

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



QIP 2022-23 April 1, 2022

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

ontario.ca/excellentcare

Overview

To the Residents, Workers and Visitors of our beautiful South Georgian Bay community of Collingwood, Clearview Township, The Blue Mountains and Wasaga Beach:

Collingwood General and Marine Hospital (CGMH) has never been more proud to serve you. After nearly 2 years since the World Health Organization (WHO) declared COVID-19 a pandemic, our CGMH team has worked tirelessly to respond and implement process changes and enhanced safety measures response to protect our patients/their caregivers, employees, physicians, volunteers, and the community.

While operational changes under the guidance of Ontario Health have been necessary to support patient and employee safety, we have continued to focus on providing the best possible care and experience by adapting how we provide services. Our core programs include Emergency Services, General Medicine, General and Orthopedic Surgery, Obstetrics and Gynecology. We continue to strive to bring care closer to home through the delivery of outpatient care via virtual and onsite care through our outpatient clinics including medical daycare, orthopedic clinics, outpatient mental health, telemedicine services, cardiac and orthopedic rehabilitation services.

CGMH remains committed to providing “Outstanding Care – For Life”, and your support will allow us to preserve health through compassion, collaboration, and innovation to provide the best care possible during these extraordinary times. We would also like to honour and express gratitude to the partnerships we have strengthened over this past year with our local health partners, emergency, and community services.

The 2022-23 QIP follows a year of continuous adaptation, transformation, and innovation. At this time, the health of our community and our people require us to carefully consider this year’s plan considering our current environment and the commitments we have pledged. In addition, our traditional consultation processes and capacity to launch new initiatives is limited. For this reason, we are focusing this year’s commitments on pandemic recovery while improving the quality of care we provide.

CGMH is dedicated to improving the quality of care we provide to our community. This year’s Quality Improvement Plan (QIP) will focus on:

Strategic Pillar	Quality Improvement Plan 2022-23
Patient Experience	Reducing length of stay following hip and knee surgery
	Increasing access to Mental Health Care
	Increasing available mammography appointments
	Reducing length of stay for patients requiring an Alternate Level of Care

Aligning with Ontario Health’s guidance in November 2021, CGMH proceeded to focus on COVID-19 recovery and engage stakeholders regarding current/future priorities to inform QIP development. Those priorities include:

- Support pandemic recovery and improve access to care;
- Support pandemic recovery through improved surgical and diagnostic procedure waitlists with a focus on cancer screening;

- Improve hospital patient flow recognizing limited access to health services during the pandemic has been identified as a significant concern with a focus on people experiencing mental health conditions, and chronic conditions impacting frail seniors.;
- Align initiatives with COVID-19 Surgical Innovation Funding;
- Ongoing support following Health Information System upgrade (Sep 2021);
- Accreditation On-site survey (September 2022);
- Support Hospital Redevelopment; and
- CGMH's Strategic Plan Refresh

Describe your organization's greatest QI achievement from the past year

COVID-19 Pandemic Response

All employees, physicians, midwives, and leaders have worked hard to continuously roll out directives from the Ministry of Health to provide hospitals with capacity to deal with surges in COVID-19 positive patients. Quality improvements focused on multiple initiatives including:

- The implementation of a comprehensive Personal Protective Equipment strategy, including evaluation and sustainability plans;
- Ramp down and Ramp up of multiple services including non-urgent and elective/scheduled care and procedures; ambulatory and mental health clinics;
- Outpatient Mental Health pivoted to provide virtual individual and group therapy.
- Redeployment of employees to provide care in our hospital in areas where Human Resources were limited.

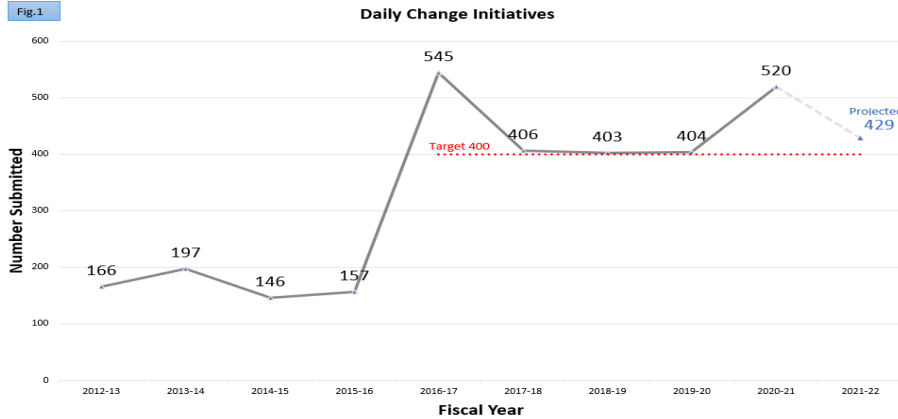
Established an Alternate Health Facility (AHF) at the Collingwood Legion to care for patients in the event of a surge and subsequent opening December 2021;

- Planning for additional Intensive Care Unit beds with the ability to support COVID-19 patients, if needed;
- Reconstruction of patient care areas across the organization to optimize capacity; improve physical distancing and support safe patient care;
- As part of the North Hub of the GTA Incident Management System (IMS), we accepted COVID+, non-COVID, COVID-recovered and Alternate Level of Care (ALC) patients to support equitable access to care across the province; and
- Ongoing amendments to the delivery of care practices and processes throughout the organization to support infection control practices and patient flow processes.

Daily Change Initiatives Program

In 2012-13, our positive change journey began with the implementation of the Daily Change Initiative recognition program. Any department employee from frontline to senior leadership could submit a completed change idea resulting in improvements in their workplace. Aligning the change ideas with the CGMH strategic pillars (Patient Experience, Innovation, Partnerships, Our People), we are able to celebrate our achievements, improve quality of patient care and our workplace environment, as we move our strategic plan forward.

In 2021-22, CGMH employees submitted 329 (Q1-Q3) Daily Change Ideas demonstrating our continued support to quality improvement across the organization (Fig. 1).



In 2021-22 Q1-Q3, CGMH employees submitted 329 Daily Change Ideas demonstrating our continued support to quality improvement across the organization. We are projected to surpass our 2021-22 fiscal year-end target with 429 daily change initiatives.

Cardiac Services

November 2021 marked the first anniversary since the launch of the Simcoe Muskoka Code STEMI Protocol, a quality initiative aimed at improving access to cardiac care for the people of Simcoe Muskoka. The partnership between RVH, the County of Simcoe Paramedic Services, Rama Paramedic Services, and area hospitals

CGMH has demonstrated its commitment to improvement by reducing the time we obtain the first electrocardiogram (ECG), a diagnostic tool instrumental in identifying patients eligible for the STEMI Protocol. During the pandemic, our team has worked to reduce the time to 10 minutes or less, 88% of the time, exceeding our target of 75% (Figure 2), and surpassing provincial and regional performance of 49% and 79%, respectively. Over this next year, we will continue to support this partnership and advance the quality of care.

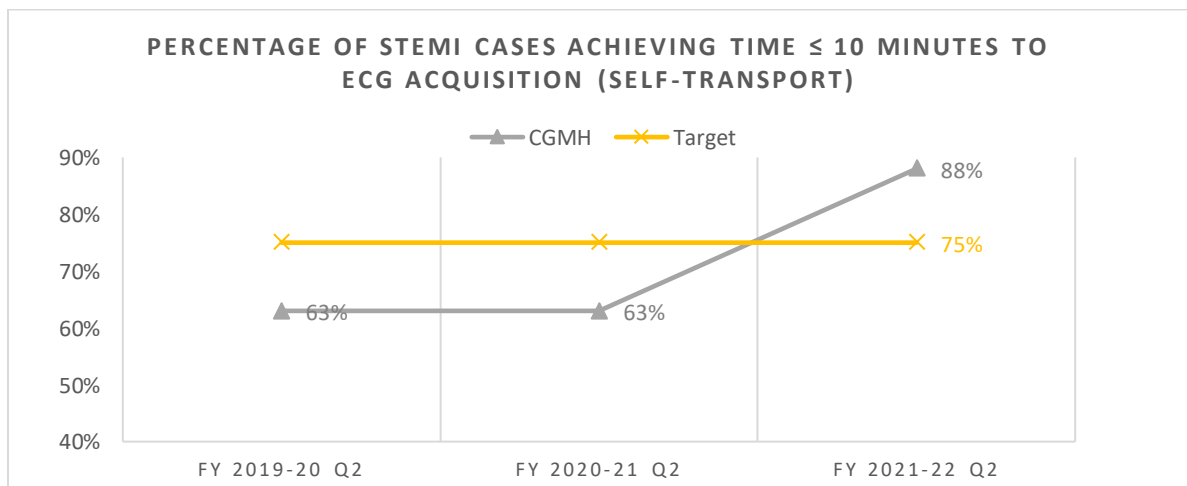


Fig. 2 This chart shows how CGMH has made improvements to the time when a patient arrives at triage to time first ECG is obtained.

Mental Health Crisis Clinic

In September 2020, a working group met to strategize opportunities to improve access to care for patients accessing the Emergency Department (ED) during a mental health emergency. Using quality improvement tools, the team mapped out current state, identified areas for improvement and developed a strategy to pilot a clinic

focused on increasing access to care. Following a successful pilot, The Mental Health Crisis Clinic has since grown to include Emergency Department (ED) and Community Mental Health Response Unit (MHRU) referrals with the goal of reducing wait times in the Emergency Department (ED), reducing ED re-admissions and revisits; and improving patient experience. The Clinic is staffed by registered allied health professionals where they provide initial support to link individuals to community agencies and offer single session counselling.

In 2021-22, a total of 77 referrals (Q1-Q3) were made to the Mental Health Crisis Clinic. We continue to see a decrease in the number of revisits for mental health conditions like anxiety and mood disorders, and work with our community partners to improve access to the support and services needed in the community.

Shared Electronic Medical Record (EMR) System (CARE4)

On September 19th, 2021, CGMH in partnership with Georgian Bay General Hospital (Midland), Headwaters Health Care Centre (Orangeville) and Royal Victoria Regional Health Centre (Barrie), successfully launched our shared Health Information System (HIS). This initiative aligns with the future vision for health across our province by creating an integrated, seamless system of care, supporting the ‘one patient; one record’ approach.

Use of this advanced technology will:

- improve quality, safety and timeliness of care;
- reduce errors and duplication that may lead to a patient safety incident;
- provide real-time access to vital patient information;
- reduce duplication of ordered tests; and
- support reduction in medical history duplication for patients, as they won’t have to keep repeating it with every new clinical interaction, as they navigate through our complex healthcare system.

One of our principal quality improvement accomplishments included the advancement of order management using Computerized Provider Order Entry (CPOE). This technology allows physicians, midwives, and other providers to electronically place orders for procedures, tests, medications, consults and have them transmit to the receiving end. As a result, medication orders are reviewed by a pharmacist, then accessed from our electronic medication carts, and prior to administration, nurses scan barcoded medications with the patients’ identification to verify correct medication and dose. All these automated processes work to reduce risk of human error and allow nurses to spend more time caring for their patients. As a new process, we will continue to improve the quality of care we provide and fine-tune these new processes as standard practice.

There are many patients who move between our four hospitals for specialized services and emergency care. If a patient receives specialized care at one hospital, physicians at their “home” hospital will have access to accurate information about their visit. Being able to view a patient’s complete medical record at any of our hospitals, at any time, is a benefit to patient safety. In 2022-23, the new health record will enable patients to have timely access to their own medical information, including test results, medication history and scheduled appointments through a new patient portal.

Collaboration and Integration

Reducing ED Wait Times to Inpatient Bed

The pandemic continues to place pressure on flow and capacity throughout the health system, including CGMH given the many constraints that occur within an older building. In 2020-21, CGMH established an 18-bed

Alternate Healthcare Facility (AHF) at the Legion. The additional capacity at the AHF allowed the hospital to reach capacity of 122% when necessary while preserving patient flow during times of increased demand.

In addition, we continued to utilize outpatient care areas to support patient flow initiatives including outpatient surge beds, redefine clinic space through the Ambulatory Care Review to add functional space to the Emergency Department to optimize our footprint.

To facilitate a timely transition, CGMH will continue to support initiatives to ensure:

- Adequate discharge cleaner scheduling and resources to sustain a bed dirty time of less than 40 minutes to maximize bed availability for admitted patients;
- Support “shared unit worker” and personal support worker positions to focus on supporting timely transfers and strategies to support care by the right care provider during the pandemic;
- Identify opportunities to optimize inpatient pull strategies to transfer patients out of the ED using LEAN improvement techniques;
- Reinvent space to ensure all patient care space is utilized and introduce a new staffing model to support quality care;
- Optimize outpatient clinic procedures to reduce unnecessary visits/treatments in the ED

Discharge Process Improvements

- CGMH will continue to engage patients through surveys to better understand they are receiving the right information about next steps and what to do if they are worried about their condition or treatment after they leave the hospital? This continues to be an important initiative especially during the pandemic.
- Continue to support our newer initiatives aimed at improving communication including our Patient Care Boards at the bedside, virtual visits and discharge phone calls
- Leader rounding on patients is an evidence-based process in which leaders check-in with patients to build relationships, verify consistency of care, gain real-time feedback, and follow-up with employees regarding compliments and improvement opportunities. This past year, leaders successfully completed a total of 146 Clinical Patient Rounds.

Alternate Level of Care (ALC)

Across the province, we witnessed the COVID-19 crisis in our Long-Term Care (LTC) facilities. In April 2020, the Ministry of Health issued a call to action for Hospitals to prepare and volunteer healthcare workers to provide staffing support. CGMH team members quickly answered the call to volunteer should the need arise. Managing the rapidly changing direction for Infection Prevention and Control measures resulted in CGMH providing expertise to a number of congregate care facilities in our community.

In January 2021, the GTA Incident Management System (IMS) called upon CGMH and other partner hospitals to prepare to accept ALC patients to relieve the pressure on acute care beds at GTA hospitals. As we answered the call to support our healthcare partners, the Patient Flow Coordinators underwent their own team redesign and implemented measures to support internal ALC flow; meet additional infection prevention controls and support COVID-19 outbreak management protocols. Our most successful strategy remains early identification and discharge focused conversations.

We anticipate Long-Term Care wait times and limited access to home care will continue to be a challenge for patients ready for discharge from hospital in the coming year. Through collaborative partnerships we will

continue to enhance care for our patients including those who require an alternative level of care. Our ongoing commitment to this strategy is essential to the communities we serve and the partners we support.

Ambulatory Care Review

The outpatient clinics within the Ambulatory Care Program serve to provide care services to patients who require assessment, diagnostic procedures, treatment, or follow-up for their conditions that cannot be provided in the physician's office. In response to the COVID-19 pandemic, a part of the Ambulatory Care space was transformed to support Emergency Department (ED) patient flow and adhere to infection control recommendations.

An Ambulatory Care review was completed in the fall of 2020 to explore opportunities to optimize clinic space and processes. During 2021-22, the team implemented recommendations including minor renovations to optimize space, redesign processes to support flow processes aimed at reducing the patient footprint and minimizing waste using lean techniques. Additional clerical support was added to support direct communication with patients and transitions between multiple services.

Surgical Innovation Project- Same Day Discharge for Total Joint Arthroplasty

Across the world, in response to the COVID-19 pandemic, efforts to create hospital bed capacity and support our healthcare workforce have resulted in delays and/or cancellations of patients' non-urgent surgeries. In North Simcoe Muskoka (NSM) the demand for total joint arthroplasty, a treatment for end-stage osteoarthritis for knees and hips now exceeds the provincial mean. As an example of our commitment to quality improvement, CGMH has embarked on a pilot project aimed at reducing subsequent wait times.

The Surgical Innovation Project, following best practice standards will trial a new care pathway aimed at increasing access to care in our region, decreasing wait times, reducing the number of times a surgery is cancelled and enhancing the patient's experience. This will also free up overnight bed capacity and allow greater access for other patients. Project participants who meet criteria will now be able to have their surgery and go home the same day.

Enhancing Stroke Care

Learn the
signs of stroke

Face is it drooping?
Arms can you raise both?
Speech is it slurred or jumbled?
Time to call 9-1-1 right away.

Act **F.A.S.T.** Lifesaving treatment begins the second you call 9-1-1.

© Heart and Stroke Foundation of Canada, 2021

In 2020-21, CGMH embarked on a quality improvement project in partnership with the Central East Stroke Network to join the region in enhancing care for patients presenting within 4-24 hours of the start of stroke symptoms.

Endovascular Thrombectomy Therapy (EVT) is a specialized procedure to remove a clot in the brain. Performed at only 11 hospitals across Ontario, patients presenting with stroke symptoms who meet criteria for this gold standard treatment will be transferred to closest hospital for care.

In preparation for the launch February 14th, 2022, several quality processes have been implemented to support timely access to diagnostic tests, consultation with Receiving Hospital Stroke Team and transfer. In 2022-23, we will continue to support the new initiative as part of our commitment to deliver quality care.

Hospital Development

In late 2020-21, CGMH embarked on its Stage 2 Hospital Development Project following the Ministry of Health's 5 Stage Capital Development Process. User groups, with representation from front-line employees, credentialed staff, management, and the Patient Family and Caregiver Advisory Committee, have started the process of developing the functional program for each area of the future hospital. These user groups are integral to informing operational workflows, workspace considerations, and patient experience.

This work is being guided by the following principles and planning guidelines:

- High Quality and Safe Patient Care
- Exceptional Experience for All
- Healthy, Safe and Inclusive Workplace
- Integrated Education and Learning
- Technology Enabled Service Delivery
- Flexible and Adaptive Hospital Facility

In January 2022, CGMH in partnership with the CGMH Foundation launched a public website: www.yourfuturehospital.com. The site will be the home of all official project announcements, community forum information, and more.

Patient/Client/Resident Partnering and Relations

Our commitment to serve our patients, caregivers and our community is strong. Under Ontario Health's guidance, we continually adapt our procedures to keep you safe including:

- Screening Procedures upon entry to the hospital
- Designated Visitor guidelines with multiple phases to support the hospital's COVID-19 response procedures and reduce the risk of transmission
- Reduction and Reinstatement of scheduled surgical and procedural services to ensure capacity
- Enhanced cleaning in patient care areas and between all appointments
- Access to hospital approved Personal Protective Equipment (PPE)
- Liaison services to support virtual sessions to connect with family and friends

Our Patient, Family & Caregiver Advisory Committee (PFCAC) serves in an advisory capacity to improve the patient and caregiver experience. In 2022-23, our focus will continue to include advancing our plan for patient, family, and caregiver participation in our ever-transforming healthcare environment; enhancing recruitment and onboarding processes to welcome additional members to our PFCAC; and partnering with patients/caregivers to co-designing care in partnership with patients and caregivers to improve healthcare quality and safe transitions.

In addition, we will continue to collect patient and caregiver input and recommendations through a variety of mechanisms including Patient Experience Surveys; Discharge Phone Calls; and patient relations processes to inform organizational and departmental quality improvement opportunities.

Although the pandemic may have transformed the way we provide care to patients and caregivers, our pursuit to provide the best possible care and experience remains at the center of our work this past year and will continue to inspire our commitment to deliver safe, effective, equitable, patient-centered care in a timely and efficient manner.

Workplace Violence Prevention

At CGMH, we continue to engage in our workplace violence prevention program in partnership with members of our Joint Occupational Health and Safety Committee, Union representatives, leaders, and frontline employees.

Key initiatives implemented over this past year included:

- Access to training for identified workers to support various strategies including de-escalation techniques and managing reactive behaviours;
- Collaborative partnerships with interdisciplinary teams to promote and educate on various WPV initiatives and processes (i.e., Security Assist vs. Code White);
- Physical improvements to enhance security in our Emergency Department;
- Employee training on how to report Workplace Violence using our updated reporting system;
- Access to leadership training to support workers who have experienced violence in the workplace;
- Continued follow through on reviews to investigate and respond to reports of incidents;
- Follow up on preventive risk assessments;
- Enhancements to the Personal Safety Response System (PSRS) linked to security for emergencies.

Over the last several years, our quality improvement plan initiatives have demonstrated a reduction in reported workplace violence incidents. We attribute our continued improvement to be the result of our comprehensive approach including education and skill development aimed to equip our frontline teams and leaders with the tools to prevent and respond to an incident; and enhanced our support system.

Virtual Care

Virtual Care encompasses all the opportunities healthcare providers remotely interact with their patients allowing patients to receive care in the most convenient, timely and appropriate way. CGMH utilizes virtual care through the Ontario Telemedicine Network (OTN) to allow patients to connect by video or audio safely and securely with a specific healthcare professional. Examples of our partnerships utilizing virtual care services include a pilot program with Sick Kids Hospital called “Sick Kids Virtual Critical Solution (VCCS) that we and 7 other hospitals have been selected to trial the pilot program. This program provides a real time video link, during emergent acute care of our sick neonates and pediatrics. This program is expected to enhance patient stabilization and care, optimizing transfers, improve patient and provider experiences while providing financial savings to the health care Systems.

The pandemic has played a role in developing innovative ways to support patient care and improve their experience. Some examples of our quality initiatives using technology to bring care closer to home include:

- Our continued relationship with RVH Oncology patients can come and have necessary blood tests and assessments completed here and virtually see oncologist saving our patients travel to RVH.
- We transitioned our monthly Labour & Delivery Class virtually through the OTN network to educate this group of patients on Labour & Delivery at CGMH.
- 68 virtual connections focused on linking patients with their families and friends (Q1 – Q3);
- The expanded use of Pre-Operative Clinic phone consultations to prepare patients for operative procedures
- CGMH partnered with Royal Victoria Regional Health Centre Child and Youth Program to provide OTN Mental Health Risk Assessments for youth 12 and under in our Emergency Department who presented in a mental health crisis.
- Outpatient Mental Health Psychiatry offered OTN psychiatric assessments to those individuals referred by their family physician.

Collaborative Quality Improvement Plan. (cQIP)

For 2022-23, the Ministry of Health has introduced a collaborative Quality Improvement Plan (cQIP) for Ontario Health Teams (OHT). The cQIP is designed to support multiple partner organizations within an OHT to develop and monitor common quality improvement activities. A cQIP is to support and assist OHTs to promote a culture of quality improvement and identification of shared quality improvement objectives, supporting the shift of the OHTs toward team based improvement goals and measuring improvements in health outcomes at a population health level. CGMH is pleased to be a member of the South Georgian Bay OHT (SGB OHT) Quality Improvement Committee supporting the development of quality initiatives focused on our targeted populations and in support of the broader system integration indicators as defined and directed by the Ministry of Health

2022-23 QIP Indicators and High-Level Change Plans

see Appendix A

Executive Compensation

In 2009 the Hospital developed and introduced a “pay at risk” component for the senior leaders as a portion of the compensation framework. At the end of each fiscal year, performance indicators and targets are established for the forthcoming fiscal year in collaboration with the Hospital Board. These performance metrics are aligned to the Hospital’s strategic and clinical plans and include measures within our annual Quality Improvement Plan (QIP), as per the Excellent Care for All Act (ECFAA).

For those senior leaders whose compensation is subject to the ECFAA legislation, a percentage of their total compensation is tied to the achievement of the annual performance targets approved by the Hospital’s Board in the required pay at risk format. The percentage of compensation tied is 8% of the total salaried compensation. Within this portion of the incumbent’s performance compensation, 70% is tied to the achievement of the annual performance goals established for the Hospital by the Board. The remaining 30% is tied to achieving targets of the identified Hospital QIP indicators as described in this report.

Position	Pay for Performance %	Performance Indicators
President & CEO	8%	Hospital Indicators (70%) QIP Indicators (30%)
Chief of Staff		
Vice Presidents		

Measures which are included in our QIP for the 2022-23 year and have been linked to the above performance compensation include:

- Reducing length of stay following hip and knee surgery
- Increasing access to Mental Health Care
- Increasing available mammography appointments
- Reducing length of stay for patients requiring an Alternate Level of Care

Contact Information

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Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair (Interim)



David Johnston

Board Quality Committee Chair



Geoff Davies

Chief Executive Officer



Norah holder

Appendix A - 2022-23 QIP Indicators, High-Level Change Plans

- The following is a high-level summary for the four indicators:

1. Same Day Discharge (SDD) for Total Hip and Knee Arthroplasty	
Indicator	Increase number of elective total hip arthroplasty (THA) and elective total knee arthroplasty (TKA) cases completed as same day discharge (SDD)
Rationale	<ul style="list-style-type: none"> North Simcoe Muskoka (NSM) region population analysis has identified that demand for total joint arthroplasty (TJA) exceeds the provincial average, and that wait times exceed the provincial mean 42% of patients are travelling outside of the region to access TJA. It is expected that by enabling a care pathway focused on SDD will reduce cancellations due to in-patient bedding capacity, improve access to care closer to home, and improve patient experience. Aligns with Surgical Innovation Funding from the Ministry of Health
Change Plans	<ul style="list-style-type: none"> Pilot Same Day Discharge (SDD) pathway Pilot a 23-hour short-stay unit to optimize access to focused care
22-23 Proposed Target	Increase to 30% by Q3 2022-23
Rationale	Based on funded 21/22 QBP volume, an increase to 30% (50.4 total cases by end of Q3 2022-23)
2. Increasing Mental Health Capacity	
Indicator	Wait times for ED Form 1 patients awaiting transfer to Schedule 1 facility
Change Plans	<ul style="list-style-type: none"> Optimize workflow processes to support coordination of care (e.g., patient care pathway, education, tools to support timely discussions with Schedule 1 facility) Continue to increase referrals to Mental Health Crisis Clinic where appropriate
Rationale	<ul style="list-style-type: none"> COVID-19 has an important impact mental health and the number of patients presenting to the ED for psychiatric emergencies. Aligning with our strategic plan to support patients with complex mental health needs, building on optimizing access to services for non-Form 1 patients, this year's plan will focus on strategies to improve access to services most qualified to care for patients needing psychiatric assessment and further improving patient flow out of the ED.
22-23 Proposed Target	Maintain 85 hours (90 th percentile)
Rationale	Performance data for 90 th percentile time from decision to place on Form 1 to discharge to Schedule 1 facility as 85 hours (Jan- Sep 2021). The maintain target reflects the anticipated increase in length of stay with Meditech Expanse because the time is now captured as an order and will provide additional time to capture data.
3. Increasing Mammography Capacity	
Indicator	Increase the number of Ontario Breast Screening Program (OBSP) appointments
Rationale	<ul style="list-style-type: none"> Screening mammograms can often find invasive breast cancer and ductal carcinoma that need to be treated. This QI initiative is focused on increasing the number of available appointments for patients who may not have accessed services during the pandemic and aligns with cQIP indicator to identify the number of patients up to date with a mammogram to support assessment.

Change Plans	<ul style="list-style-type: none"> • Create additional capacity by increasing number of OBSP appointments • Apply lean methodology strategies to maintain efficiencies
22-23 Proposed Target	6.8% increase in appointment capacity, increase of 225 appointments by end of Q3 FY 2022-23. This will be accomplished by extended length of service day four times a month.
4. Improving the length of stay for patients requiring an Alternate Level of Care	
Indicator	Reduce average length of stay (LOS) for patients with ALC status designated for Retirement Home, Group Home or Senior Lodge
Rationale	<ul style="list-style-type: none"> • The COVID-19 Directive #3 (a Directive for Long-Term Care Homes which directed Required Infection Prevention and Control (IPAC) Practices in Long-Term Care Homes and retirement homes.) has resulted in a loss of 22% of LTC (Long Term Care) beds. For SGB this equated to 69 beds. • During FY 2021-22, Retirement Home, LTC, Palliative Care, Home and Community Care and Rehabilitation resources challenging to access resulting in reduced access to acute care beds
Change Plans	<ul style="list-style-type: none"> • Standardize admission policy & procedure to support ALC avoidance and management of ALC challenges • Develop tools, processes, and education to support conversations related to ALC avoidance
22-23 Proposed Target	Maintain 23.1 days
Rationale	An opportunity to review workflow processes with ALC best practices. 2018/19 FY ALOS for target population used due to data interruption caused by pandemic. Maintain target proposed as we collect update information.