measure	Comments
Patients of the Hypertension Clinic will be identified through the EMR by Hypertension Clinic Staff.	Virtual education option available to all Hypertension Clinic Patients.	Option provided to all Hypertension Clinic patients by March 31, 2023.	

Change Idea #2 Develop Hypertension Education for patients.

Methods	Process measures	Target for process measure	Comments
Literature review and consultation with UOHI stakeholders in Clinical Care.	Education Developed.	Education available for delivery by March 31, 2023.	



**Measure**      **Dimension:** Patient-centred

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Supporting Caregivers	C	Number / Family	Other / 2022-2023	CB	CB	This is a new initiative to support caregivers of UOHI patients.	

**Change Ideas**

Change Idea #1 Evaluate existing resources and tools for caregivers.

Methods	Process measures	Target for process measure	Comments
Environmental scan.	List of current resources and tools.	Complete list of resources and tools by March 31, 2023.	

Change Idea #2 Develop a list of tools for those who may have a language barrier.

Methods	Process measures	Target for process measure	Comments
Environmental scan.	A completed list of tools for caregivers with a language barrier.	A list will be available by March 31, 2023.	

Change Idea #3 Develop a guide for caregivers and patients to use to speak with children about heart-related conditions, surgeries and procedures.

Methods	Process measures	Target for process measure	Comments
Focus group with patients and their families about their needs in terms of educating children about their heart condition and associated procedures.	Complete one guide, which will be made available in English and French.	Guide published by March 31, 2023.	

## Theme III: Safe and Effective Care

### Measure Dimension: Effective

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	P	Rate per total number of discharged patients / Discharged patients	Hospital collected data / October 2021– December 2021	CB	100.00	We are not following this indicator this year. QIP not required this year.	

### Change Ideas

Change Idea #1 We are not following this metric this year.

Methods	Process measures	Target for process measure	Comments
We are not following this metric this year.	We are not following this metric this year.	We are not following this metric this year.	

### Measure Dimension: Effective

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Enhanced Recovery After Surgery	C	Other / All surgical procedures	Other / 2022-2023	11.00	14.00	These three recommendations have been prioritized by clinical staff following surveys, chart reviews and staff consultation.	

### Change Ideas

Change Idea #1 Develop pain education strategy for clinical staff (nursing and physician in cardiac surgery and anesthesia).

Methods	Process measures	Target for process measure	Comments
Present evidence-based recommendations around pain management provided by ERAS Cardiac to nursing staff during Nursing Grand Rounds. Consult with anesthesia department subject matter experts to develop an education plan specific to physician pain management alternatives to opioids.	Completion of Nursing Rounds. Education plan approved by Cardiac Surgery and Anesthesia Division Heads.	One nursing rounds will be held for nurse education related to ERAS recommendations for pain management. An education plan for anesthesiologist and cardiac surgeons is approved by Cardiac Surgery and Anesthesia Division Heads.	

Change Idea #2 Develop a revised strategy for prevention of acute kidney injury (AKI).

Methods	Process measures	Target for process measure	Comments
Complete a chart review of patients in CSICU with respect to AKI and review anemia prevention strategies, which will impact AKI in CSICU.	Chart and prevention strategy review.	A chart review will be completed by a physician in CSICU. Anemia prevention strategies will be reviewed by the ERAS working group for potential implementation.	We will consult with Nephrology as needed.

Change Idea #3 Develop recommended Patient Satisfaction Survey questions for satisfaction with pain management.

Methods	Process measures	Target for process measure	Comments
Review questions used in previous version of the UOHI Patient Experience Survey.	Questions from past experience survey approved or revised.	Assessment of 2 past questions related to patient experience with pain management.	

Change Idea #4 Develop revised glucose management strategy for ERAS.

Methods	Process measures	Target for process measure	Comments
Review of new glucose orders for insulin management in CSICU.	Gather baseline data on glucose measures taken in CSICU for post-operative cardiac surgery patients.	Gather baseline data on 95% of post-op surgery patients in CSICU requiring glucose management.	

**Measure**      **Dimension:** Effective

Indicator #13	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Pandemic Response Plan Review	C	Other / Worker	Staff survey / 2022-2023	CB	CB	This is a first-time review of the UOHI Pandemic Plan.	

**Change Ideas**

Change Idea #1 Complete a pandemic response review.

Methods	Process measures	Target for process measure	Comments
Conduct a two-step staff survey.	Survey completed.	Survey will be rolled out and results reviewed by December 1, 2022.	

Change Idea #2 Update the UOHI Pandemic Plan.

Methods	Process measures	Target for process measure	Comments
Incorporate recommendations from the staff survey analysis.	Updated UOHI Pandemic Plan.	New plan published and available to leaders and staff by March 31, 2022.	

**Measure**      **Dimension:** Safe

Indicator #14	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	P	Count / Worker	Local data collection / January - December 2021	0.00	0.00	We are not following this indicator this year. QIP not required this year.	

**Change Ideas**

Change Idea #1 We are not following this metric this year.

Methods	Process measures	Target for process measure	Comments
We are not following this metric this year.	We are not following this metric this year.	We are not following this metric this year.	FTE=0

**Measure**      **Dimension:** Safe

Indicator #15	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Sternal Precautions: Move in the Tube	C	% / All surgical procedures	EMR/Chart Review / 2022-2023	CB	95.00	We would like to target all patients who meet the criteria. We expect this will be most of our patients.	

**Change Ideas**

Change Idea #1 Educate clinic staff who provide direct patient care to post-operative open-heart patients admitted.

Methods	Process measures	Target for process measure	Comments
Develop education for clinical staff. Distribute materials to Clinical Managers and Clinical Educators for their assignment to staff. Educators will track staff completion and report back to the project team.	Number of staff members who are educated on the new sternal precautions.	95% of clinical staff who provide direct patient care to post-operative open heart patients are educated on the new sternal precautions.	

Change Idea #2 Develop patient education resources to inform patients of sternal precautions.

Methods	Process measures	Target for process measure	Comments
Subject matter experts develop resource materials to be provided to patients on sternal precautions.	Pamphlet for patients, addition of sternal precaution information to preoperative educational materials.	One written resource for patients on sternal precautions and addition of sternal precaution information to preoperative video.	

**Measure**      **Dimension:** Safe

Indicator #16	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Live Exercise	C	Number / Other	EMR/Chart Review / 2022-2023	CB	CB	This live exercise is a new program in Cardiac Rehabilitation.	

**Change Ideas**

## Change Idea #1 Live Exercise Program

Methods	Process measures	Target for process measure	Comments
Develop and implement a live exercise program with two options for patients eligible for cardiac rehabilitation: With equipment (indoor cycles, resistance bands, installed in their homes); and without equipment.	Number of patients with access to live-streamed or on-demand exercise classes.	95% of patients eligible for rehabilitation have access to live-streamed or on-demand exercise classes.	

## Equity

Measure	Dimension: Equitable							
Indicator #17	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	
Women's Heart Health Education	C	Other / All patients	EMR/Chart Review / 2022-23	CB	CB	We are targeting 10-15 patients a month.		

## Change Ideas

**Change Idea #1** Women with microvascular dysfunction have higher rates of myocardial infarction and death. Spontaneous coronary artery dissection (SCAD), myocardial infarction with non-obstructive coronary arteries (MINOCA) disease and angina with non-obstructive coronary artery disease (ANOCA) are much more prevalent in women than in men. In a clinic developed specifically for women's heart health, the patients with SCAD, MINOCA, and ANOCA are referred for further assessment and follow-up. Considering the needs of these individuals, understanding their view and actively engaging them in their care is an important factor. Therefore, receiving education in a group setting that is led by regulated healthcare providers can help to address their questions and concerns in a group environment.

Methods	Process measures	Target for process measure	Comments
Hold the first group in September, and monthly thereafter. Have a minimum of 10-15 patients of all ages per session. Design satisfaction survey for participants.	Development of the curriculum	10-15 patients per session	

**Change Idea #2** Design a patient satisfaction survey for patients who participate in Women's Heart Health education.

Methods	Process measures	Target for process measure	Comments
Develop a survey in partnership with Women's Heart Health Staff and patient partners.	A patient experience survey.	Approve survey by March 31, 2023.	

Measure	Dimension: Equitable							
Indicator #18	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	
Obesity Guidelines	C	Other / Other	Other / 2022-2023	CB	CB	These are new guidelines.	Obesity Canada	

## Change Ideas

Change Idea #1 Develop a staff education strategy.

Methods	Process measures	Target for process measure	Comments
Baseline Survey of UOHI Health Care professionals attitudes and beliefs regarding Obesity to develop targeted education.	Approve a staff education strategy targeting areas highlighted by the staff survey.	One education plan approved by Obesity Working Group members, which includes Patient Partners.	Next QIP we will survey staff attitudes and beliefs to determine effectiveness of education plan.

Change Idea #2 Approve a meeting schedule and Terms of Reference for Obesity Guidelines Committee.

Methods	Process measures	Target for process measure	Comments
The Chair of the Obesity Guidelines committee will propose a TOR and meeting schedule to all other members for approval.	Approved TOR and meeting schedule.	Approved TOR and meeting schedule.	

Change Idea #3 Accessibility working group will assess structural changes to accommodate UOHI patients with obesity.

Methods	Process measures	Target for process measure	Comments
Accessibility working group will include key stakeholders at UOHI, including the accessibility representative, facilities department, and cardiac rehab staff. The group will assess areas of the UOHI to determine compliance with accessibility guidelines and Canadian Clinical Practice Guideline for Obesity in Adults. Identified gaps will be collected and listed for reporting purposes.	A finalized list of recommended structural changes.	A list of recommended structural change to enhance accessibility for obese adults.	

Change Idea #4 Pilot for outpatients: Integration of the 5 Steps in Health Care Provider practice for care of patients with Obesity (simple, straight-forward interventions).

Methods	Process measures	Target for process measure	Comments
The project team will develop consistent, simple messaging for staff. The consistent messaging will be integrated within intervention tools, such as education sessions and written materials for patients and caregivers. Staff will receive training on updated language to ensure consistency and understanding.	Development of training materials for outpatient staff.	Training materials approved for roll-out to outpatient staff.	Next QIP we will evaluate the outcomes of the pilot of outpatients to determine roll-out to the rest of UOHI.



**Measure**      **Dimension:** Equitable

Indicator #19	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Patient Education Guides	C	Number / All patients	Other / 2022-2023	CB	CB	We are establishing new processes and guideline for review of our patient education materials.	

**Change Ideas**

Change Idea #1 Assemble a working group.

Methods	Process measures	Target for process measure	Comments
Invite stakeholders in Clinical Care and from the Patient Partnership Program to join the working group.	Stakeholders from both clinical services and patient engagement agree to join working group.	Established working group membership.	

Change Idea #2 Establish guidelines for revision of any new and existing Patient Education Materials scheduled by Communications in partnership with clinical services content owners.

Methods	Process measures	Target for process measure	Comments
Literature review.	Approve guidelines for use in revision of new and existing patient education materials and choose a document to use to pilot the approved guidelines.	Approve and pilot new guidelines in the review of at least one document by June 1, 2022.	

Change Idea #3 Review two patient education guides.

Methods	Process measures	Target for process measure	Comments
The Patient Educational Materials Task Force (working group) will apply the approved review guidelines to review two patient education guides. The Content Owner will integrate the comments into their guide. The guide will be updated and published by Communications.	Number of guides updated.	Two guides will be published or re-published by the end of the fiscal year.	The TAVI Guide and the Recovering for Cardiac Surgery Guide have been selected for review.

**Measure**      **Dimension:** Equitable

Indicator #20	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Equity, Inclusion and Diversity	C	Other / All patients	Other / 2022-2023	CB	CB	This is a new initiative.	

**Change Ideas**

Change Idea #1 Assemble an EDI working group.

Methods	Process measures	Target for process measure	Comments
Invite key stakeholders in clinical services and research at UOHI.	EDI working group membership confirmed.	Established EDI working group.	

Change Idea #2 Approval of Working Group Terms of Reference

Methods	Process measures	Target for process measure	Comments
Working group Chair(s) will propose a TOR to the established working group members.	A TOR is approved.	Approved TOR by May 1, 2022.	

Change Idea #3 Approval of EDI workplan.

Methods	Process measures	Target for process measure	Comments
Review 11 Areas of Action and determine strategies needed to implement these areas at the UOHI.	EDI workplan approved by EDI working group and presented to Senior Leadership.	An approved EDI workplan by March 31, 2022.	

**Measure**      **Dimension:** Equitable

Indicator #21	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Women's Heart Health Registry	C	Number / Other	EMR/Chart Review / 2022-2023	CB	CB	This registry is not yet built.	

**Change Ideas**

Change Idea #1 Develop a list of data elements important to cardiac disease in women.

Methods	Process measures	Target for process measure	Comments
Consultation with women's heart health experts.	List of data elements and their specifications.	Women's Heart Health data dictionary containing data elements and their specifications by July 1, 2022.	

Change Idea #2 Populate the Women's Heart Health Registry.

Methods	Process measures	Target for process measure	Comments
Complete a test pull of data from the UOHI EMR. Analyze data: Descriptive analysis and analysis of missingness.	Finalize a retrospective and prospective data collection protocol.	Women's Heart Health Registry populated with UOHI data.	