

Area	Measure	Outcome	Type	Unit of Measure	Data Source / Period	Organization ID	Current performance	Target	Target justification	Is this indicator related to Executive Compensation?	Is this indicator related to Executive Department Return Visit Audit?	Is this indicator related to part of the 2022/23 Pay-for-Results (PFR) Action Plan?	External Collaboration	Planned Improvement Initiatives (Change Ideas)	Methods	Process Measures	Target for process measure	Comments
Quality Dimension	None	Measure/Indicator	Mandatory Priority Additional Custom Optional										External Collaboration Set as known if you are involved in a collaboration with external partners) to work on this issue/initiative including any efforts underway or planned with your Ontario Health Team.	Planned Improvement Initiatives (Change Ideas) Please provide details about the change ideas that will lead to improvement. You are encouraged to include at least four (4) change ideas per indicator because it typically takes more change ideas to influence the outcome.	This column identifies the step by step methods the organization/OHT will be using to track progress on its change ideas. Include details such as how, and by whom (e.g. department) the data on the change ideas will be collected, analyzed, reviewed and reported.	The measure that indicates whether the change idea being tested is working as planned. Processes must be measurable as rates, percentages, and/or numbers over specific timeframes. e.g. - "number of fall risk assessments reviewed per month by the quality team"; - "number of patients/families surveyed per month"; - "number of staff that demonstrate uptake of education documented per quarter". For more information see the Measurement Plan Instruction.	This is the organization's/OHT's target for process measure (rate). The target(s) should be SMART - specific, measurable (numerical if possible), achievable, realistic, and time sensitive. E.g. 75% of complete patients will have documentation of a shared care plan at discharge by June 30, 2023 and 75% by Dec 31, 2023	This is where any additional comments about the initiative should be included (factors for success, partnerships, linkages to other programs, etc.). If your organization elects not to include a priority indicator in the QIP/QIPR for example, because performance already meets or exceeds the provincial benchmarks, then this must be documented in the comments section. This field can be used to provide additional information to complete your continuous quality improvement initiative report.
													No	Coverage: The Niagara Health Discharge Working Group to lead quality improvement related to inpatient discharge information.	Design and implement a process to have a patient oriented discharge summary document for patients that provide all necessary information. Goal will be to develop the form and pilot this through multiple FQHC units on one unit and then scale and spread this across NHA.	# of working group/committee meetings by end of year (December 2023) # of discharge summary components completed (i.e. med rec section, red flag section etc.) # of units onboarded # of patients on the pilot units that receive a discharge package	This is a baseline goal. Targets will be established for next year's QIP	