

Access and Flow

Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
10% reduction in surgical waitlist cases	C	% / Other	In-home audit / January 1, 2024 - December 31, 2024	6414.00	10.00	SickKids surgical waitlist, exacerbated by the pandemic, has increased from 2000 patients to over 6000 patients in the past 6-8 years. SickKids is aiming for a 10% incremental reduction towards pre-pandemic surgical waitlist levels.	

Change Ideas

Change Idea #1 Weekend Surgery Program

Methods	Process measures	Target for process measure	Comments
Blocks allocated to services with daycare cases. Data will be collected by the Senior Business Manager, Perioperative Services and data to be reviewed by the Perioperative Leadership Team including the Clinical Director, Associate Chief of Surgery, Chief of Surgery/Perioperative Services and VP Clinical and reported to QMC and SMC as part of regular updates for the Surgical Wait List.	1)% of filled weekend blocks 2) Number of completed cases	#1) 80% of filled weekend blocks #2) 300 cases by May 10, 2024	Risk of cancelled cases due to patient illness. Risk of unfilled blocks due to HR constraints.

Change Idea #2 Community Partnership Program / Centralized Waitlist

Methods	Process measures	Target for process measure	Comments
Re-route high-volume, lower-acuity cases resulting in capacity-building and the delivery of high-quality care to more children and families. SickKids has partnered with Humber River Health, Scarborough Health Network, Trillium, Unity Health (St Joseph's) and Michael Garron to transfer low-acuity daycare patients on our existing waitlist.	#1) Number of cases removed from SickKids Waitlist and referred directly to community partners. #2) Number of cases directly referred to the community without being added to the Sickkids surgical waitlist.	#1) Expand inclusion criteria and expand the scope of cases to be done at our community partners resulting in additional patients referred. #2) Directly re-routing cases to community partners before adding patients to the SickKids surgical waitlist. SickKids surgeons to work in community partnership sites allowing expanded capacity to treat an increased volume of mid-complexity cases.	Exhausted pool of low acuity daycare patients from SickKids waitlist. Low acuity patients may be directly re-routed to community partners in future reducing the volume referred to SickKids. This is a desirable future state.

Change Idea #3 Community Partnership Program / Centralized Waitlist Waitlist Clean up

Methods	Process measures	Target for process measure	Comments
The surgical waitlist "cleanup" identifies patients who may be removed from the waitlist after clinically reviewing each patient in EPIC. Remove patients from the waitlist who: a) Surgery completed elsewhere b) No longer need surgery c) Duplicate entries on waitlist d) Not contactable as per new SOP. Remove patients who: a) After calling families 5+ times with no response AND b) Have reached out to family MDs, with no success in getting through to the patient or family	Number of Patients removed from surgical waitlist after clinical review	100% of Surgical Service Waitlists reviewed	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
People Leader Completion of 3 EDI Learning Modules = # People Leaders with completion of 3 EDI Foundations iLearn modules (EDI Foundations in Health Equity + EDI Foundations in Gender Diversity + EDI Foundations in Anti-Black Racism)	C	% / Other	In house data collection / January 1, 2024 - December 31, 2024	0.01	60.00	People Leader completion of the 3 EDI Foundations iLearn modules will ensure that SickKids leaders have a foundational understanding of key EDI concepts. This knowledge will support the advancement of the 2025 SickKids EDI Strategy where people leaders can support implementation of multiple organization-wide EDI initiatives. These initiatives include the Inclusive Recruitment Pathway and the Patient Health Equity Data Initiative.	

Change Ideas

Change Idea #1 Build awareness of the 3 EDI Foundations iLearns through presentation at existing forums

Methods	Process measures	Target for process measure	Comments
Planned presentations will be conducted at the following forums: Quality Management Council Clinical Operations Management Team Forum Joint Director/Manager Forum Other existing forums	# of presentations that target expected participants (i.e., People Leaders)	A minimum of 10 presentations	

Change Idea #2 Communication of 3 EDI Foundations iLearn modules during virtual “Inclusive Recruitment for Leaders” training.

Methods	Process measures	Target for process measure	Comments
Monitor number of leaders who complete “Inclusive Recruitment for Leaders” virtual training session	# leaders who complete “Inclusive Recruitment for Leaders” virtual training	60% of leaders who complete “Inclusive Recruitment for Leaders” virtual training	Linkage to Inclusive Recruitment Pathway Initiative Information on 3 EDI modules included as a part of every “Inclusive Recruitment for Leaders” training

Change Idea #3 Develop anonymous evaluation form for 3 EDI Foundations iLearns to be completed by People Leaders.

Methods	Process measures	Target for process measure	Comments
Evaluation form to capture anonymous feedback from People Leaders on areas of strength and opportunity for the 3 EDI Foundations iLearns. It will also capture barriers in completion of the modules. Feedback will be used to inform improvement on indicator.	# of People Leaders who have completed evaluation form	20 completed forms by July 31, 2024	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Optimize the inpatient experience survey response rate using Qualtrics software	C	% / All inpatients	Other / January 1, 2024-December 31, 2024	CB	21.00	In the last four years, the response rate for paper-based inpatient surveys at SickKids has ranged between 21-25% (most recently 21%). The OHA noted a 15% email response rate for pediatric surveys in 2022, while recent data shows adult hospitals achieve 30-40%. The response rates we get to the inpatient surveys at SickKids will depend on consent to email communication from patients and families. We recently introduced a process for this at our hospital. Unlike the paper-based surveys, which were sent primarily to family/caregivers, our newly introduced email consent and collection process invites youth (12 and older) to provide an email to respond to the survey themselves. After considering all these factors, including the introduction of new practices (i.e., email communication and increased youth focus) we have set a target of > 21 inpatient survey response rate for 2024.	

Change Ideas

Change Idea #1 The sampling method for inpatient units has been altered. The shift has been made from a stratified sampling approach to a census sampling approach. Under the stratified sampling method, surveys were distributed to a specific number of families/caregivers within each inpatient unit. However, with census sampling, every eligible individual discharged from an inpatient unit receives an invitation to participate in the survey.

Methods	Process measures	Target for process measure	Comments
The Process Owners will look at a monthly discharge report generated from Epic data (SickKids' electronic medical record system). They will compare this to the number of survey recipients from the Qualtrics survey platform.	Percentage of eligible discharged patients/families who receive the survey	The target is 95-100%	

Change Idea #2 A SickKids email address is being utilized to distribute surveys. This measure is taken to provide patients/families with assurance that the survey invitation originates from the hospital and is legitimate.

Methods	Process measures	Target for process measure	Comments
The Process Owners will create and review a monthly report from the Qualtrics survey platform.	Percent survey response rate	Greater than or equal to 21%	

Change Idea #3 Survey availability in most frequently preferred languages at SickKids.

Methods	Process measures	Target for process measure	Comments
The Process Owners will create and review a monthly report from the Qualtrics survey platform.	The number of surveys completed in a language other than English	No target set for this measure	

Safety

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Total number of staff events resulting in first aid, lost time, and healthcare following a workplace violence incident.	C	Count / Worker	In house data collection / January 1, 2024- December 31, 2024	105.00	100.00	Target represents a 5% decrease from the 2023 rate. With the expansion of the Comfort & Safety Bundle to all inpatient units, as well as ambulatory and ED, we anticipate that supportive plans will be put in place for patients who are high risk for escalation, mitigating risk and severity of injury to staff. In addition, continued review of patient code white events will lead to ongoing awareness and recommendations to mitigate risk and severity of injury for staff.	

Change Ideas

Change Idea #1 Expand Comfort and Safety Bundle

Methods	Process measures	Target for process measure	Comments
Chart Reviews & EPIC Reports	% of behavioural health screening tools completed = Number of behavioural health screening tools completed / number of new patient admissions (age 5 and older).	70% of patients (age 5 and older) will be screened for behavioural health risks within 24 hours of admission to an inpatient unit. 100% of the patients who score high risk should have a flag in their chart.	This is a phased approach. Phase 1 includes the addition of patient flags. The results of Phase 1 will inform next steps related to planned Patient and Comfort/Safety Bundle rollouts. When high risk patients are identified, staff are prompted to obtain consults for CL Psychiatry, Child Life, Social Work, Speech Language Pathology as required. Staff are provided with a list of supportive tools and assessments to collect more information about patient triggers to mitigate risk.

Change Idea #2 Review of Code White events to ensure local and organizational contributing factors and preventative measures are identified and implemented.

Methods	Process measures	Target for process measure	Comments
Data on Code Whites will be collected via Safety Reporting and Security Reports and reviews will happen at the Code White Review Committee.	% of Code Whites reviewed = Number of code whites reviewed by the Code White Review Committee / total number of Code Whites reported.	100% of Code Whites will be reviewed at the organizational Code White Review Committee. Prevention measures will be collected and prioritized to identify trends and hospital wide issues for targeted interventions.	Baseline data collection and identified trends will inform future improvement work to mitigate Code White risk ideally leading to fewer staff safety incidents.

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of potentially preventable Hospital Acquired Conditions (HAC) per 1000 patient days	C	Rate per 1,000 patient days / All inpatients	Hospital collected data / January 1, 2024 - December 31, 2024	0.89	0.89	Aim to sustain gains made during a period of high pressure i.e. surges in volume, human resource challenges. Although HACs perform favorably against benchmarks, the margin for further improvement is smaller.	

Change Ideas

Change Idea #1 Continued focus on achieving high levels of bundle adherence

Methods	Process measures	Target for process measure	Comments
Use of PowerBI dashboards to ensure accessibility, visibility, and transparency of process data. Use of Audit and Coach methods via Central Audit team and departmental safety coaches. Apply HAC Action Group model to other HACs.	#1) Percent bundle adherence for all HACs #2) Number of documented audit and coach episodes per month #3) Addition of at least one HAC action group this Calendar Year	#1) 90% bundle adherence for all HACs #2) At least 100 documented audit and coach episodes per month #3) Introduce at least one additional HAC action group this Calendar Year	

Change Idea #2 Continue to expand and reinforce Leadership Methods to build and reinforce accountability for decreasing HACs, and finding and fixing problems related to bundle adherence.

Methods	Process measures	Target for process measure	Comments
Continue Leader Rounding to influence	#1)Sustain at least one departmental Leader Rounding episode per month focused on HAC reduction. #2) Reinforce the integration of discussions on HACs into the Leadership Methods training modular learning program for clinical leadership teams.	#1) At least one departmental Leader Rounding episode per month. #2) Integrate HAC reduction case studies into Leadership Methods training.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of patient Serious Safety Events (SSE)/10,000 adjusted patient days	C	Other / Other	In house data collection / Rolling 12-month average	0.49	0.40	The 2024 SSER target is based on incremental improvement towards a longer-term target (3-year Caring Safely Goal of 0.2 by the end of 2024). This long-term goal is based on best peer performance and the hospital's previous best performance.	

Change Ideas

Change Idea #1 Prepare leaders, teams and individuals to proactively maintain safety using High Reliability-Informed education and practice tools

Methods	Process measures	Target for process measure	Comments
The hospital will continue to offer In-person and virtual training courses with a focus on safety: Error Prevention Leadership Methods Fair and Just Culture aligned with orientation programs for new employees.	The number of new employees or new leaders completing in-person or iLearn training	90% completion by new employees or new leaders	